(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

OMB No. 1545-0047

2019

A	For the	e 2019 calend	lar year, or tax year beginning 09/01, 20 19, and endi	ng	08	/31 , 20 20				
в	Check if	f applicable:	C Name of organization The Ann Richards School Foundation		D Emplo	oyer identification number				
	Address	s change	Doing business as			26-4231160				
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Teleph	none number				
	Initial re	turn	PO Box 41072			(512)841-4035				
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	Austin, TX, 78704		G Gross	receipts \$ 898,965				
	Applicat	tion pending	F Name and address of principal officer: Peggy Hanley	H(a) Is this a gr	a group return for subordinates? 🗌 Yes 🗶 No					
			2206 Prather Lane, Austin, TX, 78704	H(b) Are all s	ubordinat	es included? 🗌 Yes 🗌 No				
I	Tax-exe	empt status:	★ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "No," a	attach a lis	st. (see instructions)				
J	Website	e: 🕨 www.an	nrichardsschool.org	H(c) Group e	xemption	number 🕨				
к	Form of	organization: 🗴	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of format	ion: 2009	M State	of legal domicile: TX				
Ρ	art I	Summa	У							
	1		cribe the organization's mission or most significant activities:		_					
e			ichards School Foundation is established for the purpose c of the Ann Richards School, a public school within the Aus							
Activities & Governance		programs	or the Ann Richards Benoor, a public Schoor within the Ad		aciic b	enoor District.				
veri	2	Check this	box \blacktriangleright if the organization discontinued its operations or disposed	of more than	25% of	its net assets.				
ĝ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	28				
ŏ	4	Number of	independent voting members of the governing body (Part VI, line 1b)		4	28				
ties	5	Total numb	er of individuals employed in calendar year 2019 (Part V, line 2a) .		5	4				
tivi	6	Total numb	er of volunteers (estimate if necessary)		6	29				
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0				
	b	Net unrelat	ed business taxable income from Form 990-T, line 39		7b	0				
				Prior Yea	r	Current Year				
Ð	8	Contributio	ns and grants (Part VIII, line 1h)		758,710	661,511				
nue	9	Program se	ervice revenue (Part VIII, line 2g)			0				
Revenue	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)	:	236,526	162,773				
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		313,031	48,162				
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,:	308,267	872,446				
	13		similar amounts paid (Part IX, column (A), lines 1–3)			0				
	14	Benefits pa	id to or for members (Part IX, column (A), line 4)			0				
es	15	Salaries, ot	ner compensation, employee benefits (Part IX, column (A), lines 5–10)	;	326,498	332,267				
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		1,300	0				
gx	b	Total fundr	aising expenses (Part IX, column (D), line 25) ►148,458							
Ш	17	Other expe	nses (Part IX, column (A), lines 11a–11d, 11f–24e)		653,477	600,419				
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9	981,275	932,686				
	19	Revenue le	ss expenses. Subtract line 18 from line 12	;	326,992	-60,240				
s or			E	Beginning of Curr	ent Year	End of Year				
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	7,4	88,575	7,914,609				
tAs dB	21	Total liabili	ties (Part X, line 26)		43,532	145,916				
Pun L	22		or fund balances. Subtract line 21 from line 20	7,4	45,043	7,768,693				
1	art II	Signatu	re Block							
Un	der pena	alties of periury	I declare that I have examined this return, including accompanying schedules and state	ments, and to the	best of n	ny knowledge, and belief, it is				

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

Sign Here	Signature of officer		Date	3
	Type or print name and title			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN
Preparer	Stacy Britton		self-employed P00054732	
Use Only	Firm's name MONTEMAYOR BRITTO	s EIN ► 74-2902112		
	Firm's address ► 2525 Wallingwood Dr Blo	e no. (512) 442-0380		
May the IRS	discuss this return with the preparer s	shown above? (see instructions)		🗶 Yes 🗌 No

For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2019)				Page 2
Part		ram Service Accon	nplishments se or note to any line in this l	Part III	🗆
1	Briefly describe the organ The Ann Richards School Fo public school within the Austi	undation is established f		enhance the programs of the Ann Richa	ards School, a
2	Did the organization unde prior Form 990 or 990-EZ If "Yes," describe these ne	?		vear which were not listed on the	Yes 🗴 No
3	services?			how it conducts, any program	Yes 🗶 No
4	expenses. Section 501(c)	's program service ad (3) and 501(c)(4) orga	ccomplishments for each of it	is three largest program services, a ort the amount of grants and alloca	
	(Code:) (Exper	nses \$ 690.60	1_including grants of \$) (Revenue \$)
	The Ann Richards School Fo highest quality of education.	undation helps provide t The Foundation provides oports enhancement pro	he financial and community resou s supplemental funding for program	rces needed for the Ann Richards Scho mming that is not supported by the Aust , Technology, Engineering, and Math (S	in ISD budget. In
4b	(Code:) (Exper	2000 ^{\$}	including grants of \$) (Revenue \$)
4c	(Code:) (Exper	nses \$	including grants of \$) (Revenue \$)
4d	Other program services (D		-	A	
4e	(Expenses \$ Total program service exp	0 including grants o penses ►	f \$ 0) (Revenue 690,601	e\$0)	

Form 99	0 (2019)		F	Page 3
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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	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 reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		×
е	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)? <i>If "Yes," complete Schedule D, Part X</i>	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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	145		×
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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

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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? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d 05 o	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section $Fot(a)(2)$ $Fot(a)(4)$ and $Fot(a)(20)$ organization. Did the organization energy in an evene basefit.	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? <i>If "Yes," complete Schedule L, Part I </i>	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</i> .	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
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		x
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? <i>If "Yes," complete Schedule R, Part VI</i>	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	x	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in Day 2 of Form 1006. Enter 0, if not emplicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable11a38Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable10			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			

c Did the organization comply with backup withholding rules for reportable payments to vendors a reportable gaming (gambling) winnings to prize winners?

1c

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	x				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
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 on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	0.0					
44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x			
b	If "Yes," enter the name of the foreign country	та					
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
Fo		Fo		~			
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 transaction?	5b		×			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b	x				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
u	and services provided to the payor?	7a	x				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
Ũ	required to file Form 8282?	7c		×			
d	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources						
~	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
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 Schedule O.						
h	Enter the amount of reserves the organization is required to maintain by the states in which						
~	the organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand						
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 on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15					
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
-	If "Yes," complete Form 4720, Schedule O.						

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sch	hedule O. S	ee in	struc	tions.
<u>Ct</u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •		×
Secti	on A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	28		res	NO
Tu	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent . 1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations any other officer, director, trustee, or key employee?	hip with	2		×
3	Did the organization delegate control over management duties customarily performed by or under the				
_	supervision of officers, directors, trustees, or key employees to a management company or other pers		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		×
5 6	Did the organization become aware during the year of a significant diversion of the organization's assorbid the organization have members or stockholders?		5 6		×
0 7a	Did the organization have members, stockholders, or other persons who had the power to elect or		-		
74	one or more members of the governing body?		7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) m stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken				
а	the year by the following: The governing body?		8a	×	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
_	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Intern	nal Revenu	e Co	ode.)	
		Г		Yes	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 c affiliates, and branches to ensure their operations are consistent with the organization's exempt purport		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing t		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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to o	conflicts?	12b	×	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>I</i> describe in Schedule O how this was done		12c	×	
13	Did the organization have a written whistleblower policy?	[13		×
14	Did the organization have a written document retention and destruction policy?	L	14		×
15	Did the process for determining compensation of the following persons include a review and apprindependent persons, comparability data, and contemporaneous substantiation of the deliberation and de				
а	The organization's CEO, Executive Director, or top management official	· · [15a		×
b	Other officers or key employees of the organization		15b		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrar with a taxable entity during the year?	•	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva				
5	participation in joint venture arrangements under applicable federal tax law, and take steps to safegi	uard the	1.C.L.		
Secti	organization's exempt status with respect to such arrangements?		16b		L
<u>3ecu</u> 17	List the states with which a conv of this Form 000 is required to be filed \mathbb{N}				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		,200		
	🕱 Own website 🗌 Another's website 🕱 Upon request 🗌 Other (explain on Schedule)	O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, and financial statements available to the public during the tax year.	conflict of	inter	est p	olicy,

20	State the name, address	, and telephone number of the person who possesses the organization	on's books and records
	Peggy Hanley	2206 Prather Lane, Austin, TX, 78704	(512)841-4035

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

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

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

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

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

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

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

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

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

				(0	C)					
(A)	(B)	Position					(D)	(E)	(F)	
Name and title	Average		(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated amount	
	hours					or/trust		compensation	compensation	of other
	per week					-		from the	from related	compensation
	(list any	ndi) n d	lsti	Officer	éy	ing liq	Former	organization	organizations	from the
	hours for related	/idu	E E	ĕ	em	loy	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	Individual trustee or director	ona		Key employee	e co				related organizations
	below	rus	1 T		yee	npe				
	dotted line)	tee	Institutional trustee			sue				
			ě			Highest compensated employee				
(1) SEE Part VII ,Section A. Officers, Directors, Trust										
(I) SEL Fait VII, Section A. Onicers, Directors, Trust										
(2)										
(3)										
	T									
(4)										
	+									
(5)										
(5)	+									
(6)										
(7)										
(8)										
	+									
(0)										
(9)	+									
<u>(10)</u>										
(11)										
(12)										
<u>\</u> /	+									
(12)										
(13)	+									
(14)	_									

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em		-	s, an	d F	lighest Compe	nsated I	Employ	yees (d	contir	nued)
						C) ation								
	(A)	(B)	(do r	iot cł			e than o	one	(D)	(E)			(F)	
	Name and title	Average hours					is both		Reportable compensation	Report compens		Estima	ted am f other	ount
		per week		-	-		or/trust	<u> </u>	from the	from rel	ated	com	oensati	
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099			om the zation	
		related	idua ecto	utio	ę	mp	est c oyee	ler	(1000 1000)	(** 2/1000	10100)	related of		
		organizations below	or tru	nal t		loye	omp							
		dotted line)	stee	ruste		l O	bens							
				l &			ated							
(15)														
(16)		+	-											
(17)														
(17)		+	-											
(18)														
<u></u>		+	1											
(19)														
(20)		+	-											
(01)														
(21)		+	-											
(22)														
<u>\/</u>		+	1											
(23)														
			1											
(24)			_											
(25)		+	-											
	Culturated								440.040					7 500
1b c	Subtotal Total from continuation sheets to Part			·	·	• •	•		118,018		0			7,563
d d		• • • • • •		•	•	• •	•		118,018		0			7,563
2	Total number of individuals (including bu							-) w		e than \$1	-	of		1,000
_	reportable compensation from the organ							-,		• • • • • • •	,			
													Yes	No
3	Did the organization list any former							mp	loyee, or highes	st compe	nsated			
	employee on line 1a? If "Yes," complete										· ·	3		×
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	-	an \$	150,	,000)? h	f "Ye	s,"	complete Scheo	dule J fo	r such			
5	Did any person listed on line 1a receive of		 	neci	tion	fro	m	• •	· · · · · · ·	· · ·	· ·	4		×
5	for services rendered to the organization											5		×
Secti	on B. Independent Contractors		, ep.					0. 0		<u> </u>				
1	Complete this table for your five high	hest comp	ensat	ed	inde	eper	ndent	СС	ontractors that r	eceived	more t	han \$1	00,0	00 of
	compensation from the organization. Rep	ort comper	nsatio	n foi	r the	e ca	lenda	r ye	ear ending with or	within the	e organ	ization'	s tax	year.
	(A)								(B)			(C)		
	Name and business add	dress						_	Description of service	/ICes	(Compens	ation	
								<u> </u>						
								-						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Part VIII Statement of Revenue Check if Schedule O contain

Check if Schedule O contains a response or note to any line in the Part VII	Part	VIII	Statement of Revenue	onse or note to an	w line in this Pa	urt VIII		
B Membership dues						(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
and relative administration of the relation of the rel	ts ts	1a	Federated campaigns 1	а				
and relative and mode of it is is is is is is is is it is is is is is it is is is is it is it is is it is is it is it is is it it is it it is it	ran	b	Membership dues 1	b				
and relative administration of the relation of the rel	, G	С						
and relative administration of the relation of the rel	ìifts ar A	d	•					
and relative administration of the relation of the rel	s, G mila			е				
and relative administration of the relation of the rel	ion: r Si	f		004 544				
and relative administration of the relation of the rel	but			IT 661,511				
and relative and mode of it is is is is is is is is it is is is is is it is is is is it is it is is it is is it is it is is it it is it it is it	d O	g		a \$ 11.515				
Business Code Business Code 2a	Col	h			661,511			
g Total. Add lines 2a-2f.								
g Total. Add lines 2a-2f.	се	2a						
g Total. Add lines 2a-2f.	ervi	b						
g Total. Add lines 2a-2f.	enu	С						
g Total. Add lines 2a-2f.	ran {ev	d						
g Total. Add lines 2a-2f.	°og							
3 Investment income (including dividends, interest, and other similar amounts) 162,773 0 0 162,773 4 Income from investment of tax-exempt bond proceeds 162,773 0 0 162,773 6a Gross rents 6a 0 162,773 0 0 162,773 6a Gross rents 6a 0 162,773 0 0 162,773 6a Gross rents 6a 0 0 0 0 0 6a Gross rents 6a 0 <t< th=""><th>Ē</th><th></th><th></th><th></th><th>0</th><th></th><th></th><th></th></t<>	Ē				0			
ender similar amounts) → ↓ 162.773 0 0 162.773 4 Income from investment of tax-exempt bond proceeds ▶ →		-			0			
4 Income from investment of tax-exempt bond proceeds ▶ 6a Gross rents		3			162,773	0	0	162,773
5 Royalties		4			102,110			102,110
Ga Gross rents Ga (i) Peal (ii) Peal (iii) Peal (iiii) Peal (iiii) Peal		5		•				
B Less: rental expenses 6b 6c 0 0 d Net rental income or (loss)								
c Rental income or (loss) 6c 0 0 d Net rental income or (loss)		6a	Gross rents 6a					
d Net rental income or (loss) 0 0 7a Gross amount from sales of assets other than inventory 0 0 7a Gross amount from sales of assets other than inventory 7a 0 0 b Less: cost or other basis and sales expenses 7b 0 0 b Less: cost or other basis and sales expenses 7b 0 0 d Net gain or (loss) Net 0 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 55,850 b Less: direct expenses Ba 26,519 c Net income or (loss) from fundraising activities. See Part IV, line 19 Ba 29,331 0 29,331 b Less: direct expenses Bb 0 b Less: direct expenses 0 c Net income or (loss) from gaming activities. 0		b						
Ta Gross amount from sales of assets other than inventory other than inventory other than inventory the less: cost or there has and sales expenses. Ta Image: cost or other has and sales expenses. Tb C Gain or (loss) Tc 0 0 Image: cost or other has and sales expenses. Tb C Gain or (loss) Image: cost or other has and sales expenses. Tb Image: cost or other has and sales expenses. Image: cost or other has and sale expenses. Image: cost or other		_		0 0	-			
Provide Output for a spects other than inventory is also of assets other than inventory is and sales expenses other than inventory is and sales expenses is and sale expense is an expension is another expense is an expension is another expense is an		d	(i) Coourition		0			
Percent Base expenses and sales expenses of contributions reported on line to). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events (ot incomes from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory, less returns and allowances c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (7a	Gross amount from	(II) Other				
Bit Less: cost or other basis and sales expenses . 7b c Gain or (loss)								
Base To	e	h						
a c Gain or (loss) 12 0 0 0 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 55,850 0 0 29,331 0 29,331 b Less: direct expenses 8b 26,519 0 29,331 0 29,331 9a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 0 29,331 0 29,331 b Less: direct expenses 9b 9a 0 29,331 0 29,331 b Less: direct expenses 9b 9a 0 0 0 0 0 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 29,331 0 0 0 0 0 0 0 0 0 0 0 0 0 0<	nue	~						
of contributions quantization of contributions reported on line 10. See Part IV, line 18 8a 55,850 b Less: direct expenses 8b 26,519 29,331 0 29,331 ga Gross income or (loss) from fundraising events ▶ 29,331 0 29,331 0 29,331 ga Gross income from gaming activities. See Part IV, line 19 ga g		с	Gain or (loss) 7c	0 0				
of contributions quantization of contributions reported on line 10. See Part IV, line 18 8a 55,850 b Less: direct expenses 8b 26,519 29,331 0 29,331 ga Gross income or (loss) from fundraising events ▶ 29,331 0 29,331 0 29,331 ga Gross income from gaming activities. See Part IV, line 19 ga g	er R	d	Net gain or (loss)	🕨				
of contributions quantization of contributions reported on line 10. See Part IV, line 18 8a 55,850 b Less: direct expenses 8b 26,519 29,331 0 29,331 ga Gross income or (loss) from fundraising events ▶ 29,331 0 29,331 0 29,331 ga Gross income from gaming activities. See Part IV, line 19 ga g	the	8a						
1c). See Part IV, line 18 8a 55,850 b Less: direct expenses 8b 26,519 c Net income or (loss) from fundraising events	0							
b Less: direct expenses 8b 26,519 c Net income or (loss) from fundraising events 29,331 0 29,331 9a Gross income from gaming activities. See Part IV, line 19								
c Net income or (loss) from fundraising events ▶ 29,331 0 29,331 9a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9a 9a b Less: direct expenses 9b 9b 0 0 29,331 c Net income or (loss) from gaming activities 0 0 0 0 10a Gross sales of inventory, less returns and allowances 10a 0 0 0 b Less: cost of goods sold 10b 0 0 0 c Net income or (loss) from sales of inventory > 0 0 0 c Net income or (loss) from sales of inventory > 0 0 0 c Net income or (loss) from sales of inventory > 0 0 0 c In-Kind Goods 900099 7,316 7,313 0 0 c In-Kind Goods 900099 11,515 11,515 0 0 c In-Kind Goods 900099 11,515 11,515 0 0 c <th></th> <th>h</th> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td>		h		,				
9a Gross income from gaming activities. See Part IV, line 19 . 9a 9a 9a b Less: direct expenses 9b 0 0 c Net income or (loss) from gaming activities ▶ 0 0 10a Gross sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 0 0 c Net income or (loss) from sales of inventory ▶ 0 0 c Net income or (loss) from sales of inventory ▶ 0 0 c Net income or (loss) from sales of inventory ▶ 0 0 c Net income or (loss) from sales of inventory ▶ 0 0 c In-Kind Goods 900099 7,316 7,313 0 0 c		-	· · · · · · · · · · · · · · · · · · ·		29.331		0	29.331
activities. See Part IV, line 19 . 9a 9b 9b 9b b Less: direct expenses 9b 0 0 c Net income or (loss) from gaming activities		_						,
c Net income or (loss) from gaming activities ▶ 0 10a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory ▶ 0 c Net income or (loss) from sales of inventory ▶ 0 c Net income or (loss) from sales of inventory ▶ 0 f Miscellaneous Revenue 900099 7,316 7,313 0 0 b In-Kind Goods 900099 11,515 11,515 0 0 c			5 5	a				
10a Gross sales of inventory, less returns and allowances 10a Ioa b Less: cost of goods sold 10b Ioa c Net income or (loss) from sales of inventory ▶ 0 Ioa state Business Code Ioa Ioa b In-Kind Goods 900099 7,316 7,313 0 0 c In-Kind Goods 900099 11,515 11,515 0 0 c In-Kind Goods Ioa Ioa Ioa Ioa Ioa c In-Kind Goods Ioa Ioa Ioa Ioa Ioa c Ioa Ioa Ioa Ioa Ioa Ioa Ioa c <t< th=""><th></th><th>b</th><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>		b		-				
returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 snopped returns Business Code 10b b In-Kind Goods 900099 7,316 7,313 0 0 snopped returns In-Kind Goods 900099 11,515 11,515 0 0 snopped returns e Total. Add lines 11a–11d Image: Code Image: Code <th></th> <th></th> <td></td> <td>rities 🕨</td> <td>0</td> <td></td> <td></td> <td></td>				rities 🕨	0			
b Less: cost of goods sold 10b 0 0 c Net income or (loss) from sales of inventory		10a						
c Net income or (loss) from sales of inventory ▶ 0 Image: State of the second se		L						
Source Business Code Business Code 11a Miscellaneous Revenue 900099 7,316 7,313 0 0 b In-Kind Goods 900099 11,515 11,515 0 0 c		-	• • • • •					
Inal Miscellaneous Revenue 900099 7,316 7,313 0 0 b In-Kind Goods 900099 11,515 11,515 0 0 0 c	s	U			0			
Image: Total revenue. See instructions Image:	e on	11a	Miscellaneous Revenue		7,316	7,313	0	0
Image: Total revenue. See instructions Image:	ane	-						
Image: Total revenue. See instructions Image:	eve:	с						
Image: Total revenue. See instructions Image:	lisc R	d	All other revenue					
	2	-		🕨				
		12	Total revenue. See instructions .	🕨	872,446	18,828	0	192,104 Form 990 (2019)

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX . **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 115.433 48.720 15.924 50.789 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 157,433 66,448 21,718 69,267 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,143 1,327 433 1.383 Other employee benefits 9 33,659 14,206 4.644 14.809 10 Payroll taxes 22,599 9,538 3,118 9,943 11 Fees for services (nonemployees): Management а Legal b С Accounting 16,317 0 16,317 0 d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 71.626 71.626 0 0 12 Advertising and promotion 13 11,579 11,579 Office expenses 0 0 2,532 0 2,532 0 14 Information technology 15 Royalties Occupancy 16 Travel 883 883 17 0 0 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 2,108 0 2,108 0 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A) amount, list line 24e expenses on Schedule O.) Enhancement Programs 467,221 467,221 0 0 а In-Kind Goods 0 0 11,515 11,515 b 5,978 5.978 0 С Fees 0 _____ Food and Beverage 8,393 0 8,393 0 d All other expenses 2.267 0 0 2.267 е 25 Total functional expenses. Add lines 1 through 24e 932.686 690,601 93,627 148,458 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2019)

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	41.063	1	48,416
2	Savings and temporary cash investments	73,078	2	79,529
3	Pledges and grants receivable, net	21,500	3	22,180
4	Accounts receivable, net		4	,
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .		6	
<u>م</u> 7	Notes and loans receivable, net		7	
6 7 8 8 9	Inventories for sale or use		8	
2 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 13,455			
b	Less: accumulated depreciation 10b 7,580	6,635	10c	5,875
11	Investments-publicly traded securities	7,346,299	11	7,758,609
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,488,575	16	7,914,609
17	Accounts payable and accrued expenses	43,532	17	93,804
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
20	Secured mortgages and notes payable to unrelated third parties		23	50.446
24	Unsecured notes and loans payable to unrelated third parties	0	24	52,112
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		25	
26	Total liabilities. Add lines 17 through 25	43,532	26	145,916
-	Organizations that follow FASB ASC 958, check here ► X	+0,002	20	145,910
2	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	5,275,637	27	5,532,592
28	Net assets with donor restrictions	2,169,406	28	2,236,101
27 28 29 30 31 32 33	Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ĝ 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	7,445,043	32	7,768,693
2 33	Total liabilities and net assets/fund balances	7,488,575	33	7,914,609

Form **990** (2019)

	00 (2019)				Pa	ige 1 2
Part						_
	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				2,446
2	Total expenses (must equal Part IX, column (A), line 25)	2				2,686
3	Revenue less expenses. Subtract line 2 from line 1	3				0,240
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			7,44	
5	Net unrealized gains (losses) on investments	5			38	3,890
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			7,76	8,693
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," e Schedule O.	explair	n in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	npileo	l or			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited c	n 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 ov	ersiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent account			2c	×	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
ou	Single Audit Act and OMB Circular A-133?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	derao				-
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such			3b		

Form **990** (2019)

SCH	EDU	LE	Α	
(Form	990	or 9	90-EZ	۱

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to	Form 990 or	Form 990-EZ.
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Department of the Treasury Internal Revenue Service



Inspection

Name of the organization

The Ann Richards School Foundation

Employer identification number

26-4231160

Part I	Reason for Public Charity	/ Status (All organizations must complete this part.) See instructions.	
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 🕱 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No																																				
(A)																																								
(B)																																								
(C)																																								
(D)																																								
(E)																																								
Total					0	0																																		

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

Secti	on A. Public Support	1 2		· •	•	,	
Calen	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,086,707	379,937	583,240	758,710	661,511	3,470,105
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,086,707	379,937	583,240	758,710	661,511	3,470,105
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						551,747
6 Socti	Public support. Subtract line 5 from line 4 on B. Total Support						2,918,358
	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,086,707	379,937	583,240	758,710	661,511	3,470,105
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	68,305	150,056	178,814	236,526	162,773	796,474
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	17,081	256,241	426,351	15,965	18,831	734,469
11	Total support. Add lines 7 through 10						5,001,048
12	Gross receipts from related activities, etc.	•				12	418,195
13 Secti	First five years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support	re			-	ear as a section	
<u>3ecu</u> 14	Public support percentage for 2019 (line 6	V		1 column (fl)		14	58.35 %
15	Public support percentage from 2018 Sch					15	64.99 %
16a	33 ¹ / ₃ % support test-2019. If the organi box and stop here. The organization qua	zation did not lifies as a publ	check the box	on line 13, an organization	id line 14 is 33	³¹ /3% or more,	🕨 🗶
b	33 ¹ / ₃ % support test-2018. If the organization this box and stop here. The organization						
17a	17a 10%-facts-and-circumstances test—2019. 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 — 20 15 is 10% or more, and if the organizat Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c s-and-circums	ircumstances" stances" test.	test, check t The organization	this box and s on qualifies as	a publicly
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and a	see ▶□
					Sch	edule A (Form 990) or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			<i>·</i> •	•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						0
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
3	organization's tax-exempt purpose Gross receipts from activities that are not an						0
3	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge .						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
Socti	line 6.)						0
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		_		_		_
14	and 12.)	-			-		
Coot!	organization, check this box and stop he						· · 🕨 🗋
5ecti 15	on C. Computation of Public Suppor Public support percentage for 2019 (line a			12 oolumn (f)		15	0 %
15 16	Public support percentage for 2019 (line a Public support percentage from 2018 Scl					15	<u> </u>
	on D. Computation of Investment In	come Perce	ntage	<u></u>			70
17	Investment income percentage for 2019 (oy line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 2018			•	())		0 %
19a							
	17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization .						
b	331/3% support tests-2018. If the organiz						
	line 18 is not more than 331/3%, check this		-	-			
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, c			
					Sch	odulo A (Earm 00)) or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 5

2

1

Yes No

Yes No

Part	V Supporting Organizations (continued)		Yes	No
11 а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		103	
u	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		
Secti	on B. Type I Supporting Organizations			
			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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		

Section C. Type II Supporting Organizations

supervised, or controlled the supporting organization.

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).

Section 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	0		
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **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.
- 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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** 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? *Provide details in Part VI.*
- **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.

2a

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2019			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting orga			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
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 Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035.	6	0	0
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
	1		

emergency temporary reduction (see instructions).
6
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2019

0

	le A (Form 990 or 990-EZ) 2019			Page
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		(
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		(
3	Administrative expenses paid to accomplish exempt purp	nizations	(
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			(
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			C
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.		0	
3	Excess distributions carryover, if any, to 2019			
а	From 2014 0			
b	From 2015 0			
С	From 2016 0			
d	From 2017 0			
е	From 2018			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2019 distributable amount			(
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2019 distributable amount			(
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015 0			
b	Excess from 2016 0			
c	Excess from 2017 0			
d	Excess from 2018 0			
e	Excess from 2019 0			

Schedule A (Form 990 or 990-EZ) 2019

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 Ln 10: Other Income Part II, Line 10 Description: Special Events 2015: -4643. 2016: 221258. 2017: 359803. 2018: 0. 2019: 0. Description: Miscellaneous Revenue 2015: 21724. 2016: 34983. 2017: 66548. 2018: 15965. 2019: 18831.

Schedule	В
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(Form 990,	990-EZ,
or 990-PF)	

Department of the Treasury Internal Revenue Service

Name of the organization

The Ann Richards School Foundation

Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

OMB No. 1545-0047

2019

Employer identification number 26-4231160

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

The Ann Richards School Foundation

Employer identification number 26-4231160

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SEE Part I Contributors Statement	 \$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		•••••• •••••• ••••••	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Name of organization

Part II

The Ann Richards School Foundation

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
·		 \$	

Employer identification number 26-4231160

Name of or	(Form 990, 990-EZ, or 990-PF) (2019) rganization Richards School Foundation			Page 4 Employer identification number 26-4231160						
Part III	<i>Exclusively</i> religious, charitable, e (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for t	r the year from any o ations completing Par he year. (Enter this inf	one contributor. t III, enter the tota formation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of <i>exclusively</i> religious, charitable, etc.,						
(a) No	Use duplicate copies of Part III if ad	ditional space is need	led.							
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held						
-	Transferee's name, address, a	er of gift Relatior	ionship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held						
-	Transferee's name, address, a	(e) Transfo and ZIP + 4	-	nship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Description of how gift is held						
-	Transferee's name, address, a	(e) Transfo and ZIP + 4		nship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use c		(d) Description of how gift is held						
Part I										
-	Transferee's name, address, a	(e) Transfo and ZIP + 4	-	nship of transferor to transferee						

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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2019 Open to Public . Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Foru			Attach to Form 990. 990 for instructions and the latest inform	Open to Public Inspection	
Name of the organization The Ann Richards School Foundation				Employer ider	ntification number
		ol Foundation			26-4231160
Par			vised Funds or Other Similar Fund	ds or Acco	ounts.
	Comple	ete if the organization answered	"Yes" on Form 990, Part IV, line 6.	1	
			(a) Donor advised funds	(b) F	unds and other accounts
1		at end of year			
2		ue of contributions to (during year)			
3		ue of grants from (during year) .			
4 5		ue at end of year	advisors in writing that the assets he	d in dono	advised
5	-		e organization's exclusive legal contro		
6			and donor advisors in writing that gran		
•			fit of the donor or donor advisor, or fo		
	conferring imp	ermissible private benefit?			· · · 🗌 Yes 🗌 No
Par	t II Conse	rvation Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1		conservation easements held by the			
			eation or education)		
		of natural habitat	Preservation of	a certified h	nistoric structure
2		on of open space	eld a qualified conservation contributio	n in the form	n of a conservation
-		he last day of the tax year.			Held at the End of the Tax Year
а		· · · ·		2a	
b			ts		
с	-	-	nistoric structure included in (a) .		
d			(c) acquired after 7/25/06, and not		
3	Number of cor tax year ►	nservation easements modified, trans	sferred, released, extinguished, or tern	ninated by th	ne organization during the
4	Number of sta	tes where property subject to conse	rvation easement is located ►		
5	-		garding the periodic monitoring, insp sements it holds?		-
6	Staff and volunt	eer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservatio	n easements during the year
7	Amount of expe ► \$	enses incurred in monitoring, inspectir	ng, handling of violations, and enforcing o	conservation	easements during the year
8		-	2(d) above satisfy the requirements of		
9	balance sheet,	•	conservation easements in its revenue of the footnote to the organization's fin-	•	
Part	-	-	s of Art, Historical Treasures, or	Other Sim	ular Accote
I an			"Yes" on Form 990, Part IV, line 8.		
1a			SB ASC 958, not to report in its reven	ue statemen	It and balance sheet works
	of art, historic	al treasures, or other similar assets	s held for public exhibition, education to its financial statements that describ	, or researd	ch in furtherance of public
b	If the organiza art, historical to provide the fol	tion elected, as permitted under FA reasures, or other similar assets held lowing amounts relating to these iter	SB ASC 958, to report in its revenue a d for public exhibition, education, or re- ms:	statement a search in fu	nd balance sheet works o rtherance of public service
	(i) Revenue in	cluded on Form 990, Part VIII, line 1			► \$
	(ii) Assets inclu	uded in Form 990, Part X			► \$
2	-		, historical treasures, or other similar ASB ASC 958 relating to these items:	assets for	financial gain, provide the
а	Revenue inclue	ded on Form 990, Part VIII, line 1 .		I	► \$

b	Assets included in Form 990, Part X .											\$	i

211U Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) a Uaing the organization's acculation, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public schebition a Public schebition d	Schedul	e D (Form 990) 2019							Page 2
collection items (check all that apply): a □ Other □ b Scholarly research a □ Other □ c □ Preservation for future generations according to the organization's collections and explain how they further the organization's exempt purpose in Part XIII. c □ During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? □ Ves	Part	III Organizations Maintaining	Collections of	Art, Historical 1	Freasures	, or Ot	her Similar A	ssets (cont	inued)
b Scholarly research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Ives	3			her records, chec	k any of th	e follov	ving that make	significant us	se of its
b Scholarly research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Ives	а	Public exhibition		d 🗌 Loan	or exchang	ae prog	ram		
C Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. Suring the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, line 21. Standard and the arrangement in Part XIII and complete the following table: If "Yes," explain the arrangement in Part XIII and complete the following table: If a diditions during the year If a diditions during the year If a didition answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. If "Yes," explain the arrangement in Part III. Check here if the explanation has been provided on Part XIII O to organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. O there expenditures for facilities and programs	b				-				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. Beginning balance	с	-	6	_					
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Ecrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance 10 Ic	4	Provide a description of the organization		and explain how t	hey further	the org	anization's exe	mpt purpose	e in Part
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: Armount C Beginning balance Additions during the year Id Distributions during the year If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Grants or scholarships Goal Addito as 283.6842 Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Grants or scholarships Goal adships Goal adships <li< td=""><td>5</td><td>• • •</td><td></td><td></td><td></td><td></td><td></td><td>_</td><td>□ No</td></li<>	5	• • •						_	□ No
Complete if the organization an swered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete table in the arrangement in Part XIII and complete the following table: Additions during the year Image: Complete table in the arrangement in Part XIII and complete table in the arrangement in Part XIII. Check here if the explanation has been provided account liability? Ves No 2a Did the organization include an amount on Form 990, Part IV, line 21, for escrew or custodial account liability? Ves No Did the organization include an amount on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions	Part	IV Escrow and Custodial Arra	angements.	-					
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b If "Yes," explain the arrangement in Part XIII and complete the following table:	1 a	Is the organization an agent, trustee							
c Beginning balance . Id d Additions during the year . Id e Distributions during the year . Id 1e Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 6,399,642 6,288,865 2,583,042 2,339,470 2,196,018 b Contributions 41,000 252,560 3,411,381 8,605 13,442 c Net investment earnings, gains, and losses 504,202 -111,534 379,907 249,931 143,489 d Grants or scholarships 	b								
c Beginning balance . Ic Id d Additions during the year Id e Distributions during the year Ie f Ending balance . If 0 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bf f**es, explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII . Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part IV, line 11a, See Form 990, Part IV, line 11a. If or organization sisted as required on Schedule R? Set of the expension If oregranization sisted as required on Schedu	-			g to the renering t			l A	Amount	
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 41.000 2552,560 3,411,381 8,605 13,442 c Net investment earnings, gains, and losses 504,202 -111,534 379,907 249,931 143,489 d Grants or scholarships 504,202 -111,534 379,907 249,931 143,489 c Other expenditures for facilities and programs 27,434 30,242 85,472 14,964 13,479 f Administrative expenses		•						•	
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Second						P • • • • • •			
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back			answered "Yes	" on Form 990. I	Part IV. lin	e 10.			
b Contributions 41,000 252,560 3,411,381 8,605 13,442 c Net investment earnings, gains, and losses 504,202 -111,534 379,907 249,931 143,489 d Grants or scholarships - - - - - e Other expenditures for facilities and programs 27,434 30,242 85,472 14,964 13,479 f Administrative expenses - - 6,917,410 6,399,642 6,288,858 2,583,042 2,339,470 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % - - 504,202 - - 3a(i) x a a ret endowment ▶ % 3a(i) x a b a					1		(d) Three years bac	ck (e) Four yea	ars back
b Contributions 41,000 252,560 3,411,381 8,605 13,442 c Net investment earnings, gains, and losses 504,202 -111,534 379,907 249,931 143,489 d Grants or scholarships - - - - - e Other expenditures for facilities and programs 27,434 30,242 85,472 14,964 13,479 f Administrative expenses - - 6,917,410 6,399,642 6,288,858 2,583,042 2,339,470 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % - - 504,202 - - 3a(i) x a a ret endowment ▶ % 3a(i) x a b a	1a	Beginning of year balance	6.399.642	6,288,858	2.5	583.042	2,339,4	70 2	196.018
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d Grants or scholarships			504,202	-111.534		379.907	249.9	31	143,489
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programs 27,434 30,242 85,472 14,964 13,479 f Administrative expenses 6,917,410 6,399,642 6,288,858 2,583,042 2,339,470 g End of year balance 6,917,410 6,399,642 6,288,858 2,583,042 2,339,470 g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % % % c Term endowment ▶ % % c Term endowment ▶ % % (i) Unrelated organizations %									
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g End of year balance 6,917,410 6,399,642 6,288,858 2,583,042 2,339,470 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% Term endowment ▶% Term endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations Yes No b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) × 4 Describe in Part XIII the intended uses of the organization's endowment funds. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 13,455 7,580 5,875	f	Administrative expenses	, -	,		/	, -		-, -
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% f The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations		-	6,917,410	6,399,642	6,2	288,858	2,583,04	42 2.	339,470
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Description by: Yes No (i) Unrelated organizations 3a(ii) × d Description of part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Image:	-	-			,	,			
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) × 3a(ii) × (ii) Related organizations 3a(ii) × 3a(ii) × b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b × 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 d Equipment 13,455 7,580 5,875					,,	,,,			
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b x 3b x 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 b Buildings 0 c Leasehold improvements <ld>0 d Equipment 0 d Equipment 0</ld>	_								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 b Buildings 0 c Leasehold improvements 0 d 13,455 7,580 5,875									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations Yes No (ii) Related organizations Yes No b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes Yes 4 Describe in Part XII the intended uses of the organization's endowment funds. Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. (a) Cost or other basis (other) (c) Accumulated depreciation Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Cost or other basis (other) (c) Accumulated depreciation Image: Land Image: Cost or other basis (other) (c) Accumulated depreciation 0 Image: Land Image: Cost or other basis (other) Image: Cost or other basis (other) 0 Image: Land Image: Cost or other basis (other) Image: Cost or other basis (other) 0 Image: Land Image: Cost or other basis (other) Image: Cost or other basis (other) 0 Image: Land Image: Cost or other basis (other) Image: Cost or other basis (other) 0 Image: Land Image: Cost or ot	•			00%.					
vorganization by: Yes No (i) Unrelated organizations 3a(i) x (ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) x 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b x Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 b Buildings 0 0 0 c Leasehold improvements 0 0 d Equipment 13,455 7,580 5,875	3a				at are held	and ad	ministered for t	he	
(i) Unrelated organizations iii) Related organizations iiii) Related organizations iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii									s No
(ii) Related organizations Image: Constraint of the initial degree in the initial degree initidegree initial degree initial degree initidegr		(i) Unrelated organizations							
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b x 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Ia Land Land									<u> </u>
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 b Buildings 0 0 c Leasehold improvements 0 0 d Equipment 13,455 7,580	b								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land . . . 0 b Buildings . . 0 c Leasehold improvements . . 0 d Equipment 13,455 7,580 5,875	4		-						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land . . . 0 0 b Buildings . . 0 0 c Leasehold improvements . . 0 d Equipment . . 0	Part		-						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 b Buildings . . . 0 c Leasehold improvements . . 0 d Equipment . . 13,455 7,580				" on Form 990. I	Part IV. line	e 11a.	See Form 990	. Part X. line	e 10.
Image: Instant of the second									
b Buildings		· · · · · · · · · · · · · · · · · · ·						(., ====	
b Buildings	1a	Land							0
c Leasehold improvements . . 0 d Equipment . . 13,455 7,580 5,875	_								
d Equipment		5				<u> </u>			
		-			13,455		7,580		
							· ·		-
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 5,875	Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, columr	n (B), line 10)c.) .			5,875

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other		0		
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(C) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ►	0		
Part VIII	Investments – Program Related.	° _		
	Complete if the organization answered "Yes" on For	m 990. Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ► Other Assets.	0		
	Complete if the organization answered "Yes" on Form (a) Description	m 990, Part IV, line	11d. See Form	990, Part X, Ilne 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Calu	ma (h) must squal Form 000 Dart V sal (D) line 15)		>	0
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		🕨	
rartA	Complete if the organization answered "Yes" on Forr line 25.	m 990, Part IV, line	11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ir				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)		►	0

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

	ıle D (Form 990) 2019		Page 4
Part			urn.
	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	1,282,855
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	383,890	
b	Donated services and use of facilities		
C	Recoveries of prior year grants	00.540	
d	Other (Describe in Part XIII.)	26,519	140,400
e	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·
3	Subtract line 2e from line 1	3	872,446
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a L	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		0
с 5	Add lines 4a and 4b		
Part			872,446
Faru	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		etum.
1	Total expenses and losses per audited financial statements	1	959,205
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · ·	939,205
a h	Donated services and use of facilities 2a Prior year adjustments 2b		
b	Prior year adjustments 2b Other losses 2c		
С С		26.519	
d		- ,	26 510
e	Add lines 2a through 2d	2e	26,519 932,686
3	Subtract line 2e from line 1	3	932,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C F	Add lines 4a and 4b		
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5	932,686
Provic	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		
 Pt V, I	Line 4:		
be use ⁻opera	indowment Fund was established to provide a stable source of support for enhancement programming. In ed for Enhancement programs and operations. Endowment funds are intended to provide long-term susta tions and mission and to support programs at the Ann Richards School that are beyond the curriculum an ol District.	ivestment earning inability for the	ngs from these funds will organization's
Pt XI,	Line 2d:		
Specia	al Event expenses netted against revenue \$26,519		
Pt XII	, Line 2d:		
Speci	al Event expenses netted against revenue \$26,519		

Schedule D (Fo	orm 990) 2019	Page 5
	Supplemental Information (continued)	

	DULE G					aising or Gam		OMB No. 1545-0047
(Form	n 990 or 990-EZ)	Complete if	organization enter	red more tha	n \$15,000 on l), Part IV, line 17, 18, Form 990-EZ, line 6a		2019
	ment of the Treasury Revenue Service			tach to Form Form990 for i		990-EZ. nd the latest informa	ation.	Open to Public Inspection
	of the organization		ee to the second second				Employer identifie	
The A	nn Richards Scho							4231160
Par		sing Activities. 0-EZ filers are r				vered "Yes" on	Form 990, Part IV,	line 17.
1						owing activities.	Check all that apply.	
a	Mail solicit			e [on of non-goverr	•	
b	Internet an Phone solid	d email solicitatio	ns	f _		on of governmen undraising event	-	
c d		solicitations		g L		unuraising event	5	
2a	•		ten or oral agree	ement with	any individ	lual (including off	icers, directors, trust	tees,
				•		•	fundraising services	
b		e 10 highest paid at least \$5,000 by			draisers) pu	irsuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and addre or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No	-		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total					Þ	0	C) 0
3		in which the orga		tered or lic		olicit contributior	ns or has been notifi	ed it is exempt from

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and 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	(d) Total events (add col. (a) through
-			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	55,850			55,850
ш	2	Less: Contributions				0
	3	Gross income (line 1 minus line 2)	55,850	0	0	55,850
	4	Cash prizes				0
	5	Noncash prizes				0
nses	6	Rent/facility costs				0
Direct Expenses	7	Food and beverages				0
Direct	8	Entertainment				0
	9	Other direct expenses .	10,627			10,627
	10 11	Direct expense summary. Ac Net income summary. Subtra	10,627 45,223			
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E	e organization answe			
evenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ek						

Revenu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev	1	Gross revenue				0
ses	2	Cash prizes				0
zpen	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs				0
	5	Other direct expenses .				0
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		0
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		0
	а	Enter the state(s) in which the or Is the organization licensed to co If "No," explain:	onduct gaming activities	s in each of these states	5?	🗌 Yes 🗌 No
10		Were any of the organization's g If "Yes," explain:	•		ated during the tax year	

Schedu	ile G (Form 990 or 990-EZ) 2019 Page									
11	Does the organization conduct gaming activities with nonmembers?									
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?									
13	Indicate the percentage of gaming activity conducted in:									
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 ►									
15a	Does the organization have a contract with a third party from whom the organization receives gaming									
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:									
	Name ►									
	Address ►									
16	Gaming manager information:									
	Name ►									
	Gaming manager compensation									
	Description of services provided ►									
	Director/officer									
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?									
b										
Dout	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 (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information See instructions.									

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	I	OMB No. 1545-0047
	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	ſ	2019
Department of the Treasury	► Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization		Employer iden	tification number
The Ann Richards School Foundation	1	2	6-4231160
Pt VI, Line 11b:	The Executive Director and the Treasurer review the Form 990. Notice is sent to the Finance Com submission.	nittee and full board	d for review prior to
Pt VI, Line 12c:	The conflict of interests policy is included in the organization's by-laws. At the beginning of the fisca conflict of interest form.	l year each board n	nember is required to sign a
Pt VI, Line 15a:	A review of industry standards and a range for fees were approved by the Executive Committee for	r employed individu	als.
Pt VI, Line 19:	Financial statements, conflict of interest policy and governing documents are made available upon	request.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization The Ann Richards School Foundation	Employer identification number
	26-4231160

The Ann Richards School Foundation

No.	Name	Street	City, State and Zipcode	Total contributions	Person Contribution
1	Alice Kleberg Reynolds Foundation	PO Box 2127	Austin TX 78768	45,000	YES
2	All Points North Foundation	87 Summit Ave	Brookline MA 02446	20,000	YES
3	Brown Foundation	2217 Welch St	Houston TX 77019	15,000	YES
4	Moody Foundation	2302 Post Office Street Suite 704	Galveston TX 77550	30,000	YES
5	Rachel and Ben Vaughn Foundation	PO Box 460968	San Antonio TX 78246	25,000	YES
6	Cecile Richards and Kirk Adams	227 Central Park West	New York NY 10024	25,000	YES
7	Silicon Labs	400 W Cesar Chavez St	Austin TX 78701	25,000	YES
8	Wells Fargo Bank	111 Congress Ave	Austin TX 78701	20,000	YES
9	Young Women Preparatory Network	1722 Routh St Ste 720	Dallas TX 75210	46,000	YES
10	Irene Mecchi	8722 Lookout Mountain Ave	Los Angeles CA 90046	50,000	YES
11	Harman Mayes	4315 Guadalupe Street Suite 300	Austin TX 78751	25,000	YES
12	Kelly and JB Kolodzey	117 Cloverleaf Cove	Buda TX 78610	20,000	YES
13	Susan and Bill Crews	1113 S Trace Drive	Austin TX 78745	13,500	YES

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

,			· · · ·	incy Employ	· · ·	, r	`	· · · · · · · · · · · · · · · · · · ·				
(A) Name	Title	(B) Average hours per week	Average hours per week for related organizatio ns	(C) Position (do not check more than one box, unless person is both an officer and a director/tru stee) Individual trustee or director	(C) Position (do not check more than one box, unless person is both an officer and a director/tru stee) Institutional trustee	(C) Position (do not check more than one box, unless person is both an officer and a director/tru stee) Officer	(C) Position (do not check more than one box, unless person is both an officer and a director/tru stee) Key employee	(C) Position (do not check more than one box, unless person is both an officer and a director/tru stee) Highest compensate d employee	(C) Position (do not check more than one box, unless person is both an officer and a director/tru stee) Former	(D) Reportable compensati on from the organizatio n (W- 2/1099- MISC)	(E) Reportable compensati on from related organizatio ns (W- 2/1099- MISC)	(F) Estimated amount of other compensati on from the organizatio n and related organizatio ns
Katherine McLane	Chair	1		YES		YES				0	0	0
Janet Walkow	Vice Chair	1		YES		YES				0	0	0
Lisa Kennedy	Secretary	1		YES		YES				0	0	0
Anna Sanchez	Treasurer	1		YES		YES				0	0	0
Ellen Richards	Chair Emeritus	1				YES				0	0	0
Kristina Waugh	Principal	1		YES						0	0	0
Kristen Vassallo	Board Member	1		YES						0	0	0
Christann Vasquez	Board Member	1		YES						0	0	0
Susan Johnson PhD	Board Member	1		YES						0	0	0
Rina VonFrisch	Board Member	1		YES						0	0	0
Tricia Katz	Board Member	1		YES						0	0	0
Shamina Singh	Board Member	1		YES						0	0	0
Victor Saenz PhD	Board Member	1		YES						0	0	0
Nona Niland	Board Member	1		YES						0	0	0
Craig Shapiro EdD	Board Member	1		YES						0	0	0
Karen Burges	Board Member	1		YES						0	0	0
Lisa Owens	Board Member	1		YES						0	0	0
Berta Fogerson	Board Member	1		YES						0	0	0

The Ann Richards School Foundation

The Ann Ric	chards School	Foundation		 		 	-		26-4231160
Maria Cruz	Board Member	1	YES				0	0	0
Lynn McBee	Board Member	1	YES				0	0	0
Dr Pat Forgione	Board Member	1	YES				0	0	0
Margot Thomas	Board Member	1	YES				0	0	0
Kathy Burrell	Board Member	1	YES				0	0	0
Candace Partridge	Board Member	1	YES				0	0	0
Theresa Alvarez	Board Member	1	YES				0	0	0
James Flieller	Board Member	1	YES				0	0	0
LaVerne Morris Parker	Board Member	1	YES				0	0	0
Peggy Hanley - Apr 19 - Aug 20	Executive Director	40		YES	YES		0	0	3,025
	Executive Director	40			YES		118,018	0	4,538

Statement - Line 24 E - All other expenses

Description	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Donor Recognition	2,267	0	0	2,267