

1981
2018

990-PF

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or tax year beginning

10/1/2018

, and ending

9/30/2019

Open to Public Inspection

Name of foundation

TARTAGLINO RICHARDS FOUNDATION

Number and street (or P.O. box number, if mail is not delivered to street address)

2525 Knight Street

City or town, state or province, country, and ZIP or foreign postal code

Dallas

TX

75219

Foreign country name

Foreign province/state/country

Foreign postal code

G Check all that apply

- Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization Section 501(c)(3) exempt private foundation. 04 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundationI Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 11,126,778** (Part I, column (d) must be on cash basis)J Accounting method Cash Accrual
 Other (specify)

Part II Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per schedule	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest or savings and temporary cash investments	65,947	65,947		
4 Dividends and interest from securities	155,885	135,885		
5a Gross rents				
5b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 1c	123,500			
6b Gross sales price for all assets on line 6a	2,275,387			
7 Capital gain net income (from Part IV, line 2)		123,500		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
11 Less Cost of goods sold				
12c Gross profit or (loss) (attach schedule)	33,553			
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	311,779	345,332	0	
13 Compensation of officers, directors, trustees, etc.	43,500			46,500
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
16b Accounting fees (attach schedule)	081 FEB 04 2020 5 752	5 752	5,752	
16c Other professional fees (attach schedule)		71,396	71,396	
17 Interest				
18 Taxes (attach schedule) (see instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	1,034	24		1,010
24 Total operating and administrative expenses.	124,682	77,172	0	47,510
Add lines 13 through 23				
25 Contributions, gifts, grants paid	324,000			524,000
26 Total expenses and disbursements. Add lines 24 and 25	648,682	77,172	0	571,510
27 Subtract line 23 from line 12				
a Excess of revenue over expenses and disbursements	-112,313			
b Net investment income (if negative, enter -0-)		268,160		
c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2013)

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Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	270,938	45,594	45,594
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ►			
	4	Pledges receivable ►			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ►			
		Less allowance for doubtful accounts ►			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	1,200	2,000	2,000
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)	11,193,493	11,079,185	11,079,185
	11	Investments—land, buildings, and equipment basis ►			
		Less accumulated depreciation (attach schedule) ►			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ►	4,319		
		Less accumulated depreciation (attach schedule) ►	4,319		
	15	Other assets (describe ► Rounding)	-1	-1	-1
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	11,465,630	11,126,778	11,126,778
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
Net Assets or Fund Balances	22	Other liabilities (describe ►)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ► and complete lines 24 through 26, and lines 30 and 31. <input checked="" type="checkbox"/>				
	24	Unrestricted	11,465,630	11,126,778	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	11,465,630	11,126,778	
	31	Total liabilities and net assets/fund balances (see instructions)	11,465,630	11,126,778	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	11,465,630
2	Enter amount from Part I, line 27a	2	-336,903
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	11,128,727
5	Decreases not included in line 2 (itemize) ► Payment of excise tax for FYE 9/30/2018	5	1,949
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	11,126,778

Part IV Capital Gains and Losses for Tax on Investment Income

a) List and describe the kind(s) of property sold (for example, real estate, 2-story brck warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	:	0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in Part I, line 8	{ }		3	:	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation doesn't qualify under section 4940(e) Do not complete this part

 Yes No

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	381,434	10,918,417	0.034935
2016	171,390	9,941,358	0.017240
2015	365,446	9,480,902	0.038545
2014	448,390	10,126,457	0.044279
2013	336,650	10,311,569	0.032648

- 2 Total of line 1, column (d) 2 0.167647
 - 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years 3 0.033529
 - 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 4 10,820,448
 - 5 Multiply line 4 by line 3 5 362,799
 - 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 2,682
 - 7 Add lines 5 and 6 7 365,481
 - 8 Enter qualifying distributions from Part XII, line 4 8 571,510
- If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

- 1a Exempt operating foundations described in section 4940(d)(2), check here ► and enter "N/A" on line 1
Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) }
1 2,682
- b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► and enter 1% of Part I, line 27b }
2,682
- c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) }
2 0
- 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) }
3 Add lines 1 and 2 }
3 2,682
- 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) }
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- }
6 Credits/Payments }
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 2,000 }
b Exempt foreign organizations—tax withheld at source 6b }
c Tax paid with application for extension of time to file (Form 8868) 6c }
d Backup withholding erroneously withheld 6d }
7 Total credits and payments Add lines 6a through 6d 7 2,000 }
8 Enter any **penalty** for underpayment of estimated tax Check here if Form 2220 is attached }
8 682 }
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter **amount owed** }
9 682 }
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** }
10 0 }
11 Enter the amount of line 10 to be **Credited to 2019 estimated tax** ► Refunded }
11 0 }

Part VII-A Statements Regarding Activities

- 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a Yes, X
1b }
1c X
- b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities
- c Did the foundation file Form 1120-POL for this year?
- d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____
- e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____
- 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities
- 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes
- 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
b If "Yes," has it filed a tax return on Form 990-T for this year?
- 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*
- 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?
- 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV
- 8a Enter the states to which the foundation reports or with which it is registered See instructions ► TX
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation
- 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV
- 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11		<input checked="" type="checkbox"/> X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12		<input checked="" type="checkbox"/> X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13		<input checked="" type="checkbox"/> X	
14	The books are in care of ► A James Lynn, Attorney, CPA Located at ► 6820 Walling Lane Dallas TX	Telephone no ► (214) 341-0000 ZIP+4 ► 75231	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year	<input checked="" type="checkbox"/> 15	<input type="checkbox"/>
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16		<input checked="" type="checkbox"/> X	

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year, did the foundation (either directly or indirectly)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here ►	<input type="checkbox"/> N/A	<input type="checkbox"/>
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	<input type="checkbox"/> N/A	<input type="checkbox"/>
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If "Yes," list the years ► 20_____, 20_____, 20_____, 20_____	<input type="checkbox"/> N/A	<input type="checkbox"/>
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	<input type="checkbox"/> N/A	<input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20_____, 20_____, 20_____, 20_____	<input type="checkbox"/> N/A	<input type="checkbox"/>
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018)	<input type="checkbox"/> N/A	<input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<input type="checkbox"/> N/A	<input type="checkbox"/>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/>

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year, did the foundation pay or incur any amount to	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.			5b	N/A
	Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			6b	X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	N/A
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Attached Statement	00	0		
	00	0		
	00	0		
	00	0		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 ►

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

►

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

Expenses

1 See attached statement

.....

2

.....

3

.....

4

.....

Part IX-B **Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 None

.....

2

.....

All other program-related investments. See instructions

3

.....

Total. Add lines 1 through 3

►

0
Form 990-PF (2018)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	10,798,077
b	Average of monthly cash balances	1b	181,557
c	Fair market value of all other assets (see instructions)	1c	5,592
d	Total (add lines 1a, b, and c)	1d	10,985,226
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,985,226
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see instructions)	4	164,778
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,820,448
6	Minimum investment return. Enter 5% of line 5	6	541,022

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ► and do not complete this part)

1	Minimum investment return from Part X, line 6	1	541,022
2a	Tax on investment income for 2018 from Part VI, line 5	2a	2,682
b	Income tax for 2018 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	2,682
3	Distributable amount before adjustments Subtract line 2c from line 1	3	538,340
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3, and 4	5	538,340
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	538,340

Part XIII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	571,510
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	3a	
a	Suitability test (prior IRS approval required)	3b	
b	Cash distribution test (attach the required schedule)	4	571,510
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	5	2,682
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b See instructions	6	568,828
6	Adjusted qualifying distributions. Subtract line 5 from line 4		

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				538,340
2 Undistributed income, if any, as of the end of 2018			543,972	
a Enter amount for 2017 only				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013				
b From 2014				
c From 2014				
d From 2016				
e From 2017				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2018 from Part XII, line 4 ► \$ 571,510			543,972	
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2018 distributable amount				27,538
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:	0	0	0	510,802
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2014				
b Excess from 2014				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Part XV. Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Huntington's Disease Society of America 505 8th Avenue, Suite 902 New York, NY 10018	None	PC	Clinical research & advocacy	1,000
Texas Christian University (School of Music) 2900 South University Drive Fort Worth, TX 76129	None	PC	Music program	100,000
Children's Medical Center Foundation 2222 Stemmons Fwy, Suite 700 Dallas, TX 75207	None	PC	Emergency room project	15,000
Mission Possible Relief International 3233 Stonehedge Lane Garland, TX 75006	None	PC	Rent & sewing machines	5,000
Buckner International 700 North Pearl Street Dallas, TX 75201	None	PC	Capital campaign/New Hope Ctr	12,000
Momentous Institute School 106 East 10th Street Dallas, TX 75203	None	PC	School functioning costs	10,000
Gatehouse/Project Hand Up 670 Westport Parkway Grapevine, TX 76051	None	PC	Mental health counseling program	10,000
National Cowgirl Museum & Hall of Fame 1720 Gendy Street Fort Worth, TX 76107	None	PC	Park honoring Alice Walton	25,000
Texas Christian University 2900 South University Drive Fort Worth, TX 76129	None	PC	Donovan Endowed Scholarship	2,500
Crystal Bridges Museum of American Art 600 Museum Way Bentonville, AR 72712	None	PC	Support of architecture	10,000
UT Southwestern Medical Center P.O. Box 910888 Dallas, TX 75391	None	PC	Circle of Friends	1,000
Total	See Attached Statement			► 3a 524,000
b Approved for future payment				
Total				► 3b 0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

1 Program service revenue

a _____
 b _____
 c _____
 d _____
 e _____
 f _____

g Fees and contracts from government agencies

2 Membership dues and assessments**3 Interest on savings and temporary cash investments****4 Dividends and interest from securities****5 Net rental income or (loss) from real estate**

a Debt-financed property
 b Not debt-financed property

6 Net rental income or (loss) from personal property**7 Other investment income****8 Gain or (loss) from sales of assets other than inventory****9 Net income or (loss) from special events****10 Gross profit or (loss) from sales of inventory****11 Other revenue a Unrecognized gain**

b _____
 c _____
 d _____
 e _____

12 Subtotal Add columns (b), (d), and (e)**13 Total. Add line 12, columns (b), (d), and (e)**

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
3,4,8,11	See attached statement

Part XVII. Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of

 - (1) Cash
 - (2) Other assets

b Other transactions

 - (1) Sales of assets to a noncharitable exempt organization
 - (2) Purchases of assets from a noncharitable exempt organization
 - (3) Rental of facilities, equipment, or other assets
 - (4) Reimbursement arrangements
 - (5) Loans or loan guarantees
 - (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

Yes No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign
Here

Signature of officer or trustee

Date

President

May the IRS discuss this return
with the preparer shown below?
See instructions Yes No

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preferred signature

18

12/11/2019

PTIN

801431837

Albert, Lynn 12/11/2018 Check if self-employed P01431827

Albert S. Eymann

Firm's name ► A James Lynn, Attorney at Law, CPA
Firm's address ► 6222 Wellington Lane, Dallas, TX 75231

Firm's EIN ► 75-2253872

Firm's address ► 6820 Walling Lane, Dallas, TX 75231

Phone no 214-341-0000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year****Name**

Baylor University

Street

One Bear Run 97026

City

Waco

State

TX

Zip Code

76798

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

Hankamore School of Business

Amount

10,000

Name

Farmersville Education Foundation

Street

PO Box 142

City

Farmersville

State

TX

Zip Code

75442

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

Three (3) schlorship grants

Amount

7,500

Name

Texas Christian University

Street

2900 South University Drive

City

Fort Worth

State

TX

Zip Code

76129

Foreign Country

1

Relationship

None

Foundation Status

PC

Purpose of grant/contribution

Medical School Endowment

Amount

300,000

Name

Cornerstone Baptist Church

Street

1819 MLK Blvd

City

Dallas

State

TX

Zip Code

75214

Foreign Country

1

Relationship

None

Foundation Status

PC

Purpose of grant/contribution

Grant for kitchen

Amount

15,000

Name**Street****City****State****Zip Code****Foreign Country****Relationship**

None

Foundation Status**Purpose of grant/contribution****Amount****Name****Street****City****State****Zip Code****Foreign Country****Relationship**

None

Foundation Status**Purpose of grant/contribution****Amount**

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

2018

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

Name of the organization

TARTAGLINO RICHARDS FOUNDATION

Employer identification number
30-0256097

Organization type (check one)

Filers of:**Section:**

Form 990 or 990-EZ

- 501(c)() (enter number) organization
 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

► \$ _____

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

Name of organization

TARTAGLINO RICHARDS FOUNDATION

Employer identification number

30-0256097

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
	Foreign State or Province _____ Foreign Country _____		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
	Foreign State or Province _____ Foreign Country _____		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
	Foreign State or Province _____ Foreign Country _____		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
	Foreign State or Province _____ Foreign Country _____		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
	Foreign State or Province _____ Foreign Country _____		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions)
	Foreign State or Province _____ Foreign Country _____		

Name of organization

TARTAGLINO RICHARDS FOUNDATION

Employer identification number

30-0256097

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

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

Name of organization

TARTAGLINO RICHARDS FOUNDATION

Employer identification number

30-0256097

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions) ► \$ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----	-----	-----	-----
-----	-----	-----	-----
For Prov	Country	-----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----	-----	-----	-----
-----	-----	-----	-----
For Prov	Country	-----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
-----	-----	-----	-----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----	-----	-----	-----
-----	-----	-----	-----
For Prov	Country	-----	

Form 4720

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

► Go to www.irs.gov/Form4720 for instructions and the latest information.

2018

For calendar year 2018 or other tax year beginning	10/1	, 2018, and ending	9/30	.20 19
Name of organization or entity			Employer identification number	
TARTAGLINO RICHARDS FOUNDATION			30-0256097	
Number, street, and room or suite no (or P O box if mail is not delivered to street address)			Check box for type of annual return	
2525 Knight Street, Room 450			<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ
City or town, state or province, country, and ZIP or foreign postal code			<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Other
Dallas, TX 75219			<input type="checkbox"/> Form 5227	

<p>A Is the organization a foreign private foundation within the meaning of section 4948(b)? B Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable)</p> <p>If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ► \$ _____ If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions)</p>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income—Schedule B, line 4	1
2 Tax on excess business holdings—Schedule C, line 7	2
3 Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)	3
4 Tax on taxable expenditures—Schedule E, Part I, column (g)	4
5 Tax on political expenditures—Schedule F, Part I, column (e)	5
6 Tax on excess lobbying expenditures—Schedule G, line 4	6
7 Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)	7
8 Tax on premiums paid on personal benefit contracts	8
9 Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h)	9
10 Tax on taxable distributions—Schedule K, Part I, column (f)	10
11 Tax on a charitable remainder trust's unrelated business taxable income Attach statement	11
12 Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2	12
13 Tax on excess executive compensation—Schedule N	13
14 Tax on net investment income of private colleges and universities—Schedule O	14
15 Total (add lines 1–14)	15 0

Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax City or town, state or province, country, ZIP or foreign postal code	(b) Taxpayer identification number		
a			
b			
c			
(c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d)	(d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col (d)	(e) Tax on taxable expenditures—Schedule E, Part II, col (d)	(f) Tax on political expenditures—Schedule F, Part II, col (d)
a			
b			
c			
Total	0	0	0
(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (a)	(i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col (d)	(j) Tax on taxable distributions—Schedule K, Part II, col (d)
a			
b			
c			
Total	0	0	0
(k) Tax on prohibited benefits—Schedule L, Part II, col (d), and Part III, col (a)	(l) Total—Add cols (c) through (k)		
a			0
b			0
c			0
Total	0		

Part II-B **Summary of Taxes (See Tax Payments in the instructions.)**

- | | | | |
|----|---|---|---|
| 1. | Enter the taxes listed in Part II-A, column (1), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (1) | 1 | |
| 2 | Total tax. Add Part I, line 15, and Part II-B, line 1 | 2 | 0 |
| 3 | Total payments including amount paid with Form 8868 (see instructions) | 3 | |
| 4 | Tax due. If line 2 is larger than line 3, enter amount owed (see instructions) | 4 | 0 |
| 5 | Overpayment. If line 2 is smaller than line 3, enter the difference. This is your refund | 5 | 0 |

SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation

(a) Act number	(b) Date of act	(c) Description of act
1		
2		
3		
4		
5		

Part II: Summary of Tax Liability of Self-Dealers and Proration of Payments

Part III: Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, col (g), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
			0
			0
			0

SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)

- | | | | |
|---|---|---|---|
| 1 | Undistributed income for years before 2017 (from Form 990-PF for 2018, Part XIII, line 6d) | 1 | |
| 2 | Undistributed income for 2017 (from Form 990-PF for 2018, Part XIII, line 6e) | 2 | |
| 3 | Total undistributed income at end of current tax year beginning in 2018 and subject to tax under section 4942 (add lines 1 and 2) | 3 | 0 |
| 4 | Tax—Enter 30% of line 3 here and on Part I, line 1 | 4 | 0 |

SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) ►

	(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise	1 %	%	
2 Permitted holdings in business enterprise	2 %	%	
3 Value of excess holdings in business enterprise	3		
4 Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement)	4		
5 Taxable excess holdings in business enterprise—line 3 minus line 4	5 0	0	0
6 Tax—Enter 10% of line 5	6 0	0	0
7 Total tax—Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2	7 0		

SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)**Part I Investments and Tax Computation**

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col (a))	(f) Initial tax on foundation managers (if applicable)—(lesser of \$10,000 or 10% of col (d))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0

Total—Column (e) Enter here and on Part I, line 3

0

Total—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

0

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
			0
			0
			0
			0

SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)

Part I. Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made	
1					
2					
3					
4					
5					
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure		(g) Initial tax imposed on foundation (20% of col (b))		(h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col (b))	
				0	0
				0	0
				0	0
				0	0
Total—Column (g) Enter here and on Part I, line 4				0	
Total—Column (h) Enter total (or prorated amount) here and in Part II, column (c), below				0	0

Part II. Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (h), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
			0
			0
			0

SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2 1/4% of col (b))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
Total—Column (e) Enter here and on Part I, line 5				0	

Total— Column (f) Enter total (or prorated amount)

Total—Column (f). Enter total (or prorated amount) here and in Part II, column (c), below.

Part II. Summary of Tax Liability of Organization Managers or Employees

Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments

(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See the instructions before making an entry)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry)	2	
3	Excess lobbying expenditures—enter the larger of line 1 or line 2	3	0
4	Tax—Enter 25% of line 3 here and on Part I, line 6	4	0

SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)**Part I Expenditures and Computation of Tax**

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col (b))	(f) Tax imposed on organization managers (if applicable)—(5% of col (b))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
Total—Column (e) Enter here and on Part I, line 7				0	

Total—Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Organization Managers and Proration of Payments

(a) Names of organization managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
			0
			0
			0
			0

SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)**Part I Excess Benefit Transactions and Tax Computation**

(a) Transaction number	(b) Date of transaction	(c) Description of transaction
1		
2		
3		
4		
5		
(d) Amount of excess benefit		(e) Initial tax on disqualified persons (25% of col (d))
		0
		0
		0
		0
		0

(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d))

SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued

Part III Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col (c)) (see instructions)
			0
			0
			0
			0
			0

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
			0
			0
			0
			0
			0

SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No	(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
			0
			0
			0
			0
			0

Total—Column (h) Enter here and on Part I, line 9

Part II Tax Imposed on Entity Managers (Section 4965) Continued

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax—enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))
			0
			0
			0
			0
			0
			0

SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966) See the instructions.**Part I Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			
(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000)
		0	0
		0	0
		0	0
		0	0
Total—Column (f) Enter here and on Part I, line 10		0	
Total—Column (g) Enter total (or prorated amount) here and in Part II, column (c), below			0

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0
			0

SCHEDULE F — Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions

Part I Prohibited Benefits and Tax Computations

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)
		0
		0
		0
		0
		0

Part II: Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments

Part III: Summary of Tax Liability of Fund Managers and Proration of Payments

Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See Instructions)

Part I Failures to Meet Section 501(r)(3)

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax

1 Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1	
2 Tax-Enter \$50,000 multiplied by line 1 here and on Part I, line 12	2	0

SCHEDULE N—Tax on Excess Executive Compensation (Section 4960) (See Instructions)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total Add column (c) and (d)
1				
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			

Total (add column (e) items 1–6) 0

Tax. Enter 21% of the amount above here and on Part I, line 13 0

**SCHEDULE O—Excise Tax on Net Investment Income of Private Colleges and Universities
(Section 4968)**

		(a) Name	(b) EIN	(c) Gross investment income (See instructions)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols (c) and (d)	(f) Net investment income (See instructions)
1	Filing Organization						
2	Related Organization						
3	Related Organization						
4	Related Organization						
5	Total from attachment, if necessary						
6	Total			0	0	0	0
7	Excise Tax on Net Investment Income Enter 1 4% of the amount in 6(f) here and on Part I, line 14						0

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Title

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

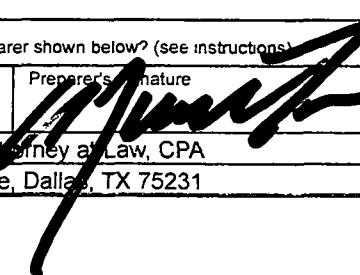
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person

Date

May the IRS discuss this return with the preparer shown below? (see instructions)

Yes No

**Paid
Preparer
Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
Albert J Lynn		12/11/2019		P01431837
Firm's name ►	A. James Lynn, Attorney at Law, CPA			Firm's EIN ► 75-2253872
Firm's address ►	6820 Walling Lane, Dallas, TX 75231			Phone no 214-341-0000

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Description	CUSIP #	Check "X" to include in Part IV	Purchaser	Check "X" if Purchaser is a Business	Acquisition Method	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Valuation Method	Expense of Sale and Cost of Improvements	Depreciation	Net Gain or Loss			
													Capital Gains/Losses	Totals	Gross Sales	Cost or Other Basis, Expenses, Depreciation and Adjustments
1 Amazon					P	5/26/2016	10/01/2018	92,254	35,663					56,591		
2 Resideo Technologies					P	2/16/2016	10/29/2018	7	9					2		
3 Garrett Motion					P	6/6/2016	11/06/2018	433	434					1		
4 CogniTech Motion					P	2/16/2018	11/16/2018	186	248					62		
5 Resideo Technologies					P	6/6/2016	12/17/2018	1,300	1,182					-138		
6 Resideo Technologies					P	2/16/2018	12/17/2018	550	655					-105		
7 Cables Corp					P	5/4/2018	12/17/2018	91,580	100,780					-9,200		
8 Tex Co					P	10/21/2013	1/21/2019	55,387	12,417					47,970		
9 Tex Co					P	10/21/2013	1/21/2019	1,334	289					1,035		
10 Tex Co					P	10/21/2013	1/21/2019	116	26					90		
11 Tex Co					P	10/21/2013	1/21/2019	10,779	2,405					8,374		
12 Tex Co					P	10/21/2013	1/21/2019	5,880	1,300					4,580		
13 Tex Co					P	10/21/2013	1/21/2019	4,640	1,040					3,600		
14 Tex Co					P	10/21/2013	1/22/2019	58	13					45		
15 Tex Co					P	10/21/2013	1/22/2019	39,960	8,959					31,001		
16 Tex Co					P	10/21/2013	1/22/2019	20,589	4,616					15,973		
17 Tex Co					P	10/21/2013	1/22/2019	580	130					450		
18 US Treasury 1.125%					P	2/5/2017	1/21/2019	1,000,000	998,111					889		
19 Wal-Mart 4.125%					P	7/29/2016	2/1/2019	100,000	100,000					0		
20 Lument Corp					P	9/22/2016	3/4/2019	3	1					2		
21 Avnet Corp					P	5/16/2016	3/7/2019	27,648	15,524					12,124		
22 Lument Corp					P	7/12/2016	3/7/2019	1,315	4,229					3,100		
23 Lument Corp					P	9/22/2016	3/7/2019	10,184	5,936					4,218		
24 Bankstone Hathaway 1.7%					P	8/31/2016	3/5/2019	100,000	100,000					0		
25 Walgreens Boots All					P	9/22/2016	4/23/2019	96,821	148,040					-51,219		
26 US Treasury 1.5%					P	9/21/2018	5/31/2019	600,000	600,000					0		
27 Kontoor Brands					P	2/16/2016	7/19/2019	7,923	8,887					964		
28 Roundup					P	9/30/2019	9/30/2019	0	3					3		
29														0		

Part I, Line 11 (990-PF) - Other Income

Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	0	0
1	Unrealized gain/loss on securities - Luther King/Schwab 0800	-33,553	0	0		
2						

Part I, Line 16b (990-PF) - Accounting Fees

Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	0	0
1	A James Lynn, Attorney at Law, CPA	5,752	5,752	5,752		0

Part I, Line 16c (990-PF) - Other Professional Fees

Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	0	0
1	Luther King/Schwab - management fees	71,396	71,396	71,396		0

Part I, Line 18 (990-PF) - Taxes

Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	0	0
1	Excise tax on investment income	0	0	0		
2	Excise tax on investment income	0	0	0		
3	Foreign tax w/h on investments	0	0	0		

Part I, Line 23 (990-PF) - Other Expenses

Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	0	1,010
1	Printing & publications	734	0	0		734
2	Meetings & entertainment	210	0	0		210
3	Miscellaneous	91	25	25		66
4	Rounding	-1	-1	-1		

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

Description		Interest Rate	Maturity Date	Book Value Beg. of Year	Book Value End of Year	FMV Beg. of Year	FMV End of Year
1	Charles Schwab (securities)			11,188,597	11,077,707	11,188,597	11,077,707
2	Purchase interest			4,896	1,478	—	1,478

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

	Cost or Other Basis	Accumulated Depreciation Beg. of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1 Furniture & fixtures	4,319	4,319	4,319	4,319	0	0

Part II, Line 15 (990-PF) - Other Assets

	Asset Description	Book Value Beg of Year	Book Value End of Year	FMV End of Year	
1	Rounding	-1	-1	-1	-1

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	Nancy G Tartaglino	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			P/D	2.00	0	0	0
2	Lisa Benetine	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			S/D	1.00	0	0	
3	Michael Richards	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			D	1.00	0	0	
4	Jerry Tartaglino	16850 North Dallas Pky, Suite 100	Parker	TX	75002			D	1.00	0	0	
5	Jenny Castlelaw	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			D	1.00	0	0	
6	David Richards	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			D	1.00	0	0	
7	Jason Bareline	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			D	1.00	0	0	
8	Tyler Bareline	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			D	1.00	0	0	
9	Jennifer Salim Richards	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			D	1.00	0	0	
10	Caroline Thompson Richards	16850 North Dallas Pky, Suite 100	Dallas	TX	75248			D	30.00	46,500		