DLN: 93493254012040 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable Dallas Momentum Inc □ Address change 75-2940683 % ANGELA FARLEY ☐ Name change Doing business as BUILDING TOMORROW TOGETHER ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 500 N AKARD STREET Suite 2600 ☐ Amended return ☐ Application pending (214) 746-6770 City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX  $\,$  75201  $\,$ G Gross receipts \$ 3,360,500 Name and address of principal officer H(a) Is this a group return for DALE A PETROSKEY ☐Yes **☑**No subordinates? 500 N AKARD STREET STE 2600 H(b) Are all subordinates DALLAS, TX 75201 ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) **✓** 501(c) ( 6 ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 2001 **M** State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities EXPAND THE ECONOMIC PROSPERITY OF THE GREATER DALLAS, TEXAS AREA Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 2,984,005 3,360,500 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,984,005 3,360,500 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,208,329 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,453,020 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,031,435 801,041 3,484,455 4,009,370 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -500,450 -648,870 Net Assets or Fund Balances Beginning of Current Year End of Year 1,643,652 2,113,151 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 690,779 1,741,148 22 Net assets or fund balances Subtract line 21 from line 20 . 952,873 372,003 Signature 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 Signature of officer Sign Here ANGELA FARLEY TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00742631 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 14241 DALLAS PARKWAY SUITE 1100 Phone no (972) 702-8262 DALLAS, TX 75254 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Check of Schedule 0 cortains a response or note to any line in this Part III	Form	990 (2019)				Page <b>2</b>
1 Brefly describe the organization's mission  HE EXCLUSIVE PURPOSE OF THE CORPORATION IS TO PROMOTE THE ECONOMIC AND CIVIC PROSPERITY OF THE GREATER DALLAS, TEXAS COMMUNITY IN CONJUNCTION WITH AND IN SUPPORT OF THE CHARTABLE ACTIVITIES OF THE DALLAS RECIONAL CHAMBER, A TEXAS ROUPPORT  COMPONITY OF THE DARA OF THE GREATER METROPOLITAN AREA OF DALLAS, TEXAS, AS A BUSINESS DESTINATION, ALL AS DETERMINED BY THE BOARD OF DIRECTORS OF THE CORPORATION (THE BOARD) AND WHICH PURPOSE SHALL IN ALL AS DETERMINED BY THE BOARD OF DIRECTORS OF THE CORPORATION (THE BOARD) AND WHICH PURPOSE SHALL IN ALL HAS DETERMINED BY THE BOARD OF DIRECTORS OF THE CORPORATION (THE BOARD) AND WHICH PURPOSE SHALL IN ALL HAS OF THE STATE OF TEXAS.  2 Did the organization undertake any significant program services during the year which were not listed on the purp Form 990 or 990-E27  If "Yes," describe these new services on Schedule O  If "Yes," describe these changes on Schedule O  If "Yes," describe these changes on Schedule O  Describe the organization cease conducting, or make agrificant changes in how it conducts, any program services as year vices?  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  40 (Code ) (Expenses S micluding grants of \$ ) (Revenue \$ )  Expenses, and revenue, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported to report the amount of grants of \$ ) (Revenue \$ )  Code ) (Expenses S micluding grants of \$ ) (Revenue \$ )  Including grants of \$ ) (Revenue \$ )  (Expenses S micluding grants of \$ ) (Revenue \$ )	Pa	nt III Stateme	ent of Program Service Acc	omplishments		
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the prior Form 990 or 990-EZ2?  If "Yes," describe these new services on Schedule O  Job the organization cases conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Joscial the 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  AB  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )  (Code  ) (Expenses S  including grants of S  ) (Revenue S  )	COM CORE DOM DETE EXCL	MUNITY IN CONJUI PORATION, PARTIC ESTIC AND GLOBA ERMINED BY THE B LUSIVELY FOR CHA	NCTION WITH AND IN SUPPORT C CULARLY TO 1 DEVELOP BUSINE: IL MARKETING OF THE GREATER N OARD OF DIRECTORS OF THE CO	OF THE CHARITABLE ACTIVITIES O SS IN THE GREATER METROPOLIT. METROPOLITAN AREA OF DALLAS, RPORATION (THE BOARD) AND W	IF THE DALLAS REGIONAL CHAMB AN AREA OF DALLAS, TEXAS, AND TEXAS, AS A BUSINESS DESTINA HICH PURPOSE SHALL IN ALL EVE	ER, A TEXAS NONPROFIT D 2 PROMOTE TION, ALL AS NTS BE CONSTRUED
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program service 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 \$01(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 s including grants of s ) (Revenue s )  4b (Code ) (Expenses s including grants of s ) (Revenue s )  4c (Code ) (Expenses s including grants of s ) (Revenue s )  4d (Code ) (Expenses s including grants of s ) (Revenue s )  4d (Code ) (Expenses s including grants of s ) (Revenue s )				0		
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	4d		,	grants of \$	) (Revenue \$	)
	40					

or X as applicable

Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . Nο 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 💙 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 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 No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

10 Nο

No 11a No 11b No Nο

Nο

No

Nο

Nο

No

Nο

Nο

14a

17

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . . . . 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 11f Nο 12a Nο

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

14a Did the organization maintain an office, employees, or agents outside of the United States? . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No

business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a

No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Form **990** (2019)

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete Schedule L, Part II	26		No
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</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	38	Yes	

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

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

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Part V

Yes

0

0

**1**c

1a

1b

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Par				
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  If "Yes," enter the name of the foreign country	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		No
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	$\neg$		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		Ne
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm	990 (2019)			Page <b>6</b>
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines 🗸
Se	ction 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  5			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(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 in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

See instructions for the order in which to list the persons above  $\Box$  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) DALE A PETROSKEY PRESIDENT	1 0 39 0	Х		x				0	545,288	226,945
(2) ANGELA FARLEY TREASURER	1 0 39 0			x				0	298,350	124,998
(3) MIKE ROSA VICE-PRESIDENT	1 0 39 0			×				0	224,901	73,367
(4) DUANE DANKESREITER BOARD SECRETARY	1 0			х				0	166,099	66,359
(5) CHRIS NIELSEN CHAIRPERSON OF THE BOARD	1 0 3 0	X		x				0	0	0
(6) JOHN OLAJIDE CHAIR-ELECT	1 0 3 0	Х		×				0	0	0
(7) JOHN J STEPHENS IMMEDIATE PAST CHAIRPERSON	1 0 3 0	X		x				0	0	0
(8) DEREK KERR BOARD SECRETARY	1 0 3 0	X		x				0	0	0
										Form <b>990</b> (2019)

hours per week (list any hours			n off	ficer	and a		compensation from the organization	compensation from related organizations	amount of other compensation from the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

1b Sub-Total										
c Total from continuation sheets to Pa	art VII, Section	Α				▶[				
d Total (add lines 1b and 1c)						•		0	1,234,638	491,669
Total number of individuals (including of reportable compensation from the compensation)			e liste	ed al	bove	e) who	rece	eived more than \$10	00,000	

с	Fotal (add lines 1b and 1c)	8		491,669
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

	Total from continuation sheets to Part VII, Section A  Total (add lines 1b and 1c)	<b>&gt;</b>	0		1,234,63	8		491,669
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization $\blacktriangleright$ 0	) who rece	eived more than	\$100,000				
							Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key emplo line 1a? <i>If "Yes," complete Schedule J for such individual</i>		•			3		No
4	For any individual listed on line 1a, is the sum of reportable compensation organization and related organizations greater than \$150,000? If "Yes," coundwidual	mplete Sc	hedule J for suc					
	ındıvıdual					4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any i	unrelated	organization or	individual fo	or			

2	of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			_

•	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mnenc	tion	

	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ction B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization for the calendar year ending with or within the organization.	npensa	ition	

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organiza services rendered to the organization? If "Yes," complete Schedule J for such person		;	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received		nsation	
	from the organization Report compensation for the calendar year ending with or within the o	rganızatıon's tax year		
	(A)	(B)	(0	<del></del>

			Э		NO		
Se	Section B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		npens	ation			
	(A) Name and business address	(B)		(C	•		

Name and pusiness address	Description of services	Compensation

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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 ▶ 0

		(2019)									Page <b>9</b>
Part	VIII				recar	nnse or noto to	any l	ine in this Part VIII			
		CHECK II SCHEC	uie (	o contains a	i respo	mise of flote to	ally II	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue  excluded from  tax under sections
	1 :	Federated campa	uans		<b>1</b> a		$\perp$		revenue		512 - 514
nts nts	-	<b>b</b> Membership dues		Ļ	1b		_				
3rai nou		c Fundraising even			1c						
ts, (	١,	d Related organizat			1d						
Gif ila	١,	e Government grants			1e		_				
Contributions, Gifts, Grants and Other Similar Amounts	1	F All other contribution and similar amounts	ns, gil	fts, grants,							
utio		above		L	1f	3,360,5	00				
<b>E E</b>	!	g Noncash contributio lines 1a - 1f \$	ns inc	cluded in	<b>1</b> g	30,0	000				
Con		<b>h Total.</b> Add lines :	1a-1f	٠		>		3,360,500			
						Business Cod	le	3,300,300			
	2a										
TILE.							+				
Program Service Revenue	b										
Ce F	С										
Ker vi							+				
E C	d						$\perp$				
ogra	е										
4	£	All other program	coru	co revenue			$\top$				
		Total. Add lines 2					0				
	3	Investment Income				nterest, and ot					
	S	similar amounts) . Income from invest	•				•	(			
		Royalties					<b>▶</b>				
				(ı) Rea	al	(II) Person	al				
	6a	Gross rents	6a								
	b	Less rental									
	•	expenses Rental income	6b								
		or (loss)	6с		(		0				
	d	Net rental income	or (I				<b>&gt;</b>	C			
	72	Gross amount		(ı) Securi	ties	(II) Other					
	<i>7</i> u	from sales of assets other	7a								
		than inventory									
	D	Less cost or other basis and sales expenses	7Ь								
		·									
		Gain or (loss)  Net gain or (loss)	7c					l c			
•		Gross income from fu				<u> </u>	<u> </u>				
nue		(not including \$contributions reported	d on lı	of ine 1c)							
eve		See Part IV, line 18			8a		0				
Other Revenue		Less direct expen			8b		0	(			
the	C	: Net income or (los	s) rrc	om tunarais	ing ev	ents	<u> </u>		,		
	9a	Gross income from See Part IV, line 19	gamır	ng activities			_				
	Ь	Less direct expen			9a 9b		0				
		: Net income or (los				les	 ▶	C			
	10a	Gross sales of inve returns and allowa	ntor	y, less	10a		0				
	ь	Less cost of good	s solo	d	10b		0				
	С	Net income or (los			ınvent		<b>&gt;</b>	(			
	11	Miscellaneo a	us Re	evenue		Business Co	de				
	ь	,									
	c	:									
		All other revenue									
		Total. Add lines 1					•	C			
	12	Total revenue. S	ee in:	structions	• •		<b>&gt;</b>	3,360,500			Form <b>900</b> (2010)

Forn	n 990 (2019)				Page <b>10</b>
Pa	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c		_		· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,208,329			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	14,041			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a Administrative Support	787,000			
	b				
	С				
	d				

Forn	n 990	(2019)				Page <b>11</b>
Р	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing		1,643,652	1	2,113,151
	2	Savings and temporary cash investments .		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net	[	0	4	0
	5	Loans and other payables to any current or form key employee, creator or founder, substantial centity or family member of any of these persons	ontributor, or 35% controlled	0	5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in se		0	6	0
S	7	Notes and loans receivable, net	[	0	7	0
ssets	8	Inventories for sale or use	[	0	8	0
AS	9	Prepaid expenses and deferred charges	[	0	9	0
•	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b	0	10c	0

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1.741.148

372,003

372,003

2,113,151

Form **990** (2019)

2,113,151

1,741,148

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690.779

952.873

952,873

1,643,652

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690,779

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18

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33

Liabilities 22

Fund Balances

ō 29

Assets 30 Investments-publicly traded securities .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

or family member of any of these persons .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Intangible assets .

Grants payable .

Deferred revenue . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Total net assets or fund balances .

Total liabilities and net assets/fund balances

complete lines 29 through 33.

Investments—other securities See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments-program-related See Part IV, line 11

Form	990 (2019)				Page <b>12</b>
Pai	Reconcilliation 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	,360,500
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	,009,370
3	Revenue less expenses Subtract line 2 from line 1	3			-648,870
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			952,873
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			68,000
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			372,003
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

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## **Additional Data**

Software ID:

Software Version:

Name: Dallas Momentum Inc.

**EIN:** 75-2940683

Form 990 (2019)

Form 990, Part III, Line 4a: DALLAS MOMENTUM. INC. PROMOTES THE ECONOMIC AND CIVIC PROSPERITY OF THE GREATER DALLAS REGION BASED ON SPECIFIC PILLARS, INCLUDING ECONOMIC DEVELOPMENT, EDUCATION, WORKFORCE DEVELOPMENT, LEADERSHIP PROGRAMS, AND PUBLIC POLICY INITIATIVES PERTAINING TO THESE PILLARS ARE DEVELOPED AND IMPLEMENTED BY SPECIFIC DEPARTMENTS WITHIN THE DALLAS REGIONAL CHAMBER, A RELATED ORGANIZATION AS AN EXAMPLE, DALLAS MOMENTUM, INC 'S SUPPORT OF THE ECONOMIC DEVELOPMENT ACTIVITIES OF THE DALLAS REGIONAL CHAMBER RESULTED IN 6.440 DIRECT NEW JOBS BEING ADDED TO THE REGION DURING THE YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493254012040

OMB No 1545-0047

## **Supplemental Financial Statements**

Department of the Treasury

(Form 990)

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

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** Dallas Momentum Inc 75-2940683 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Ma	intaining Col	lections c	f Art, H	istori	cal T	reası	ıres, o	r Other	Similar A	<b>\ssets</b> (con	tınued)	
3		g the organızatıon's acqu s (check all that apply)	usition, accession	n, and other	records,	check a	any of	the fo	llowing t	that are a	sıgnıfıcant	use of its co	llection	
а		Public exhibition				d		Loan	or exch	ange prog	grams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4	Prov Part	ide a description of the c	organization's col	lections and	explain h	ow the	y furtl	her the	e organiz	zation's e:	xempt purp	ose in		
5		ng the year, did the orga ts to be sold to raise fun									nılar	☐ Yes	□ N	lo
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.	odial Arrange ganization answ	<b>ments.</b> vered "Yes	" on Forr	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amo			
1a		e organization an agent, ided on Form 990, Part X		an or other	ıntermedi	ary for	contri	bution	s or oth	er assets	not	☐ Yes	□ N	lo
ь	If "Y	es," explain the arrange	ment in Part XIII	and comple	ete the fol	lowina	table					Amount		_
c		nning balance		aa 33p						1c				_
d	_	tions during the year								1d				_
е	Dıstı	ributions during the year								1e				_
f	Endı	ng balance								1f				_
2a	Did t	the organization include a	an amount on Fo	rm 990, Par	t X, line 2	21, for	escrow	v or cu	stodial a	account li	ability?	. 🗌 Yes	□ N	– lo
b	If "Y	es," explain the arranger	ment in Part XIII	Check here	e if the ex	planatı	on has	s been	provide	d in Part i	XIII	. 🗆		
Pa	rt V	Endowment Fund		1.115.4										
		Complete if the org	janization answ	/ered "Yes (a) Currer			, Part rior yea			vears back	(d) Three y	ears back (e)	Four yea	ırs hack
1a	Begin	ning of year balance .		(4) 04.110	,	(-).	/ 55	·	(-) ,		(4)		, , , , , , , ,	
b	Contri	butions												
c	Net in	vestment earnings, gain:	s, and losses											
d	Grant	s or scholarships												
e		expenditures for facilitie	es											
f	Admir	nistrative expenses .												
g	End o	f year balance												
2	Prov	ide the estimated percer	ntage of the curre	ent year end	l balance	(line 1g	g, colu	mn (a	)) held a	ıs	•	•		
а	Boar	d designated or quasi-er	ndowment 🟲											
b	Pern	nanent endowment 🟲												
С	Tem	porarily restricted endow	/ment ▶											
	The	percentages on lines 2a,	2b, and 2c shou	ld equal 100	0%									
3а		there endowment funds i	not in the posses	sion of the	organızatı	on that	are h	eld an	d admın	ıstered fo	r the			
	-	nization by inrelated organizations										3a(i)	Yes	No
		related organizations .		• • •	•	• •	•	• •	• •			3a(ii		
ь		es" on 3a(II), are the rela			equired o	.     . n Sche	dule R	?.	• •			. 3b	1	<del></del>
4		cribe in Part XIII the inte	<del>-</del>		· ·									
Pa	rt VI	, ,,												
		Complete if the org												
	Desci	ription of property	(a) Cost or oth (Investme		(b) Cost o	or other	pasis (	otner)	(c) Acc	cumulated o	depreciation	(d)	Book valu	e
1a	Land													
b	Buildii	ngs												
c	Lease	hold improvements												
А	Equip	ment T												

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	(Form 990) 2019					Page <b>3</b>
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV Ju	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category	(b)	110	(c) Metho	d of valuation	n
	(including name of security)	Book value		Cost or end-of	year marke	t value
(1) Financia	al derivatives					
	held equity interests					
( <b>3)</b> Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Part VIII	Investments—Program Related.	<b>•</b>				
	Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c		Part X, line	e 13.
	(a) Description of investment			(b) Book value		nod of valuation nd-of-year market
					2032 01 01	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets.		•			
Turcix	Complete if the organization answered 'Yes' on Form 990,	Part IV, lır	ne 11d.	See Form 990, Par		
/1)	(a) Description					<b>b)</b> Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total (Colu	ımn (b) must equal Form 990, Part X, col (B) line 15 )				<b>•</b>	
Part X		· · ·				
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of liability		ne 11e	or 11f.See Form	990, Part	X, line 25. (b) Book value
1. (1) Federal	Income taxes	Ly				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )			<b>_</b>		
	or uncertain tax positions In Part XIII, provide the text of the footnot					
organization	s's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provided	lın Part XIII

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities

Add lines **4a** and **4b** . . . . . . . . . . . . .

Other (Describe in Part XIII ) . . . . . .

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Part XI

2

b

d

е 3

4

2

3

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2019

68.000

2e

3

2e

3

4c

5

3.941.370

Page 4

4,009,370

3,360,500

4,009,370

4.009.370

-							i
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII )	4b		3	,360,500		
c	Add lines <b>4a</b> and <b>4b</b>					4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	) .				5	
Par	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Par			pens	es per R	eturi	n.
1	Total expenses and losses per audited financial statements					1	i

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

4,009,3

Schedule D (Form 990) 2019

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Page <b>5</b>		chedule D (Form 990) 2019	
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	

Schedule D (Form 990) 2019

### **Additional Data**

Software ID: Software Version:

**EIN:** 75-2940683

Name: Dallas Momentum Inc.

## **Supplemental Information**

Return Reference

Explanation

SCHEDULE D, PART XI, LINE 2d Reconciliation of revenue per audited financial statements with return RELEASED FROM RESTRICTIONS-ECONOMIC DEVELOPMENT \$3,941,370

Supplemental Information Return Reference Explanation Schedule D, Part XI, Line 4b Reconciliation of revenue per audited financial statements with return contributions with donor restrictions

\$3,360,500

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 FOOTNOTE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE I NCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCE

RTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 93493254	012040	
Note: To capture the full co			lect landscape mode	(11" x 8.5") whe	en printing.		1 (	OMB No 1545-00	47	
Schedule I		Grants and O	ther Assistanc	e to Organiz	ations.				77	
(Form 990)	(		s and Individuals in the United States					2019		
	Co	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.			Open to Public	,	
Department of the		<b>.</b>	Attach to Form					Inspection	•	
Treasury Internal Revenue Service		Go to www	<u>w.irs.gov/Form990</u> for	tne latest informatio	on.					
Name of the organization						E	mployer identific	ation number		
Dallas Momentum Inc						7	75-2940683			
Part I General Informa	ation on Grants	and Assistance								
	o award the grants nization's procedur ssistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un	ited States		•	990, Part IV, line	Yes 21, for any recip	□ <b>No</b>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of sh assistance	(h) Purpose of or assistance	of grant	
(1) DALLAS REGIONAL CHAMBER 500 NORTH AKARD STREET SUITE 2600 DALLAS, TX 75201	75-0223440	501(C)(6)	3,208,329					ECONOMIC DEVELOPMENT	-	
2 Enter total number of section	on 501(c)(3) and go	overnment organizations	listed in the line 1 table .				. ▶			
3 Enter total number of other	organizations liste	d in the line 1 table					▶		1	
For Paperwork Reduction Act Notice	e, see the Instructio	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990	) 2019	

Schedule I (Form 990) 2019

THAT ARE BEING IMPLEMENTED PURSUANT TO THE GOALS AND OBJECTIVES OF DMI

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Dat	a -	DLN: 93	49325	4012	:040
Sch	edule J	Cor	npensat	ion Information	0	MB No	1545-0	0047
(For	n 990)	For certain Officers		rustees, Key Employees, and Hig	hest			
		► Complete if the organ	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	119	•
Б	► Attach to Form 990.							
•	tment of the Treasury al Revenue Service	▶ do to <u>www.irs.gov/</u>	<u> </u>	mistructions and the latest miori	nation.	Open ( Insp	ectio	
	ne of the organiza as Momentum Inc	ation			Employer identifica	tion nu	ımber	
Dun	as Fromentam The				75-2940683			
Pa	rt I Questi	ons Regarding Compensation	on					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of perso				
		nification and gross-up payments ary spending account	님	Health or social club dues or initiati Personal services (e.g., maid, chau				
	Discretion	lary spending account	Ц	rersonal services (e.g., maid, chad	neur, cher)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all r, regarding the items checked on Lii	no 152	2		
	directors, truste	es, officers, including the CEO/Exe	cutive Directo	r, regarding the items checked on Li	le la			
3		if any, of the following the filing or EO/Executive Director Check all the		ed to establish the compensation of the	he			
	_	•		CEO/Executive Director, but explain	ın Part III			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations		Approval by the board or compensa	ition committee			
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	_	ance payment or change-of-contro	l payment?			4a		No
ь		r receive payment from, a supplem		ified retirement plan?		4b		No
c	•	r receive payment from, an equity	•	· ·		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and p	rovide the app	olicable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	raanizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation co	ontingent on the revenues of		, , , , ,				
а	The organization	۱۶				5a		
b	Any related orga					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section is contingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization					6a		
b	Any related orga					6b		
7	•	6a or 6b, describe in Part III	المامام الم	the organization provide any nanture	d			
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixe rt III	u	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9		
For F	Danerwork Redu	ction Act Notice, see the Instri	uctions for Fo	orm 990 Cat No. 5	50053T Schedule	/Forn	1990)	2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

			t are not listed on Form 9 dividual must equal the to		Part VII, Section A, line	1a, applicable column (D	) and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS  (ii) Bonus & incentive compensation	C compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 DALE A PETROSKEY PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	378,928	161,500	4,860	195,445	31,500	772,233	161,500
2 MIKE ROSA VICE-PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	196,083	24,648	4,170	49,682	23,685	298,268	24,648
3 ANGELA FARLEY TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	244,780	50,000	3,570	88,325	36,673	423,348	50,000
4 DUANE DANKESREITER BOARD SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	145,219	18,750	2,130	37,227	29,132	232,458	18,750

	(ii)	244,780	50,000	3,570	88,325	36,673	423,348	50,000
4 DUANE DANKESREITER BOARD SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	145,219	18,750	2,130	37,227	29,132	232,458	18,750

Schedule J (Form 990) 2019	Page <b>3</b>							
Part III Supplemental Information								
Provide the information, explanation, o	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation							
SCHEDULE J, PART I, LINE 3	EXECUTIVE COMPENSATION REVIEW DALLAS MOMENTUM, INC HAS NO EMPLOYEES HOWEVER, THE MISSION OF DALLAS MOMENTUM, INC IS CARRIED OUT BY EMPLOYEES OF THE DALLAS REGIONAL CHAMBER THE DALLAS REGIONAL CHAMBER'S EXECUTIVE COMPENSATION REVIEW POLICY REQUIRES THE CEO'S AND KEY EXECUTIVES' COMPENSATION, IF ANY, TO BE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE DALLAS REGIONAL CHAMBER THE EXECUTIVE COMMITTEE USES THE FOLLOWING METHODS DURING THEIR REVIEW - COMPENSATION COMMITTEE - FORM 990 OF OTHER ORGANIZATIONS - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE							
SCHEDULE J, PART II, COLUMN (C)	RETIREMENT AND OTHER DEFERRED COMPENSATION SOME AMOUNTS IN THIS COLUMN ARE DUE TO BONUSES THAT WERE DEFERRED IN TAX YEAR 2019 THE DEFERRED BONUSES WILL BE REPORTED IN COLUMN B(II) AND COLUMN F WHEN THEY ARE PAID IN TAX YEAR 2020 THE DEFERRED BONUSES FROM TAX YEAR 2018 ARE CURRENTLY BEING REPORTED IN COLUMN B(II) AND COLUMN F							

Schedule 1 (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349325	4012	2040	
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047	
(For	rm 990)									
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	<b>20</b>	17	,	
	► Attach to Form 990.									
Depar	Department of the Treasury ►Go to <u>www.irs.gov/Form990</u> for the latest information.									
Internal Revenue Service										
	e of the organizat Momentum Inc	ion				Employer identi	fication n	umbe	r	
						75-2940683				
Pa	rt I Types	of Property		<u> </u>		_				
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	Madhad	(d) of determi			
			applicable		amounts reported on	noncash coi			ts	
					Form 990, Part VIII, line					
1	Art—Works of art	•			1g					
	Art—Historical tre									
3	Art—Fractional in	nterests								
4	Books and public	ations								
5	Clothing and hou	sehold								
_	-									
	Cars and other v									
7	Boats and planes									
	Intellectual proper Securities—Public									
	Securities—Public									
	Securities—Partr	•								
	or trust interest									
12	Securities—Misce	ellaneous								
13	Qualified conserv									
	contribution—Hi structures									
14	Qualified conserv									
	contribution—Of									
15	Real estate—Res									
16	Real estate—Cor									
17	Real estate—Oth									
18	Collectibles .									
19 20	Food inventory Drugs and medic									
21	Taxidermy .	.ai supplies .								
	Historical artifact	 :s								
	Scientific specim									
	Archeological art									
25	Other ▶ ( Furnitu	ıre )	Х	1	30,000	FMV				
26	Other ► (									
27	Other ▶ (	)								
	Other ▶ (									
29				ation during the tax year for 3, Part IV, Donee Acknowled		29				
	Tot willer the org	janization completed	F01111 6263	s, Fait IV, Donee Acknowled	gement			Yes	L NI =	
302	During the year	did the organization	receive b	y contribution any property r	enorted in Part I lines 1 th	rough 28 that it		res	No	
30a				e of the initial contribution, a			ot			
	purposes for the	e entire holding perio	d?				30a		No	
ь	If "Ves " describ	e the arrangement i	n Part II				30a		110	
	•	_						.,	\ \	
31	_	-		olicy that requires the review	·		31	Yes	_	
32a		zatıon hıre or use thı		or related organizations to so	olicit, process, or sell nonca	sh	32a		l 	
L.	If "Yes," describ		•				524		No_	
	•		mount in c	olumn (c) for a type of prope	arty for which column (a) is	checked				
,,	describe in Part	•	iniount in C	oranni (c) for a type or prope	ercy for winch column (a) is	checked,				
For B		on Act Notice, see the	Instruction	s for Form 990	Cat. No. 512271	Schad	ule M (Form	000)	(2019)	

Schedule M (Form 990) (2019)		Page <b>2</b>					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information							
Return Reference	Explanation						
	NUMBER OF CONTRIBUTIONS OR ITEMS RECEIVED THE AMOUNT REPORTED IN THIS COLUMN IS THE NUMBER OF CONTRIBUTIONS RECEIVED						
	Schedule M (Form 990) (	(2019)					

efile GRAPH	IIC print -	DO NOT P	ROCESS	As Filed Data -			DLN:	93493254012040
SCHEDULE O (Form 990 or 990- EZ)  Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ. Open						OMB No 1545-0047  2019 Open to Public Inspection		
Name & there's and action Dallas Momentum Inc T5-2940683  990 Schedule O, Supplemental Information						fication number		
Return Reference	Explanation							
FORM 990, PART VI, SECTION B, LINE 11B	FIRM REVIEWS THE 990 REQUIREMENTS WITH THE AUDIT AND FINANCE COMMITTEE OF THE CHAMBER THE							

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY AN ANNUAL CONFLICT OF INTE
PART VI,	REST QUESTIONNAIRE IS DISTRIBUTED TO ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ONCE
SECTION B,	COMPILED, THE INFORMATION IS LOGGED IN AND EVALUATED FOR CONFLICTS REQUIRING INDIVIDUALS T
LINE 12C	O RECUSE THEMSELVES FROM ISSUES THAT MAY PRESENT CONFLICTS, OR IN EXTREME CIRCUMSTANCES, R
	EMOVAL FROM THE BOARD

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST AND A T MANAGEMENT'S DISCRETION C, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	ESTIMATED AMOUNTS OF OTHER COMPENSATION FROM THE ORGANIZATION SOME AMOUNTS IN THIS COLUMN
PART VII,	ARE DUE TO THE BONUSES THAT WERE DEFERRED IN TAX YEAR 2019 THE DEFERRED BONUSES WILL BE
SECTION A,	REPORTED IN COLUMN (D) WHEN THEY ARE PAID IN TAX YEAR 2020 THE DEFERRED BONUSES FROM TAX
COLUMN (F)	YEAR 2018 ARE CURRENTLY BEING REPORTED IN COLUMN (D)

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

swered "Yes" on Form 990, Part 1V, line 33, 34, 35b, 36, or 3.
▶ Attach to Form 990.

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

2019

**DLN: 93493254012040**OMB No 1545-0047

Open to Public Inspection

Name of the organization Dallas Momentum Inc							Emp	loyer identif	ication	number		
							75-2	940683				
Part I Identification of Disregarded Entities. Comp	lete if the orgar	nization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		<b>(d)</b> Total income		(e) End-of-year assets		ssets Direct con		
Part II Identification of Related Tax-Exempt Organiz		ete ıf the org	anızatıon	answered	"Yes" on F	orm 990,	Part I	V, line 34 be	ecause	e it had one or	more	
related tax-exempt organizations during the tax y (a) Name, address, and EIN of related organization		(b) ary activity	Legal dor	nicile (state n country)	(d) Exempt Cod	le section	Public ( (if secti	(e) charity status on 501(c)(3))	Dı	(f) rect controlling entity	(13) co	g) n 512(b ontrolled tity?
(1)DALLAS REGIONAL CHAMBER 500 N AKARD STREET SUITE 2600	ECONOMIC	DEV		TX	501(C)(6)	1	N/A		NA		Yes	No No
DALLAS, TX 75201 75-0223440												
(2)GREATER DALLAS MOMENTUM FOUNDATION 500 N AKARD STREET SUITE 2600	ECONOMIC	DEV		TX	501(C)(3)	F	PF		DRC		Yes	
DALLAS, TX 75201 75-2968468 (3)QUALITY OF LIFE FDN FOR METRO DALLAS 500 N AKARD STREET SUITE 2600	ENRICH LII	FE		TX	501(C)(3)		7		DRC		Yes	
DALLAS, TX 75201 23-7360214												
For Paperwork Reduction Act Notice, see the Instructions for F	000			t No 5013!	= v				E o b .	edule R (Form	000) 3	010

		1 763	1 (-5 1	(4)	1 /->	1 10	1 (=)			/:·	1 4	x 1	(1.)	
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign	Legal domicile (state or foreign	Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income(relate unrelated, excluded fror tax under sections 512	m total income	(g) Share of end-of-year assets	Disprop	h) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(k) Percenta <u>c</u> ownershi
					514)						V			
								Yes	No		Yes	NO		
							1				-			
											$\vdash$			
											├			
J Identification of Related Organiza because it had one or more related or (a)  Name, address, and EIN of related organization		a corporation		st during th	(d) controlling Ty	(e)	(f) Share of total	Share	(g) of end-o	(I of- Perce	, line  i)  ntage	Sec	(ı) tion 512 ) contro	
related organization		(state	or foreign untry)		endry	or trust)	income		assets	OWITE	тэтпр		entity?	
			.,,									1	ES 144	
										1				

Transactions With Polated Organizations, Complete of the organization answered "Voc" on Form 900, Part IV, June 24, 25h, or 26												
Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.												
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule												
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Γ	$\top$	$\top$									
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	. 5	.a	N									
<b>b</b> Gift, grant, or capital contribution to related organization(s)	. 1	b Yes	,									
c Gift, grant, or capital contribution from related organization(s)		.с	No									
<b>d</b> Loans or loan guarantees to or for related organization(s)		.d	N									
e Loans or loan guarantees by related organization(s)	<u> </u>	.e	No									
f Dividends from related organization(s)		lf	   N									
g Sale of assets to related organization(s)	1	.g	N									
h Purchase of assets from related organization(s)	<u> </u>	.h	No									
i Exchange of assets with related organization(s)	<u> </u>	Li .	No									
j Lease of facilities, equipment, or other assets to related organization(s)	[	.j	No									
k Lease of facilities, equipment, or other assets from related organization(s)	<u>[</u>	.k	N-									
Performance of services or membership or fundraising solicitations for related organization(s)	📑	LI .	No									
m Performance of services or membership or fundraising solicitations by related organization(s)	<u> </u>	.m	No									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u> </u>	Ln Yes	;									
o Sharing of paid employees with related organization(s)	<u> </u>	o Yes	;									

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes	
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partner was not a related organization. See instructions regarding exclusion	rship through w n for certain inv	hich the o estment p	rganization co partnerships	nduc	ted more thar	five perc	ent of its acti	vities (measui	red b	oy total assets	or gross r	rever	nue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	allocations? a		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General d managin partner	g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
-													
												П	
										Schedul	e R (Form	1 99	0) 2019

Schedule R (Fo	rm 990) 2019	Pag	ge <b>5</b>					
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R (see instructions)						
Return Reference		Explanation						