Return of Organization Exempt From Income Tax

OMB No. 1545-0047

23

20

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

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service			Go to www.irs.gov/Form990 for instructions and the latest i		Inspection								
Α	For the	e 2023 calend	dar year, or tax year beginning , 2023, and endin	g		, 20							
в	Check if	f applicable:	C Name of organization CHISHOLM TRAIL COMMUNITIES FOUND	ATION	D Empl	oyer identification number							
	Address	s change	Doing business as 74-2786718										
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
	Initial re	turn	116 W 8TH STREET, 2ND FLOOR		(512)863-4186							
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amende	ed return	GEORGETOWN, TX 78626	4	G Gross	s receipts \$3,151,660.							
	Applicat	tion pending	F Name and address of principal officer:			or subordinates? 🗌 Yes 🛛 No							
			TOM FARAGHER, 116 W 8TH STREET, GEORGETOWN, TX 786	26 H(b) Are all sub	oordinat	tes included? Ves No							
<u> </u>	Tax-exe	empt status:	X 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	If "No," at	tach a li	ist. See instructions.							
J	Website		://chisholm-trail.org/	H(c) Group exe	· ·								
1		organization: 🗙	Corporation Trust Association Other L Year of forma	ation: 1998	M State	of legal domicile: TX							
P	art I	Summa	,										
	1		cribe the organization's mission or most significant activities: $_{\tt THE}$										
Activities & Governance			TIES FOUNDATION (CTCF) IS TO BRIDGE DONORS TO	NONPROFITS	WIT	H							
nar			VE SOLUTIONS TO MEET REAL COMMUNITY NEEDS.										
ver	2		box \Box if the organization discontinued its operations or disposed of	of more than 259	% of it	s net assets.							
ဗိ	3				3	10							
യ് ഗ	4)	4	9								
itie	5			5	5								
ĭč	6		per of volunteers (estimate if necessary)		6	9							
Ă	7a		ated business revenue from Part VIII, column (C), line 12		7a	0.							
	b	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	0.							
				Prior Year		Current Year							
Pe	8		ons and grants (Part VIII, line 1h)	22,630,		1,465,905.							
Revenue	9	-	ervice revenue (Part VIII, line 2g)	155,0	617.	242,574.							
Jev Sev	10		t income (Part VIII, column (A), lines 3, 4, and 7d)	305,3	184.	1,443,181.							
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,091,3		3,151,660.							
	13		d similar amounts paid (Part IX, column (A), lines 1–3)	1,742,0	686.	2,472,160.							
	14		aid to or for members (Part IX, column (A), line 4)										
es	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)	103,0	034.	148,987.							
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)										
ğ	b		raising expenses (Part IX, column (D), line 25)0.										
	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	247,4		342,322.							
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	2,093,3		2,963,469.							
	19	Revenue le	ess expenses. Subtract line 18 from line 12	20,998,2		188,191.							
Net Assets or Fund Balances				Beginning of Curre		End of Year							
sset 3alar	20		ts (Part X, line 16)	31,508,		32,917,452.							
et A nd B	21		ties (Part X, line 26)	851,0		954,586.							
			or fund balances. Subtract line 21 from line 20	30,657,4	484.	31,962,866.							
TP:	art II	Signatu	re Block										

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 belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

			11	L/07/2024								
Sign	Signature of officer		Dat	9								
Here TOM FARAGHER, MANAGING DIRECTOR												
	Type or print name and title											
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN							
Preparer	BEN MAESE		11/14/2024	self-employed	P01502053							
Use Only		PAS PLLC	Firm	's EIN 85-3	837169							
	Firm's address 109 S HARRIS S	r, ste 120, round rock, tx	78664 Phor	ne no. (512)3	888-0582							
May the IR	S discuss this return with the preparer	shown above? See instructions			X Yes 🗌 No							
For Paperw	For Paperwork Reduction Act Notice, see the separate instructions. BAA REV 05/09/24 PRO Form 990 (2023)											

Form 99	0 (2023) Page 2
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MISSION OF CHISHOLM TRAIL
	COMMUNITIES FOUNDATION (CTCF) IS TO BRIDGE DONORS TO NONPROFITS WITH
	EFFECTIVE SOLUTIONS TO MEET REAL COMMUNITY NEEDS.
2	Did the organization undertake any significant program services during the year which were not listed on the
۷	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,142,999. including grants of \$ 1,133,155.) (Revenue \$ 292,935.)
	SPORTS CLIPS WM MEMORIAL RELIEF FUND IS A SPECIAL INTEREST FUND THAT PROVIDES RELIEF TO INDIVIDUALS IN A DISASTER SITUATION.
4b	(Code:) (Expenses \$ 358,503. including grants of \$ 357,550.) (Revenue \$ 380,000.) SPORT CLIPS PHILANTHROPIC FUND IS A DONOR ADVISED FUND THAT MAKES GRANTS TO VARIOUS ORGANIZATIONS FOR THE PURPOSE OF PROMOTING GENERAL WELFARE.
4c	(Code:) (Expenses \$ 519,623. including grants of \$ 366,277.) (Revenue \$ 0.)
	THE GAREY PARK A FUND IS A DONOR ADVISED FUND WHERE FUNDS
	ARE DISTRIBUTED FOR CAPITAL IMPROVEMENTS OF GAREY PARK, GEORGETOWN, TX.
	·
4d	Other program services (Describe on Schedule O.) (Expenses \$ 768,373. including grants of \$ 615,178.) (Revenue \$ 792,970.)
4e	Total program service expenses2,789,498.
	REV 05/09/24 PRO Form 990 (2023)

Form 99	0 (2023)		F	Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 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 "Yes," 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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	×	
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "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? If "Yes," complete Schedule F, Parts I and IV.	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>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	×	

Form 99	0 (2023)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
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	Yes X	No
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 c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 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 the 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 "Yes," complete Schedule L, Part IV</i>	28a		×
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		×
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31 32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
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			
		• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
с 	reportable gaming (gambling) winnings to prize winners?	1c		

-	0 (2023)			Page 5
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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	×	
- 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		
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)?			~
b	If "Yes," enter the name of the foreign country	4a		×
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
-	5	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u> </u>
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
Ŭ	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	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		
9 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.	46		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
-				
с 14а	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 1	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
10	excess parachute payment(s) during the year?	15		
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			
	······································			

Form 99	90 (2023)		F	-age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X
Secti	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		res	NO
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 9 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		×
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		×
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		× × ×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	× ×	×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10b 11a	×	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b 12c	×	
13 14	Did the organization have a written document retention and destruction policy?	120 13 14	×××	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
See.		16b		
<u>Secti</u> 17 18	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	T (sec	tion 5	501(c)
19	 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or schedule of the organization made its governing documents. 	of inter	rest n	olicv.

- and financial statements available to the public during the tax year.
 Ot to the group addition of 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. DIANE LINT, BOOKKEEPER, 116 W 8TH ST, GEORGETOWN, TX 78626 (512)863-4186

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **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.

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

					C)					
(A)	(B)	(do n	ot of		ition	e than c		(D)	(E)	(F)
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours per week	office	er and	dac	irect	or/trust		compensation from the	compensation from related	of other compensation
	(list any	or o	Ins	Officer	Ke	Highest compensated employee	Former	organization (W-2/	organizations (W-2/	from the
	hours for	livid	titut	icer) en	hes	me	1099-MISC/	1099-MISC/	organization and
	related organizations	Individual trustee or director	iona		Key employee	t co	Ì	1099-NEC)	1099-NEC)	related organizations
	below	trus	l tr		yee	mpe				
	dotted line)	lee	Institutional trustee			insa				
			(O)	ľ		ted				
(1) ERIC COOPER	2.00									
DIRECTOR		×								
(2) ANDREA DENTON	2.00									
DIRECTOR		×								
(3) JOSEPH GREER	2.00									
DIRECTOR		×								
(4) TOM FARAGHER	2.00									
MANAGING DIRECTOR		×		×						
(5) MIKE WEIR	15.00									
DIRECTOR		×								
(6) CONNIE CLARK	2.00									
CHAIR		×		×						
(7) BOB VILLARREAL	2.00									
DIRECTOR		×								
(8) CHRIS PRICE	2.00									
TREASURER/SECRETARY		×		×						
(9) KATIE RINEHART	2.00									
DIRECTOR		×								
(10) STEPHEN BENOLD	2.00									
PAST CHAIR		×		×						
(11)										
(12)										
(13)		-								
<u>(14)</u>		-								
										Earm 990 (2022)

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emp	olo	yee	s, an	d H	lighest Compe	nsated	Employ	yees (d	contin	ued)
					(0	C)								
	(A)	(B) Position							(D)	(E)			(F)	
	Name and title	Average		(do not check more that box, unless person is bo					Reportable	Reportable		Estima	ted amo	ount
		hours					or/trust		compensation from the	compen from re			f other oensatio	n
		per week (list any	or	Ins	9ff	Ke	Hig	Fo	organization (W-2/	organizatio			om the	
		hours for	Individual t or director	titut	Officer	Key employee	jhes ploy	Former	1099-MISC/	1099-N			ization a	
		related organizations	ual t	iona		oldt	t co /ee		1099-NEC)	1099-1	NEC)	related of	organiza	ations
		below	Individual trustee or director	Institutional trustee		yee	Highest compensated employee							
		dotted line)	ee	Iste			insa							
				Û			ted							
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal		• •	•		• •	• •	•						
c	Total from continuation sheets to Part		n A	•	•	• •	• •	•						
d	Total (add lines 1b and 1c)			•	11 - 4	• •		•		- +l ^ -	00.000	- 6		
2	Total number of individuals (including bur reportable compensation from the organ			iose	IIST	lea	above	e) w	no received mor	e than \$1	00,000	OT		
	reportable compensation from the organ	Ization											Mag	NI .
0	Did the eventimation list anti-former			.	-+-	- 1			avea av bialaaa				Yes	No
3	Did the organization list any former employee on line 1a? <i>If "Yes," complete</i>							mpi	oyee, or nignes	t compe	ensated			
										· · · ·	•••	3		×
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	greater th	απ φ	100,	000): 1	1 100	5,	complete Schet		n such			
F	Did any person listed on line 1a receive of			+	lon			· · ·	· · · · · · ·	ion or ind	 امانامان	4		×
5	for services rendered to the organization											-		
<u></u>		: II Tes, C	,ompi	ele	301	ieut	lie J I	01 5	such person .			5		×
	on B. Independent Contractors	ant arms	onact	od :	ind	202	adaat	~~	ntractora that "	oppined	more	han t	100.00	0 ~ 6
1	Complete this table for your five high compensation from the organization. Rep													
		orcompen	SatiOl	101	uie	- ud	iciiudi	ye			e organ		JIAN	year.
	(A) Name and business add	Iross							(B) Description of serv	vices		(C) Compens	ation	
	Name and busilless add								Description of Serv	1003		Jourheus		

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

		· · ·			(=)	(4)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ທູ່ ທ	1a	Federated campaigns 1a					
ant	b	Membership dues					
no Gr	С	Fundraising events 1c					
Γs,	d	Related organizations 1d					
Gif lar	e	Government grants (contributions) 1e					
ini s	f	All other contributions, gifts, grants,					
r S	•	and similar analysis as in structure shares of	1 465 005				
he	~	and similar amounts not included above 1f Noncash contributions included in	1,465,905.				
l G ⊑	g		•				
Contributions, Gifts, Grants, and Other Similar Amounts		-9		1 165 005			
0 %	h	Total. Add lines 1a-1f		1,465,905.			
a	-		Business Code				
Program Service Revenue	2a	ADMINISTRATION FEES	525990	242,574.	242,574.	0.	0.
le n	b						
jram Ser Revenue	С						
ev an	d						
ющ	е						
Å	f	All other program service revenue					
	g	Total. Add lines 2a–2f		242,574.			
	3	Investment income (including dividends					
		other similar amounts)		1,441,745.	0.	0.	1,441,745.
	4	Income from investment of tax-exempt bo	nd proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 1,436.					
a	b	Less: cost or other basis					
nu		and sales expenses . 7b 0.					
Revenue	с	Gain or (loss) 7c 1,436.					
Å.	d	Net gain or (loss)		1,436.	1,436.	0.	0.
Jer	8a	Gross income from fundraising		1,1301	1,450.	0.	0.
Othe	Ua	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising ever	ate				
	9a	Gross income from gaming	nts				
	<i>3</i> a	activities. See Part IV, line 19 . 9a					
	h						
	b		-				
	C	Net income or (loss) from gaming activitie	5				
	IVa	Gross sales of inventory, less returns and allowances 10a					
		Less: cost of goods sold 10b	10.1				
	С	Net income or (loss) from sales of invento	•				
sn		-	Business Code				
Miscellaneous Revenue	11a						
lar en	b						
scellaneo Revenue	С						
Ais F	d	All other revenue					
2	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		3,151,660.	244,010.	0.	1,441,745.
			REV 05/09/24	PRO			Form 990 (2023)

	90 (2023)				Page 10
	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All	other organizations	must complete colu	mn (A)
000010	Check if Schedule O contains a response				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	1,949,533.	1,949,533.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	522,627.	522,627.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		522,027.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages	138,263.	13,511.	124,752.	0.
9 10 11 a	Other employee benefits	10,724.	1,048.	9,676.	0.
b c d	Legal	12,031.	155.	11,876.	0.
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	25,712.	15,450.	10,262.	0.
12 13	Advertising and promotion	1,246. 6,505.	978.	268. 6,479.	0.
14 15 16	Information technology	7,318.	1,683.	5,635.	0.
17 18	Travel		00.000		
19 20 21	Conferences, conventions, and meetings . Interest	22,666.	22,666.	0.	0.
22 23	Depreciation, depletion, and amortization . Insurance	1,416. 4,640.	0. 3,204.	1,416. 1,436.	0. 0.
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.)				
а	ADMIN FEE	234,557.	234,557.	0.	0.
b	SUPPLIES	22,495.	22,495.	0.	0.
С	DUES AND SUBSCRIPTIONS	2,708.	537.	2,171.	0.
d	BANK CHARGES	1,028.	1,028.	0.	0.
е 25	All other expenses	2 962 160	2 720 100	172 071	
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e 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)	2,963,469.	2,789,498.	173,971.	0.
	following SOP 98-2 (ASC 958-720)				Fauna 000 (0000)

Form 990 (2023)

Ρ	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rtX		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,212,578.	1	293,669.
	2	Savings and temporary cash investments	54,105.	2	9,139.
	3	Pledges and grants receivable, net		3	
	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			
	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)		5	
	7			6	
Assets	8	Notes and loans receivable, net		8	
Ase	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		5	
	···u	basis. Complete Part VI of Schedule D 10a 32,330.			
	b	Less: accumulated depreciation 10b 30,729.	3,017.	10c	1,601.
	11	Investments-publicly traded securities	30,238,815.	11	32,613,043.
	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)	31,508,515.	16	32,917,452.
	17	Accounts payable and accrued expenses	4,635.	17	5,961.
	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	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	046 206	05	040 625
	26	Total liabilities. Add lines 17 through 25 	846,396. 851,031.	25 26	948,625. 954,586.
ses	20	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	051,051.	20	954,580.
an	27	Net assets without donor restrictions	29,741,304.	27	1,799,472.
Ba	28	Net assets with donor restrictions	916,180.	28	30,163,394.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			50,105,554.
μ		and complete lines 29 through 33.			
is o	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds .		31	21.002.000
Vet	32	Total net assets or fund balances	30,657,484.	32	31,962,866.
	33	Total liabilities and net assets/fund balances	31,508,515.	33	32,917,452.

REV 05/09/24 PRO

Form **990** (2023)

	00 (2023)			Pa	ge 1
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12) 1	-	3,15		
2	Total expenses (must equal Part IX, column (A), line 25) .		2,96		
3	Revenue less expenses. Subtract line 2 from line 1 3	-		8,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		30,657,484		
5	et unrealized gains (losses) on investments		1,117,191		
6	Donated services and use of facilities				
7	Investment expenses 7 Prior period adjustments 8				
8					
9 10	Other changes in net assets or fund balances (explain on Schedule O)	<u>'</u>			
10	32, column (B))		1 06	o	6
Dort	XII Financial Statements and Reporting	0 3	1,96	2,8	00
Faru	Check if Schedule O contains a response or note to any line in this Part XII				
		<u> </u>		Yes	N
1	Accounting method used to prepare the Form 990: Cash 🛛 Accrual Other	F		100	
•	If the organization changed its method of accounting from a prior year or checked "Other," expla	ain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	E	2a		>
24	If "Yes," check a box below to indicate whether the financial statements for the year were compi				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	[2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	1 on a			
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi	ight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		>
	If the organization changed either its oversight process or selection process during the tax year, expla-	ain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	lits .	3b		
	REV 05/09/24 PRO				(20