Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

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

<u>A</u>	or th	e 2021 calendar year, or tax year beginning and	enaing		
В	Check if applicab	C Name of organization		D Employer identific	cation number
	Addre				
	Name	e Doing business as NORTH TEXAS COMMUNITY FOUND	NOITAC	75-22677	67
	Initial returr	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	□Final returr		2850	817-877-	
	termii ated			G Gross receipts \$	123,057,243.
L	Amer	FORT WORTH, IX 70102		H(a) Is this a group re	
	Appliation	F name and address of principal officer: NOSE BRADSHAW		for subordinates	? Yes X No
	pendi	1// MAIN ST, SUITE 2850, FORT WORTH, TX	<u>761</u>	H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 527	If "No," attach a	list. See instructions
		te: ► WWW.NORTHTEXASCF.ORG		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	M State of legal domicile: TX
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: TO S'			
Activities & Governance		THROUGH CIVIC LEADERSHIP AND TO ENCOURAGE			
ž	2	Check this box if the organization discontinued its operations or dispos	sed of more	ı	
ŏ	3			3	22
დ ფ	4	Number of independent voting members of the governing body (Part VI, line 1b)			22
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			19
ΞĒ	6	Total number of volunteers (estimate if necessary)			0
Act	7 a			7a	51,099.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			40,670.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		28,073,580.	42,735,569.
en	9	Program service revenue (Part VIII, line 2g)		2,166,114.	2,756,176.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,233,650.	26,580,905.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		453,514.	503,132.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		56,926,858.	72,575,782.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,164,525.	26,476,953.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,677,566.	1,926,063.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	. b	Total fundraising expenses (Part IX, column (D), line 25) 850,54		6 000 616	6 221 045
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,098,616.	6,331,247.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		38,940,707.	34,734,263.
	19	Revenue less expenses. Subtract line 18 from line 12		17,986,151.	37,841,519.
Net Assets or				ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	4	22,118,211.	520,525,998.
et A	21	Total liabilities (Part X, line 26)		13,967,408.	15,696,866.
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20	4	08,150,803.	504,829,132.
	art II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	iicn preparer	nas any knowledge.	
٠.		Signature of officer		I Date	
Sig		1		Date	
Hei	e	ROSE BRADSHAW, PRESIDENT Type or print name and title			
			Тг	Date Check	PTIN
Da:	4	Print/Type preparer's name		if	ㅡl
Pai			лтн Т		75-0807999
	parer			Firm's EIN ▶	13-0001333
use	Only	FORT WORTH, TX 76102-5304		Dhans == / 0	17)332-1328
		•		Phone no. (o	
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

	990 (2021) COMMUNITY FOUNDATION OF NORTH TEXAS, INC 75-2267767 Page	e 2
Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	\Box
1	Briefly describe the organization's mission: TO STRENGTHEN THE COMMUNITY THROUGH CIVIC LEADERSHIP AND TO ENCOURAGE	
	PHILANTHROPY BY PROVIDING COMMUNITY KNOWLEDGE AND RELIABLE STEWARDSHIP	
	TO THOSE WHO WISH TO FULFILL THEIR CHARITABLE GOALS IN A MEANINGFUL	
	WAYEITHER DURING OR BEYOND THEIR LIFETIMES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 32,831,169. including grants of \$ 26,476,953.) (Revenue \$ 2,756,176.) COMMUNITY FOUNDATION OF NORTH TEXAS (CFNTX) EXTENDED RESOURCES TO OVER	<u>•</u>)
	822 AREA NON-PROFITS IN 2021. GRANTS AND SCHOLARSHIPS TOTALING OVER \$26 MILLION HELPED A VARIETY OF ORGANIZATIONS FULFILL THEIR MISSIONS TO	—
	NORTH TEXAS AND OTHER AREAS. THE FOUNDATION AWARDED SCHOLARSHIPS TO 38	—
	STUDENTS FOR UNIVERSITY EDUCATION. THE FOUNDATION AWARDS GRANTS FROM	
	ITS VARIOUS FIELDS OF INTEREST AND UNRESTRICTED ENDOWMENTS; IN	_
	ADDITION, THROUGH DESIGNATED AND DONOR ADVISED FUNDS, THE FOUNDATION	
	AWARDS GRANTS TO PUBLIC CHARITIES AND GOVERNMENTAL ENTITIES LOCALLY,	
	STATEWIDE AND NATIONALLY ACCORDING TO THE CHARITABLE INTERESTS AND	
	CONCERNS OF THE FUNDHOLDERS.	
4h	(Code) \(\sum_{0} \s	
4b	(Code:) (Expenses \$	— ⁾
		_
		_
		—
		—
		—
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		—
		—
		—
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 32,831,169.	

4e Total program service expenses ▶

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Form 990 (2021) COMMUNITY FOUNDATION OF NORTH TEXAS, INC Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
•	Schedule D, Part III	8	Х	
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?			
		9	х	
10	If "Yes," complete Schedule D, Part IV	9	25	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- 22	
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,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form 990 (2021)

COMMUNITY FOUNDATION OF NORTH TEXAS, INC Part IV | Checklist of Required Schedules (continued)

Yes No 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 Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 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? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 34 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 19 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х 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 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Х sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Х Did the sponsoring organization make any taxable distributions under section 4966? 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. 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 Enter the amount of reserves on hand Х 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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? <u>1</u>5 If "Yes," see the instructions and file Form 4720, Schedule N. X 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. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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			
	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 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_ <u>X</u> _	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	40h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	· · · · · · · · · · · · · · · · · · ·	onl: /	0.40:1-1	alo.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	oniy)	avallal	JIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	fine	sia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	imano	ııaı	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CHRIS WHITE - 817-877-0702			
	777 MAIN STREET SILTE 2850 FORT WORTH TX 76102			

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

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

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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **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 the instructions for the order in which to list the persons above.

0.00

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										r
(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				an	compensation	compensation	amount of
	week		l an	lu a u	recto	i / ii usi	(66)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		99/	n ben		1099-NEC)	1099-1120)	and related
	below	dual t	rtiona	_	lo Idu	st col	15	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSE BRADSHAW	40.00									
PRESIDENT				Х				298,358.	0.	25,071.
(2) STAN NINEMIRE	40.00								_	
CHIEF FINANCIAL OFFICER				Х				169,559.	0.	10,054.
(3) VICKI ANDREWS	40.00								_	
DONOR RELATIONS LAISON						X		121,561.	0.	16,598.
(4) STEWART ALCORN	2.00	l								
CHAIR	1 00	Х		Х				0.	0.	0.
(5) ANNE HOLLAND	1.00	ļ							•	
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(6) DANIEL H. MCCARTHY	1.00	١							•	
CORP. SECRETARY	1 00	Х		Х				0.	0.	0.
(7) JOSEPH DELEON TREASURER	1.00	х		х				0.	0.	0.
(8) STEPHANIE BRENTLINGER	1.00	Α.		Δ				0.	0.	· ·
ASST. TREASURER	1.00	х		х				0.	0.	0.
(9) SMITH A. BOWNIE, III	0.50	22		22				0.	0.	•
DIRECTOR	0.30	x						0.	0.	0.
(10) ROBERT I. FERNANDEZ	0.50								•	
DIRECTOR		Х						0.	0.	0.
(11) MICHAEL S. MALLOY	0.50									
DIRECTOR		Х						0.	0.	0.
(12) ERIKA BELTRAN	0.50									
DIRECTOR		Х						0.	0.	0.
(13) HORATIO PORTER	0.50									
DIRECTOR		Х						0.	0.	0.
(14) JAMES B. DEMOSS	0.50]								
DIRECTOR		Х						0.	0.	0.
(15) KELLY HANLEY	0.50]								
DIRECTOR		Х						0.	0.	0.
(16) ALLEN HODGES	0.50	l								_
DIRECTOR		Х						0.	0.	0.
(17) ADELAIDE LEAVENS	0.50	 								_
DIRECTOR		Х						0.	0.	0 . Form 990 (2021

Section A. Officers, Directors, Tru	stees, Key Em	ρloy	ees,	, and	Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average			Posi heck r	more	than		Reportable	Reportable			stimate	
	hours per week			ess pera				compensation from	compensation	- 1	an	nount other	of
	(list any	tor	ja l					the	from related organizations	- 1	com	pensa	tion
	hours for	direc.				 		organization	(W-2/1099-MIS		l	om th	
	related	tee oi	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	al trus	nal tr		loyee	comp		1099-NEC)			l	d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) CHARLES B. MILLIKEN	0.50	드	드	ð	Α	를 들	요			-			
DIRECTOR	0.30	x						0.		0.			0.
(19) BUDDY PUENTE	0.50		\vdash							-			
DIRECTOR		x						0.		0.			0.
(20) WILLIAM SLATER	0.50												
DIRECTOR		X						0.		0.			0.
(21) JEREMY SMITH	0.50												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(22) MARK WALTON	0.50												
DIRECTOR		X						0.		0.	<u> </u>		0.
(23) ALFRED SAENZ	0.50												
DIRECTOR		X						0.		0.			0.
(24) S. BROOK BELL	0.50	┨											_
DIRECTOR	1 0 50	X	┞	\vdash		_		0.		0.			0.
(25) MAGGIE LOWY	0.50	٠,								_			^
(26) PHILLIP W. MCCRURY	0.50	X	\vdash	\vdash		-		0.		0.	 		0.
CHAIRMAN EMERITUS - NON VOTING	0.50	x						0.		0.			0.
4. 0.1		1						589,478.		0.	5	1,7	
1b Subtotal c Total from continuation sheets to Part V								0.		0.		_ _ , , ,	0.
d Total (add lines 1b and 1c)								589,478.		0.	5	1,7	
2 Total number of individuals (including but							no re		000 of reportable			_ ,	
compensation from the organization						,		,	,				3
												Yes	No
3 Did the organization list any former office	r, director, trust	ee, l	кеу е	emplo	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		X
4 For any individual listed on line 1a, is the s	•							•	•				
and related organizations greater than \$15		•	•								4	Х	
5 Did any person listed on line 1a receive or									lual for services				
rendered to the organization? If "Yes," col	mplete Schedul	<u>e J f</u>	or s	uch p	oers	on					5		X
Section B. Independent Contractors							41	t i d th f	100,000 of comm		Line for		
1 Complete this table for your five highest of the organization. Report compensation for										ensai	tion ire	om	
(A)	trie Caleridai y	Jai C	riuii	ig wi	iuii c	JI WI		(B)	car.		(0	2)	
Name and busines	s address	N	INC	E				Description of s	ervices	С	compe	nsatio	n
_		—					\dashv						
O Total number of independent controls	ت المراجع المراز المراز المراز			d + - +		- !! -		abaya) who ====i===	are then				
Total number of independent contractors \$100,000 of compensation from the organ		UL III	ше	u iO T	tnos (ied	above, who received mo	ne uiali				

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
					_	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
10.10		Endoughed commissions		Ta-I					000000000000000000000000000000000000000
nts		Federated campaigns							
Contributions, Gifts, Grants and Other Similar Amounts									
S, (C	Fundraising events		1c					
를 ja	C	Related organizations		1d					
s, (6	Government grants (contri	ibutions	s) 1e					
ës	f	All other contributions, gifts,	grants, a	ind					
the		similar amounts not included	above	. 1f	42,735,569.				
ΞÖ		Noncash contributions included in	lines 1a-1f	1g \$	16,520,977.				
츳띭		Total. Add lines 1a-1f			•	42,735,569.			
		. Totally last miles facility in			Business Code	, ,			
	0.6	MANAGEMENT FEES			813211	2,756,176.	2,756,176.		
<u>i</u>					010211	2,730,170.	2,730,170.		
Program Service Revenue	k								
n S	C	·							
e a	C	i							
F	6								
<u>a</u>	f	All other program service	revenue						
	Ç	Total. Add lines 2a-2f				2,756,176.			
	3	Investment income (includ	ling divi	dends, intere	st, and				
		other similar amounts)				10,396,027.			10396027.
	4	Income from investment of							
	5	Royalties				110,401.			110,401.
	Ŭ	noyanes		(i) Real	(ii) Personal	,			,
	6 -	Cross rents		(.)	(1) 1 01001141				
		Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	I <u>⊢``</u>) Securities	(ii) Other				
		assets other than inventory	7a 66	6,666,339.					
	k	Less: cost or other basis							
e		and sales expenses	7b 50	0,481,461.					
ther Revenue	(Gain or (loss)	7c 16	6,184,878.					
ě		Net gain or (loss)			•	16,184,878.			16184878.
ē		Gross income from fundraising			,				
£		including \$	-						
0		contributions reported on		II.					
		Part IV, line 18	,	I					
				I .					
		Less: direct expenses							
		Net income or (loss) from		-					
	9 a	Gross income from gamin		I					
		Part IV, line 19							
	k	Less: direct expenses		9b					
	C	Net income or (loss) from	gaming	activities					
	10 a	Gross sales of inventory, l	ess retu	ırns					
		and allowances		10a					
	k	Less: cost of goods sold		I					
		Net income or (loss) from			•				
$\neg \dagger$		the state of the set in the set i			Business Code				
ns	11 -	NET INCOME FROM PASS	THROIT	GH ENTTT	900099	331,705.		48,390.	283,315.
e e		NET INCOME FROM PASS			900099	47,738.		10,330.	47,738.
Miscellaneous Revenue				OU DMITI	900099	•			,
Se Se	_	MISCELLANOUS REVENUE				32,500.		0.700	32,500.
ξ		All other revenue			900099	-19,212.		2,709.	-21,921.
		Total. Add lines 11a-11d			·····	392,731.			
	12	Total revenue. See instruction	ne			72,575,782.	2,756,176.	51,099.	27032938.

Part IX | Statement of Functional Expenses

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX												
	(A) (B) (C) (D)											
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses							
1	Grants and other assistance to domestic organizations	0.5 0.0 500	0.5 0.7 500									
	and domestic governments. See Part IV, line 21	26,027,683.	26,027,683.									
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22	359,270.	359,270.									
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16	90,000.	90,000.									
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees	641,200.	157,899.	255,213.	228,088.							
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	965,306.	324,360.	335,031.	305,915.							
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)	65,644.		24,289.	21,820.							
9	Other employee benefits	125,453.		46,418.	41,700.							
10	Payroll taxes	128,460.	38,231.	47,530.	42,699.							
11	Fees for services (nonemployees):											
а	Management	2,714,359.	2,714,359.									
b	Legal	15,650.		15,650.								
С	Accounting	31,500.		31,500.								
d	Lobbying											
е	Professional fundraising services. See Part IV, line 17											
f	Investment management fees	1,254,949.	1,250,785.	4,164.								
g	Other. (If line 11g amount exceeds 10% of line 25,	1 205 242	4 205 506	00 445								
	column (A), amount, list line 11g expenses on Sch O.)	1,327,943.	1,305,526.	22,417.								
12	Advertising and promotion											
13	Office expenses	60 202	12 055									
14	Information technology	69,383.	13,877.		55,506.							
15	Royalties	202 267	101 041	01 020	60 407							
16	Occupancy	283,267.	121,841.	91,939.	69,487.							
17	Travel											
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	4,499.	1,817.	1,510.	1 170							
19	Conferences, conventions, and meetings	4,433.	⊥,0⊥/•	1,310.	1,172.							
20	Interest											
21	Payments to affiliates	24,635.		24,635.								
22	Depreciation, depletion, and amortization	83,755.	69,587.	14,168.								
23	Other expenses. Itemize expenses not covered	03,733.	05,507	14,100.								
24	above. (List miscellaneous expenses on line 24e. If											
	line 24e amount exceeds 10% of line 25, column (A),											
а	amount, list line 24e expenses on Schedule 0.) BOARD AND STAFF DEVELOP	229,195.	223,501.	5,231.	463.							
a b	MARKETING AND OUTSIDE P	114,935.	34,480.	45,974.	34,481.							
c	DEVELOPMENT	56,122.	15,137.	3,765.	37,220.							
d	EQUIPMENT	52,491.	545.	51,218.	728.							
	All other expenses	68,564.	25,401.	31,901.	11,262.							
25	Total functional expenses. Add lines 1 through 24e	34,734,263.	32,831,169.	1,052,553.	850,541.							
26	Joint costs. Complete this line only if the organization	, ==,==	, , , , , , , , , , , , , , , , , , , ,	, ,								
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
	· · /	-			Earm 990 (2021)							

Form 990 (2021)
Part X Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			16,144,557.	1	31,033,192.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	26,274.	3	2,216.		
	4	Accounts receivable, net	158,997.	4	136,330.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit	ied per	ons rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
As	9				37,271.	9	34,163.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	114,586.	112,882.	10c	104,143.
	11	Investments - publicly traded securities			395,460,654.	11	477,335,627.
	12	Investments - other securities. See Part IV, line 1	7,882,970.	12	9,406,145.		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,294,606.	15	2,474,182.		
	16	Total assets. Add lines 1 through 15 (must equa	422,118,211.	16	520,525,998.		
	17	Accounts payable and accrued expenses		37,919.	17	21,163.	
	18	Grants payable		10,000.	18	2,400,000.	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D	13,744,989.	21	13,275,703.
Se	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst					
iab		controlled entity or family member of any of thes	-		454 500	22	
_	23	Secured mortgages and notes payable to unrela			174,500.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D			12 067 400	25	15 606 066
	26	Total liabilities. Add lines 17 through 25			13,967,408.	26	15,696,866.
s		Organizations that follow FASB ASC 958, che	ck her	e ▶ 🔼			
JCe		and complete lines 27, 28, 32, and 33.			262 472 020		452 026 206
alar	27	Net assets without donor restrictions			363,473,928.	27	453,936,296.
В	28	Net assets with donor restrictions			44,676,875.	28	50,892,836.
Ë		Organizations that do not follow FASB ASC 9	58, cne	eck nere 🕨 🔛			
ρF		and complete lines 29 through 33.					
şţ	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			408,150,803.	31	504,829,132.
ž	32	Total net assets or fund balances			422,118,211.	32	520,525,998.
	33	Total liabilities and net assets/fund balances			444,110,411.	33	540,545,996.

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

COMMUNITY FOUNDATION OF NORTH TEXAS 75-2267767 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4,7 = 3 + 1	(2) 20:0	(5) = 5 : 5	(4) = 0 = 0	(5) = 5 = 1	(1) 1010.
-	membership fees received. (Do not						
	include any "unusual grants.")	21886265.	51467716.	28675587.	28745796.	44200670.	174976034
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21886265.	51467716.	<u> 28675587.</u>	28745796.	44200670.	174976034
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)						21838602.
6	Public support. Subtract line 5 from line 4.						153137432
Sec	etion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	21886265.	51467716.	28675587.	28745796.	44200670.	174976034
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6118797.	7597709.	8798938.	6560738.	10506428.	39582610.
9	Net income from unrelated business						
	activities, whether or not the		2442562		10 - 60		
	business is regularly carried on		3113760.		18,569.	51,099.	3183428.
10	Other income. Do not include gain						
	or loss from the sale of capital	 EE7 260	120 046	160 001	111 272	341,632.	1610200
	assets (Explain in Part VI.)	337,200.	130,040.	109,901.	411,2/3.		219352272
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ata (aga inaturatio	<u> </u>				,740,701.
	First 5 years. If the Form 990 is for the	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax y			, / 40 , / 01 •
13	organization, check this box and sto						▶□
Sed	ction C. Computation of Publi					•••••	···········
14	Public support percentage for 2021 (I	line 6, column (f), d	ivided by line 11, o	column (f))		14	69.81 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	62.62 %
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact				· ·	VI how the organiz	ation
	meets the facts-and-circumstances to	· ·	•			170 and line 15 in	
D	10% -facts-and-circumstances test	-					10% Or
	more, and if the organization meets the organization meets the facts-and-circle						ightharpoonup
18	Private foundation. If the organization				• • •		
		or look u		, ,	.,		· ·····