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Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0047

2019

Open to Public Inspection

Form **990-PF**
Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2019 or tax year beginning 10/1/2019, and ending 9/30/2020

Name of foundation TARTAGLINO RICHARDS FOUNDATION			A Employer identification number 30-0256097	
Number and street (or P.O. box number if mail is not delivered to street address) 2525 Knight Street		Room/suite 450	B Telephone number (see instructions) (214) 526-5435	
City or town, state or province, country, and ZIP or foreign postal code Dallas TX 75219		C If exemption application is pending, check here <input type="checkbox"/>		
Foreign country name Foreign province/state/county Foreign postal code		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>		
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>		
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 11,782,444		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I 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 books	(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 checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	1,751	1,751		
4	Dividends and interest from securities	194,402	194,402		
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	23,865			
b	Gross sales price for all assets on line 6a 2,448,858				
7	Capital gain net income (from Part IV, line 2)		23,865		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)	1,024,165			
12	Total. Add lines 1 through 11	1,244,183	220,018	0	
13	Compensation of officers, directors, trustees, etc.	48,000			48,000
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	4,773	4,773		
c	Other professional fees (attach schedule)	71,684	71,684		
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)	878	121		
24	Total operating and administrative expenses. Add lines 13 through 23	125,335	76,578	0	48,000
25	Contributions, gifts, grants paid	462,500			462,500
26	Total expenses and disbursements. Add lines 24 and 25	587,835	76,578	0	510,500
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	656,348			
b	Net investment income (if negative, enter -0-)		143,440		
c	Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.
HTA

Form 990-PF (2019)

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash—non-interest-bearing	45,594	490,553	490,553
	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	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)	11,079,185	11,289,891	11,289,891
Liabilities	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		
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	11,126,778	11,780,444	11,782,444
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0	0	
	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	11,126,778	11,782,444	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	11,126,778	11,782,444	
	30 Total liabilities and net assets/fund balances (see instructions)	11,126,778	11,782,444	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	11,126,778
2 Enter amount from Part I, line 27a	2	656,348
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	11,783,126
5 Decreases not included in line 2 (itemize) ▶ Payment of excise tax for FYE 9/30/2019	5	682
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	11,782,444

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 brick 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 See Attached Statement				
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				
(i) FM V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
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	23,865	
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	222	

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?

☐ Yes ☒ No

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

(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))
2018	568,828	10,820,448	0.052570
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
2 Total of line 1, column (d)			2 0.187569
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 0.037514
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 11,112,601
5 Multiply line 4 by line 3			5 416,878
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,434
7 Add lines 5 and 6			7 418,312
8 Enter qualifying distributions from Part XII, line 4 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.			8 510,500

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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	1,434
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	1,434
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,434
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	
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	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	12
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1,446
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 2020 estimated tax Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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?		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.		X
c Did the foundation file Form 1120-POL for this year?		X
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		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
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?	X	
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	X	
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 <i>General Instruction G</i> ? If "No," attach explanation	X	
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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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.		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.		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	X	
14 The books are in care of ▶ A. James Lynn, Attorney, CPA Telephone no. ▶ (214) 341-0000 Located at ▶ 6820 Walling Lane Dallas TX 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 ▶ 15		
16 At any time during calendar year 2019, 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 ▶		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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly)		
(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"/>	1b	N/A
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 2019?	1c	X
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)).		
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
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.)	2b	X
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____		
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 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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 2019?	4b	X

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:
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ 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? ☐ Yes ☒ 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. ☐ Yes ☒ No
- Organizations relying on a current notice regarding disaster assistance, check here ☐
- 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? ☐ Yes ☐ 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? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
- If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No

	Yes	No
5a		
5b	N/A	
6a		
6b		X
7a		
7b	N/A	
8		

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		
	.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

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	11,080,148
b	Average of monthly cash balances	1b	201,680
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	11,281,828
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	11,281,828
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	169,227
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,112,601
6	Minimum investment return. Enter 5% of line 5	6	555,630

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	555,630
2a	Tax on investment income for 2019 from Part VI, line 5	2a	1,434
b	Income tax for 2019 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,434
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	554,196
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	554,196
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	554,196

Part XII 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	510,500
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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	510,500
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.	5	1,434
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	509,066

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				554,196
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			510,802	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e	0			
4 Qualifying distributions for 2019 from Part XII, line 4: \$ 510,500				
a Applied to 2018, but not more than line 2a			510,500	
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 2019 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			302	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				554,196
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 2014 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

N/A

- ☐ 4942(j)(3) or ☒ 4942(j)(5)

- (4) Gross investment income

[illegible]Form **990-PF** (2019)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	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
a Paid during the year				
Baylor Hankamer School of Business One Bear Run 9702 Waco, TX 76798	None	PC	Endowed scholarship fund	10,000
Baylor Scott & White Dallas Foundation 3600 Gaston Avenue, South Dallas, TX 75246	None	PC	Covid-19 Medical trials & research	10,000
Buckner International 700 North Pearl Street Dallas, TX 75201	None	PC	Capital - New Family Hope Center	12,000
Children's Medical Center Foundation 2777 Stemmons, Suite 1700 Dallas, TX 75207	None	PC	Emergency room project	10,000
Cornerstone Baptist Church 1819 MLV Blvd Dallas, TX 75214	None	PC	Food for homeless	25,000
Farmersville Education Foundation P O Box 142 Farmersville, TX 75442	None	PC	Education needs	7,500
Gallery of Dreams 2100 Montgomery Street Fort Worth, TX 76107	None	PC	Fort Worth Artist Relief Program	10,000
Meals on Wheels - Collin County 600 North Tennessee Street McKinney, TX 75069	None	PC	Homebound Senior Women curing COVID-19	10,000
Mission Possible Relief International 3233 Stonehendge Carrollton, TX 75006	None	PC	Sewing machines/supplies	5,000
Momentous Institute School 106 East 10th Street Dallas, TX 75203	None	PC	Daily operations	12,000
New Haven Home Inc P O Box D Mineral Wells, TX 76068	None	PC	Food for homeless	20,000
Total See Attached Statement			▶ 3a	462,500
b Approved for future payment				
Total			▶ 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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					48,345
4	Dividends and interest from securities					147,808
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					23,865
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a Unrecognized gain					1,024,047
b	Miscellaneous					118
c						
d						
e						
12	Subtotal. Add columns (b), (d), and (e)		0		0	1,244,183
13	Total. Add line 12, columns (b), (d), and (e)				13	1,244,183

(See worksheet in line 13 instructions to verify calculations)

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

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 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.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]

- 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

**Sign
Here**

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.

Nancy T. Richards
Signature of officer or trustee

Date 12/20/20

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 _____

Albert J Lynn

Preparer's signature

Date _____

12/7/2020

Check ☒ if self-employed

PTIN

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2019

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, 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
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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
-----	----- ----- -----	\$ -----	-----
(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	
(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

2019Department of the Treasury
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4985, 4966, 4967, and 4968)

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

For calendar year 2019 or other tax year beginning 10/1 , 2019, and ending 9/30 , 20 20	
Name of organization or entity TARTAGLINO RICHARDS FOUNDATION	Employer identification number 30-0256097
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) 2525 Knight Street, Room 450	Check box for type of annual return <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75219	

- A** Is the organization a foreign private foundation within the meaning of section 4948(b)? Yes ☐ No ☒
- 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) N/A
- 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).

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. (d)	(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—Sch. L, Part II, col. (d), and Part III, col. (d)			(l) Total—Add cols. (c) through (k)
a			0
b			0
c			0
Total			0

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **4720** (2019)

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

1	Enter the taxes listed in Part II-A, column (I), 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 (I).	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	(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col (e))
1						
2						
3						
4						
5						
					0	0
					0	0
					0	0
					0	0
					0	0

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

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col (c)) (see instructions)
			0
			0
			0
			0
			0

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 2018 (from Form 990-PF for 2019, Part XIII, line 6d)	1	
2	Undistributed income for 2018 (from Form 990-PF for 2019, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2019 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	%	%	
2	Permitted holdings in business enterprise	%	%	
3	Value of excess holdings in business enterprise			
4	Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement)			
5	Taxable excess holdings in business enterprise—line 3 minus line 4	0	0	0
6	Tax— Enter 10% of line 5	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	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 (d))	(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

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
			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

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 2½% 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) here and in Part II, column (c), below					0

Part II 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

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					0

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

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))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d))
	0	0
	0	0
	0	0
	0	0
	0	0

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

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

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)

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

0

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

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

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.

**Sign
Here**

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 ☒ if
self-employed

PTIN

Albert J Lynn

12/7/2020

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

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

North Texas Food Bank

Street

3677 Mapleshade Lane

City

Plano

State

TX

Zip Code

75075

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

COVID-19 support

Amount

10,000

Name

Rio Grande Valley Missons

Street

1300 East 15th Street

City

Plano

State

TX

Zip Code

75074

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

Building materials

Amount

5,000

Name

Texas Christian University

Street

TCU Box 297044

City

Fort Worth

State

TX

Zip Code

76129

Foreign Country**Relationship**

None

Foundation Status

PF

Purpose of grant/contribution

School of medicine & music

Amount

300,000

Name

The Gatehouse/Project Hand Up

Street

670 Westport Parkway

City

Grapevine

State

TX

Zip Code

76051

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

Operational costs

Amount

10,000

Name

The King's Academy

Street

1819 MLK Blvd

City

Dallas

State

TX

Zip Code

75215

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

Operational needs

Amount

5,000

Name

UT Southwestern Medical Center

Street

P.O. Box 910888

City

Dallas

State

TX

Zip Code

75391

Foreign Country**Relationship**

None

Foundation Status

PC

Purpose of grant/contribution

Circle of Friends

Amount

1,000

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

Amount														
Long Term CG Distributions														
Short Term CG Distributions														
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	Totals			Cost or Other Basis, Expenses, Depreciation and Adjustments		Net Gain or Loss
									Capital Gains/Losses		Gross Sales	Expense of Sale and Cost of Improvements	Depreciation	
1 Corvea		X			P	5/16/2016	1/15/2019	19,739		19,821				-82
2 Corvea		X			P	9/22/2016	1/15/2019	4,386		4,607				-221
3 Corvea		X			P	9/28/2016	1/15/2019	4,385		4,636				-251
4 Dupont		X			P	5/16/2016	1/14/2019	53,639		56,801				-3,162
5 Dupont		X			P	9/22/2016	1/14/2019	11,920		13,202				-1,282
6 Dupont		X			P	9/28/2016	1/14/2019	11,915		13,286				-1,371
7 Occidental Petrol		X			P	4/28/2016	1/25/2019	24,723		47,397				-22,674
8 Occidental Petrol		X			P	4/28/2016	1/25/2019	5,427		10,313				-4,886
9 Occidental Petrol		X			P	6/2/2016	1/25/2019	10,050		18,688				-8,638
10 Occidental Petrol		X			P	12/12/2016	1/25/2019	20,100		36,107				-16,007
11 Occidental Petrol		X			P	4/12/2017	1/25/2019	14,070		22,743				-8,673
12 Occidental Petrol		X			P	12/26/2017	1/25/2019	6,030		11,041				-5,011
13 American Express Bond		X			P	2/27/2018	2/3/2020	100,000		99,954				46
14 Dow		X			P	5/16/2016	2/24/2020	35,611		38,703				-3,092
15 Dow		X			P	9/22/2016	2/24/2020	7,914		8,995				-1,081
16 Dow		X			P	9/28/2016	2/24/2020	7,910		9,053				-1,143
17 Andros Limited		X			P	10/21/2013	3/2/2020	52,233		30,216				22,017
18 Andros Limited		X			P	3/26/2014	3/2/2020	13,058		9,236				3,822
19 Cabot Oil & Gas		X			P	4/28/2016	3/2/2020	28,412		47,051				-18,639
20 Cabot Oil & Gas		X			P	6/6/2016	3/2/2020	7,372		12,668				-5,296
21 Cabot Oil & Gas		X			P	8/3/2018	3/2/2020	7,157		11,513				-4,356
22 Colgate Palmolive		X			P	10/21/2013	3/2/2020	35,523		31,145				4,378
23 Colgate Palmolive		X			P	12/26/2017	3/2/2020	28,419		30,275				-1,856
24 Colgate Palmolive		X			P	5/16/2016	3/2/2020	143,932		115,075				28,857
25 Comerica		X			P	5/26/2016	3/2/2020	26,654		23,404				3,250
26 Emerson Electric		X			P	2/16/2018	3/2/2020	149,793		164,288				-14,495
27 Emerson Electric		X			P	12/17/2018	3/2/2020	78,153		71,822				6,331
28 Johnson & Johnson		X			P	3/11/2013	3/20/2020	36,438		20,868				15,570
29 Johnson & Johnson		X			P	10/21/2013	3/2/2020	9,589		6,380				3,209
30 Johnson & Johnson		X			P	4/29/2016	3/2/2020	22,465		18,339				4,126
31 Johnson & Johnson		X			P	5/16/2016	3/2/2020	41,095		34,326				6,769
32 Raytheon Technologies		X			P	4/12/2017	4/6/2020	26		29				-3
33 Kirby Corp		X			P	4/28/2016	4/21/2020	33,262		47,255				-13,993
34 Kirby Corp		X			P	9/8/2016	4/21/2020	48,754		61,465				-12,711
35 Kirby Corp		X			P	9/22/2016	4/21/2020	18,226		23,964				-5,738
36 Kirby Corp		X			P	9/28/2016	4/21/2020	36,452		47,752				-11,300
37 Raytheon Technologies		X			P	3/1/2016	6/10/2020	40,399		31,143				9,256
38 Raytheon Technologies		X			P	12/12/2016	6/10/2020	40,399		35,206				5,193
39 Raytheon Technologies		X			P	4/12/2017	6/10/2020	79,150		74,384				4,766
40 Beclon Dickinson		X			P	12/26/2013	7/31/2020	82,826		33,000				49,826
41 Ecolab		X			P	6/22/2016	8/5/2020	19,206		11,960				7,246
42 Ecolab		X			P	9/28/2016	8/5/2020	76,823		48,118				28,705

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	Adjustments	Net Gain or Loss
43 Ecq Resources		X			P	3/12/2014	8/5/2020	8,072	14,798					-6,726
44 Ecq Resources		X			P	4/14/2016	8/5/2020	29,010	44,554					-15,544
45 Ecq Resources		X			P	12/26/2017	8/5/2020	5,802	12,595					-6,793
46 Modélez International		X			P	2/6/2019	8/5/2020	193,178	161,510					31,668
47 VF Corporation		X			P	2/16/2018	8/5/2020	119,161	135,529					-16,368
48 US Treasury		X			P	5/31/2019	2/29/2020	600,000	599,775					225
49 Rounding		X			P	9/30/2020	9/30/2020		3					-3

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

		1,024,165	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Unrealized gain/loss on securities - Luther King/Schwab 0800	1,024,047	0	
2	Miscellaneous	118	0	

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

		4,773	4,773	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	A James Lynn, Attorney at Law, CPA	4,773	4,773		0

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

		71,684	71,684	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Luther King/Schwab - management fees	71,684	71,684		0
2		0			0

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

		878	121	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Supplies	23	23		
2	Meetings & entertainment	757	0		
3	Miscellaneous	56	56		
4	Banking fees	41	41		
5	Rounding	1	1		

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

Part II, Line 100 (390-PI) - Investments - Corporate Bonds									
		11,079,185		11,289,891		11,289,891		11,289,891	
		Book Value		Book Value		Book Value		FMV	
		Beg. of Year		End of Year		End of Year		Beg. of Year	

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

		4,319	4,319	4,319	4,319	0	0	0
Asset Description		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	0	0	0	0

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

		-1		0	0
		Book Value Beg of Year	Book Value End of Year	FMV End of Year	
1	Rounding		-1		

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

48,000										0	0
	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		P/D	2.00	0		
2		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		S/D	1.00	0		
3		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		D	1.00	0		
4		16850 North Dallas Pky, Suite 100	Parker	TX	75002		D	1.00	0		
5		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		D	1.00	0		
6		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		D	1.00	0		
7		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		D	1.00	0		
8		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		D	1.00	0		
9		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		D	1.00	0		
10		16850 North Dallas Pky, Suite 100	Dallas	TX	75248		D	30.00	48,000		

Options (990-PF)

- ☐ Check "X" if the charitable trust became a private foundation by virtue of section 1241(c) of the Pension Protection Act of 2006.
- ☐ Check "X" if Exempt foreign organization.
- ☒ Check "X" if the organization is not required to file Schedule XIV.
- ☐ Check "X" to Rollover the Grantees' names and addresses from last year's return.
-

Part VI, Line 6a (990-PF) - Estimated Tax Payments

	Date	Amount
1 Credit from prior year return		1 0
2 First quarter estimated tax payment		2 671
3 Second quarter estimated tax payment		3 671
4 Third quarter estimated tax payment		4 671
5 Fourth quarter estimated tax payment		5 669
6 Other payments		6 0
7 Total		7 0

Part VII-A, Line 8a (990-PF) - States With Which a Copy of This Return Is Filed

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input type="checkbox"/> Maryland	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Michigan	<input checked="" type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Utah
<input type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Colorado	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input type="checkbox"/> New Hampshire	
<input type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input type="checkbox"/> Ohio	
<input type="checkbox"/> Illinois	<input type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input type="checkbox"/> Oregon	
<input type="checkbox"/> Kansas	<input type="checkbox"/> Pennsylvania	
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

Part VII-A, Line 14 (990-PF) - Books in care of

Name				Person			
A James Lynn, Attorney, CPA				Business		X	
Address				Telephone no			
6820 Walling Lane				(214) 341-0000			
City		State	Zip code	Foreign Country			
Dallas		TX	75231				

Part VIII, Line 2 (990-PF) - Compensation of Five Highest-Paid Employees

Name and address of each employee paid more than \$50,000		Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances
1. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____			
2. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____			
3. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____			
4. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____			
5. Name _____ Street _____ City _____ ST _____ ZIP _____ Foreign Country _____		Title _____ Hr/WK _____ Explanation _____			

Part VIII, Line 3 (990-PF) - Highest-Paid Independent Contractors for Professional Services

Name and address of each person paid more than \$50,000		(b) Type of service	(c) Compensation
1.	Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
2.	Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
3.	Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
4.	Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	
5.	Name _____ Street _____ City _____ ST _____ ZIP _____ Check if Business <input type="checkbox"/> Foreign Country <input type="checkbox"/>	Explanation	

Part XIII, Line 2a, Column C (990-PF) - Prior Year Undistributed Income

1	Distributable amounts for 2018 that remained undistributed at the beginning of the 2019 tax year	1	510,802
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total	10	510,802

Part XIII, Line 2b, Column B (990-PF) - Undistributed Income for Prior Years

1	Undistributed income for the 3rd year 2017	1	
2	Undistributed income for the 4th year 2016	2	
3	Undistributed income for the 5th year 2015	3	
4	Total	4	0

Part XVI-A, Line 13 (990-PF) - Total Verification

1	Amount from Part XVI-A, Line 13	1	1,244,183
2	Amount from Part I, Line 5b	2	0
3	Subtract Line 2 from Line 1	3	1,244,183
4	Amount from Part I, Line 1	4	0
5	Add Lines 3 and 4	5	1,244,183
6	Amount from Part I, Line 5a	6	0
7	Add Lines 5 and 6	7	1,244,183
8	Expenses of special events deducted in computing Part XVI-A, Line 9.	8	
9	Add Lines 7 and 8. Must match amount on Line 12, Part I, column (a)	9	1,244,183

Late Filing Penalty and Interest (990-PF)

End of tax year	9/30/2020
Tax return due date	2/16/2021
Taxes due with return	1,434

Late Payment Penalty

Enter the date that total payment will be made	
Number of months late	0
Monthly penalty rate for late payment	0.50%
Total late payment penalty	0

Late Filing Penalty

Enter the due date or extended due date if extension was filed	2/16/2021
Enter the date the tax return will be filed	
Enter the amount of Gross Receipts	3,669,176
Number of days filed late	0
Penalty per day	105
Total late filing penalty	0

Late Interest

Enter the due date for late interest	2/15/2021
Number of days return will be late	0
Quarterly interest rate(s)	

	Number of Days	Interest Rate Per Annum	Late Interest Due
1/1/2020 to 3/31/2020	0	5.00%	0.00
4/1/2020 to 6/30/2020	0	0.00%	0.00
7/1/2020 to 9/30/2020	0	0.00%	0.00
10/1/2020 to 12/31/2020	0	0.00%	0.00
1/1/2021 to 3/31/2021	0	0.00%	0.00
4/1/2021 to 6/30/2021	0	0.00%	0.00
7/1/2021 to 9/30/2021	0	0.00%	0.00
10/1/2021 to 12/31/2021	0	0.00%	0.00
1/1/2022 to 3/31/2022	0	0.00%	0.00
4/1/2022 to 6/30/2022	0	0.00%	0.00
7/1/2022 to 9/30/2022	0	0.00%	0.00
10/1/2022 to 12/31/2022	0	0.00%	0.00

Total late interest	0
---------------------	---

Total Late Payment/Filing Penalty and Interest	0
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TARTAGLINO RICHARDS FOUNDATION (30-0256097)

**Return of Private Foundation
Fiscal year ending September 30, 2020**

Part IX-A - Summary of Direct Charitable Activities

The Board of Directors holds semi-annual meetings to review proposed grants which have been submitted to the Foundation.

The mission of the Foundation is to provide for: (i) women, (ii) girls, (iii) poverty stricken individuals, (iv) housing for the needy and (v) educational endeavors including scholarships, entrepreneurial departments, buildings and facilities on college campuses. This mission is fulfilled by making grants to IRC § 501(c)(3) organizations.

During fiscal year September 30, 2018, \$462,500 in grants were made to seventeen (17) different organizations. The largest recipient being Texas Christian University.

Tartaglino Richards Foundation - September 30, 2020

TRF Required Minimum

	Cash	Securities	Other	Total Assets	Exempt Assets	Min cash 1.50%	Excludible Assets	Assets FMV
October 2019	41,678	11,187,602	2,000	11,231,280	0	168,469	168,469	11,062,811
November 2019	37,738	11,439,114	2,000	11,478,852	0	172,183	172,183	11,306,669
December 2019	486,553	11,289,891	2,000	11,778,444	0	176,677	176,677	11,601,767
January 2020	176,330	11,448,748	2,700	11,627,778	0	174,417	174,417	11,453,361
February 2020	167,584	10,743,314	2,700	10,913,598	0	163,704	163,704	10,749,894
March 2020	153,722	9,821,765	2,700	9,978,187	0	149,673	149,673	9,828,514
April 2020	139,798	10,773,854	2,700	10,916,352	0	163,745	163,745	10,752,607
May 2020	81,157	10,859,485	0	10,940,642	0	164,110	164,110	10,776,532
June 2020	77,221	11,034,192		11,111,413	0	166,671	166,671	10,944,742
July 2020	73,276	11,557,374		11,630,650	0	174,460	174,460	11,456,190
August 2020	494,553	11,516,548		12,011,101	0	180,167	180,167	11,830,934
September 2020	490,553	11,289,891		11,780,444	0	176,707	176,707	11,603,737
Average for 12 months	201,680	11,080,148	1,400	11,283,228				11,113,980 (2)
Applicable percentage						5.00%		5%
Minimum investment return								555,699 (1)

Notes"

(1) Unless set-a-side rules applicable - distribute by 9/30/19

(2) MIR base computed on monthly average as determined by monthly financial statements