Please sign & send the following form back to your local Weaver office via email, fax or portal.

IRS e-file Signature Authorization OMB No. 1545-0047 Form 8879-TE for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN TEXANS FOR SAFE AND DRUG-FREE YOUTH 20-0793087 NICOLE HOLT Name and title of officer or person subject to tax Ratil Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ______ 1b ______ 1, 424, 588. Form 990 check here Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2b 2a b Total tax (Form 1120-POL, line 22) ______ 3b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here ... 4a Form 8868 check here Balance due (Form 8868, line 3c) 5b 5a 6a Form 990-T check here Total tax (Form 990-T, Part III, line 4) 6b Form 4720 check here 7a Form 5227 check here FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b Qα Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the of entity) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize WEAVER AND TIDWELL, 93087 to enter my PIN Enter five numbers, but **ERO firm name** as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PiN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 80763163999 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for **Business Returns.** 25/ ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form 8879-TE (2022) LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

202521 12-16-22

| CWB | NO. | 1545- | UU4/ |
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| _ | | | |

| | ent of the Treasury evenue Service | | | Go to w | www.ire | | | 379TE for the latest information. | | | |
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| Name of | | <u> </u> | | <u> </u> | 46 48-11 | 3.gov/1 011 | | 5751E 101 the latest illion nation. | • | EIN or SSN | |
| | TEXANS | FOR SA | FE | AND | DRU | G-FREI | R | У ОПТН | | **_** | *3087 |
| Name at | nd title of officer or pe | | | | | HOLT | | 100111 | | | 3007 |
| | ne unio or ornoor or po | | | CEO | | | | | | | |
| Part | Type of | Return and | | | forma | ation | | | | | - |
| Check | the box for the retu | rn for which v | vou are | usina tl | his For | m 8879-TE | ar | nd enter the applicable amount, if | anv. fron | n the return. I | Form 8038-CP and |
| Form 5 | 330 filers may ente | r dollars and | cents. I | For all of | ther fo | rms, enter | wh | ole dollars only. If you check the | box on li | ne 1a. 2a. 3a | a. 4a. 5a. 6a. 7a. 8a. 9a |
| or 10a | below, and the amo | ount on that li | ine for t | the retu | m bein | g filed with | n th | is form was blank, then leave line | 1b, 2b, | 3b, 4b, 5b, 6 | b, 7b, 8b, 9b, or 10b, |
| | ver is applicable, bi ne line in Part I. | ank (do not e | nter-u- |). But, II | you e | nterea -u- c | ו חכ | the return, then enter -0- on the ar | ppiicabie | line below. | Do not complete more |
| 1a | Form 990 check h | nere | X | b Tot | tal rev | enue, if an | v (F | Form 990, Part VIII, column (A), lin | e 12) | • | ь 1,424,588. |
| 2 a | Form 990-EZ che | ck here | | | | | | Form 990-EZ, line 9) | | | 2b |
| 3a | Form 1120-POL | check here | | | | | | POL, line 22) | | | Bb |
| 4a | Form 990-PF che | | | b Tax | k base | d on inves | stm | ent income (Form 990-PF, Part \ | /, line 5) | | |
| 5a | Form 8868 check | | | | | | | 68, line 3c) | | | 5b |
| 6a | Form 990-T chec | | | b Tot | tal tax | (Form 990 | ŀΤ, | Part III, line 4) | | | jb |
| 7a | Form 4720 check | | | b Tot | tal tax | (Form 472 | O, I | Part III, line 1) | | | 'b |
| 8a | Form 5227 check | here | | ь FM | V of a | ssets at er | nd | of tax year (Form 5227, Item D) | | | Sb |
| 9a | Form 5330 check | here | | | | | | Part II, line 19) | | |)b |
| | Form 8038-CP ch | | | | | | | nent requested (Form 8038-CP, | | | 10b |
| Part | II Declarat | ion and Si | ignatı | ıre Au | thori | zation o | f C | Officer or Person Subject | to Tax | | |
| Under | | | | | | | | entity or I am a person sub | | | |
| of entit | y) | | | | | | | , (EIN) | and | that I have e | xamined a copy of the |
| financia later the payment persons PIN: ch | al institution to debi an 2 business days nt of taxes to receival identification nun neck one box only | it the entry to prior to the p ce confidentian nber (PIN) as | this ac paymen I inform my sign | ecount. The second of the seco | To revo ment) ecessa or the | oke a paym date. I also ary to answ electronic i | nen o au ver retu | oftware for payment of the federal t, I must contact the U.S. Treasur uthorize the financial institutions in inquiries and resolve issues relate urn and, if applicable, the consent | y Financ nvolved in ed to the to electi | ial Agent at 1 n the process payment. I ha ronic funds w | -888-353-4537 no ing of the electronic ave selected a ithdrawal. |
| [3 | I authorize WE | AVER AN | I UN | IDME | LL, | | | | to | enter my PIN | |
| | | | | | | ERO firm n | ıam | 10 | | | Enter five numbers, but do not enter all zeros |
| | with a state age on the return's of As an officer or return. If I have | ncy(ies) regul disclosure cor person subje- indicated with | ating classent so to take to take to take to take to take the take | harities creen. x with re return t | as pari espect hat a c | t of the IRS to the enti | ity, ret | If I have indicated within this retured/State program, I also authorized I will enter my PIN as my signature turn is being filed with a state age on the consent screen. | the afor re on the | rementioned letax year 202 | ERO to enter my PIN 2 electronically filed |
| | of officer or person subje | ct to tax | | | | | | | | Date | |
| Part | III Certifica | ition and A | <u>uthe</u> | nticati | ion | | | | | | |
| ERO's | EFIN/PIN. Enter yo | our six-digit el | ectroni | c filing i | dentifi | cation | | | | _ | |
| numbe | r (EFIN) followed by | your five-dig | it self-s | elected | PIN. | | | 8076316 Do not enter a | | | |
| submit Busine | ting this return in ac ss Returns. | meric entry is ccordance wi | th the r | N, which equirem | is my ents o | signature of Pub. 410 | on 63, | the 2022 electronically filed return Modernized e-File (MeF) Informat Date | n indicate ion for A 11/14 | uthorized IRS | enfirm that I am 6 e-file Providers for |
| ENU S S | ignature | | | , | | | | Date | | | |
| | | + | E | RO M | lust F | Retain T | his | Form - See Instructions | | | |
| | | Do N | | _ | | | | e IRS Unless Requested | To Do S | So | |
| LHA F | For Privacy Act and | | | | | | | | | | Form 8879-TE (2022) |

Application for Automatic Extension of Time To File an

| (Nev. January 2022) Exempt Organization Return OMB No. 1545-0 | | | | | | | | | | |
|--|--|---|------------------------|--|---------------|---------------------------------------|-----------------|--|--|--|
| Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8868 for the latest-information. | | | | | | | | | | |
| Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit. Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. | | | | | | | | | | |
| | | h Extension of Time, Only subm | of test test | 100 100 Las 1.11 Las Las | _ | | | | | |
| All corpe | orations required | to file an income tax return other than For | rm 990-T | (including 1120-C filers), partnership | s, REMICs | s, and trusts | | | | |
| Type or print | Name of exe | empt organization or other filer, see instruc | ctions. | | Taxpayer | identification nu | mber (TIN) | | | |
| - | TEXANS | FOR SAFE AND DRUG-FR | EE YO | UTH | | **-***3 | 087 | | | |
| File by the due date for filing your 1907 SOUTH TH 35 201 | | | | | | | | | | |
| return. See instruction | | r post office, state, and ZIP code. For a fo , $$ TX $$ 78741 | reign add | ress, see instructions. | | | | | | |
| Enter th | e Return Code f | or the return that this application is for (file | a separa | te application for each return) | | | 0 1 | | | |
| Applica | tion | | Return | Application | | | Return | | | |
| <u>ls For</u> | | | Code | Is For | | | Code | | | |
| | 0 or Form 990-E | Z | 01 | Form 1041-A | | | 08 | | | |
| | 20 (individual) | | 03 | Form 4720 (other than individual) | | | 09 | | | |
| Form 99 | | or 409(a) to just | 04 05 | Form 5227 Form 6069 | | | 10 | | | |
| | 0-T (sec. 401(a) | | 06 | Form 8870 | | | 12 | | | |
| | 0-T (trast cater) | | 07 | T OITH COTO | | · · · · · · · · · · · · · · · · · · · | '- | | | |
| Teler | ohone No. 5 organization do s is for a Group F | NICOLE HOLT care of 2211 SOUTH IH-3 12-442-7501 es not have an office or place of business Return, enter the organization's four digit of part of the group, check this box | in the Un Group Exe | Fax No. ▶ited States, check this box | If this is fo | r the whole group | | | | |
| th | the organization named above. The extension is for the organization return for: X calendar year 2022 or tax year beginning | | | | | | | | | |
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less | | | | | | | | | | |
| _ | | e credits. See instructions. is for Forms 990-PF, 990-T, 4720, or 6069 | onter an | refundable credits and | 3a | \$ | 0. | | | |
| | • • | is for Forms 990-PF, 990-1, 4720, or 6069 ments made. Include any prior year overp | • | | 3b | s | 0. | | | |
| _ | | ptract line 3b from line 3a. Include your pa | | | | | | | | |
| | | stronic Federal Tax Payment System). See | - | | 3c | \$ | 0. | | | |
| Caution | Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. | | | | | | | | | |
| LHA | For Privacy Act | and Paperwork Reduction Act Notice, | see instru | uctions. | | Form 8868 | (Rev. 1-2022) | | | |

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| <u>A F</u> | or the | e 2022 calendar year, or tax year beginning ar | ıd ending | | |
|-------------------------|------------------------------|--|--|------------------------------|-------------------------------|
| | Check if opplicable | C Name of organization | | D Employer identific | cation number |
| Г | Addre | TEXANS FOR SAFE AND DRUG-FREE YOUTH | | | |
| | Name chang | | | **-**30 | 87 |
| F |]Initial return Final | Number and street (or P.O. box if mail is not delivered to street address) 2211 SOUTH IH 35 | Room/suit | E Telephone number 512-442- | |
| _ | Jreturn. termin ated | | ZUI | 1 | 1,424,588. |
| | Amen | | G Gross receipts \$ H(a) Is this a group re | | |
| Η | return Applic tion | | | for subordinates | |
| _ | beugii | SAME AS C ABOVE | | H(b) Are all subordinates in | |
| $\overline{}$ | Fav.ov | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(| 1) or 52 | • • | list. See instructions |
| | Nebsi | | 1) 01 32 | H(c) Group exemption | |
| | | organization: X Corporation Trust Association Other | I Ves | | A State of legal domicile: TX |
| Pa | art I | Summary | | oriormation, 2007 | otate of legal dofficite. |
| | | Briefly describe the organization's mission or most significant activities: SEE | SCHED | ULE O | |
| ည | • | | | <u> </u> | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or disp | osed of mor | e than 25% of its net ass | ets. |
| ķ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 9 |
| ĝ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | ······· I | 4 | 9 |
| ජ ග | 5 | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 11 |
| itie | 6 | Total number of volunteers (estimate if necessary) | | | 472 |
| 훙 | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ ⋖ | ь | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | | | | Prior Year | Current Year |
| a | 8 | Contributions and grants (Part VIII, line 1h) | | 1,102,418. | 1,166,066. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 146,843. | 257,758. |
| eke | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | [| 0. | 764. |
| ~ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,249,261. | 1,424,588. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 100. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ģ | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 |) L | 810,554. | 672,779. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | L | 0. | 0. |
| 9 | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> 684. </u> | | |
| ű | ''' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 440,796. | 610,756. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,251,350. | 1,283,635. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -2,089. | 140,953. |
| 50.0 | | | _8 | leginning of Current Year | End of Year |
| Net Assets or | 20 | Total assets (Part X, line 16) | L | 593,901. | 958,265. |
| *E | 21 | Total liabilities (Part X, line 26) | _ | 185,940. | 409,349. |
| بچ | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 407,961. | 548,916. |
| | irt II | | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedu | | | knowledge and belief, it is |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of | wnich prepare | er nas any knowledge. | |
| C: | _ | Signature of officer | | I Date | |
| Sign | | NICOLE HOLT, CEO | | 24.0 | |
| Her | е | Type or print name and title | | | |
| | | | - | Date Check | PTIN |
| Paid | ì | Print/Type preparer's name Preparer's signature KIRBY ROSS Preparer's signature Comparer's signature C | | 11/14/23 | |
| | arer | Firm's name WEAVER AND TIDWELL, LLP | • | Firm's EIN * | *-***6316 |
| | Only | Firm's address 499 W. SHERIDAN AVE., SUITE 2450 | i iiiii 3 Liit | | |
| | J, | OKLAHOMA CITY, OK 73102 | • | Phone no 40 | 5.594.9200 |
| — Mav | the if | RS discuss this return with the preparer shown above? See instructions | | 1 . Hono no. 2 0 | X Yes No |
| | | proposes and the same state and state and state and state and states | | | |

Form 990 (2022)

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-------------|---|-------------------|--------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III | 5 | | <u> X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | |) : | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | •• |
| _ | Part VI | 11a | | <u> </u> |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | اءما | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| u | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | 11d | | х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 116 | | |
| ٠ | the organization's separate or consolidated infancial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X | 11f | x | |
| 192 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | '''' | | _ |
| izu | Schedule D. Parts XI and XII | 12a | x | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| _ | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X_ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | ľ | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | ,, |
| | complete Schedule G, Part III | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | | <u> </u> |

| 22 Dit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 " If "yei," completes Schedule Parts and III | | | | Yes | No |
|--|-------|---|---------------|----------|----------|
| 23 Dit the organization answer "Yes" to Part VII, Section A, Sin 3, 4, or 5, about compensation of the organization surrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, or Vivo," or time 25 or Vivo, "organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lists day of the year, that was issued after December 31, 2002? If "Yes," answer lines 25 through 264 and complete Schedule I, If Vivo," or time 25 or Vivo," or Vivo, "are year and the Charles of the Charles of the Charles of Vivo," or Vivo, "are year and the Charles of Vivo," or Vivo, "are year and the Charles of Vivo," or Vivo, "are year and the Vivo," or Vivo, "are year and the Vivo," or Vivo, "are year and the Vivo," or Vivo, "are year or Vivo," or Vivo, "are year year year or Vivo," or Vivo, "are year year year or Vivo," or Vivo, "are year year year year year year year y | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, fustless, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 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 24th through 24d and complete Schedule K. If "No." go to line 25e. Did the organization invests any proceeds of tax-exempt bonds beyond a temporary period exception? 24b | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| Schedule / Who, "go to size 25 at 24 bit 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 "Yos," answer lines 24b through 24d and complete Schedule K if "No," go to size 25a. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds any tax-exempt bonds? 24d Did the organization invest and as an "on behalf of" issuer for bonds outstanding at any time during the year 0 defease any tax-exempt bonds? 24d Did the organization bary and the standard period during the year? If "Yes," complete Schedule I, Part I Did Is to organization aware that the regaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Did Is to organization aware that the regaged in an excess benefit transaction with a disqualified person of any outent or the schedule I, Part I Did Is to organization aware that the regaged in an excess benefit transaction with a disqualified person of any outent or three offices, depot, trustee, key employee, a creator of founder, substantial contribution or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II Did It the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator of sunder, substantial contribution? If "Yes," complete Schedule I, Part IV, instructions for applicable fling thresholds, conditions, and exceptions? 25c Did the organization provides a grant or other assistance and contribution? If "Yes," complete Schedule I, Part IV, If I Did the organization provides and provides exc | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| 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 "Yos," answer lines 24b through 24d and complete Schedule K. If "No." go to the 25a. Did the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24b Did the organization invest any associated to the complete Schedule III and the year of defease any tax-exempt bonds? 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year? If "Yes," complete Schedule I. Part I 25b Ib the organization export 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% 25b Ib the organization report as grant or other sessitiance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 25c Total the organization a party to a business transaction with one of the following parties (see the Schedule I. Part II 25b Was the organization aparty to a business transaction with one of the following parties (see the Schedule I. Part IV 25c A 35% controlled entity of remove the controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 25c A 35% controlled entity of one or more individual and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II, Part IV 25d A 4 35% controlled entity of one or more individual and/or organization excess. Or other similar described in the 28a or 28b? If "Yes," complete Schedule II, Part | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, "this", por lot no is 25e. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization markalin an escrive account other than a refunding escrive at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d | | | 23 | <u> </u> | |
| Schedule K. If "No." go to line 25a b Old the organization mean proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(e)(3), 501(e)(4), and 501(e)(25) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? " * * * * * * * * * * * * * * * * * * | 24a | | | | |
| b Did the organization minest any proceeds of taxexempt bonds beyond a temporary particl exception? C Did the organization maintain an escrow account other than a refunding scrow at any time during the year to defease any taxexempt bonds? d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d 28 Section 50(15)(3, 501(16)) and 501(6)(25) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25s Is the organization aware that the regaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25s Is the organization aware that the negaged 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* prior Forms 950 or 990-E27 If "Yes," complete Schedule I, Part II 25s Is a secretary or former officer, director, furstee, key employee, creator or founder, substantial contributor or any or these persons? If "Yes," complete Schedule I, Part II 25s IX 20 Did the organization provide a grant or other assistance to any current or former officer, director, furstee, key employee, creator or founder, substantial contributor or agant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I, Part IV 27 | | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| c Did the organization maintain an eacrow account other than a refunding scrow at any time during the year to defease any taxesempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 28a Section 501(e)(3), 501(e)(4), and 501(e)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? If 've,, 'complete Schedule I, Part I | | | 24a | | <u> </u> |
| any tax-exempt bonde? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(e)(3), 501(e)(3), 501(e)(3) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I., Part I 55a X b is the organization ware that the negaged in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule I., Part I 55a X 55b X Did the organization report any amount on Part X. Ins 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? "Yes," complete Schedule I., Part II 25b X 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 35% controlled entity frought in a pure year of the seasons or year of the seasons or year or year of the seasons or year or year of the seasons or year or year or year or year of year in year, or year or year or year or year or year year or year year or year year year year year year year yea | | | 24b | | |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(5)(8), 501(6)(4), 4016(6)(2) and 501(6)(2) 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 X 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 have to been reported on any of the organization is prior Formacy 500 or 590-627 If 'Yes,' complete Schedule L, Part I 25b Did the organization organization and the part of organization prior forms officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity forciding an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 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 sheep persons? If 'Yes,' complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III) 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV) 29 Institute of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 29 Institute of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 29 Institute of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule II, Part IV 29 Institute of former of the organization receive more than 825,000 in non-cash contributions? If 'Yes,' complete Schedule II, Part IV 29 Institute organization ore | C | · · · · · · · · · · · · · · · · · · · | | | |
| 25a Section 501(c)[3], 801(c)[4], and 801(c)[29] organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? # "Yee," complete Schedule I, 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 950 or 990-E7? If "Yes," complete Schedule I, Part I | | | 24d | | |
| 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 sprior Forms 980 or 980-E27 // "Yes," complete Schedule L, Part I | 25a | | | | 37 |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 # "Yes," complete Schedule I, Part I 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? # "Yes," complete Schedule I, Part II # 27 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 55% controlled entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part III # 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable fitting thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV # 289 A family member of any individual disscribed in line 28a? # "Yes," complete Schedule L, Part IV # 289 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M # 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M, Part I # 31 30 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule M, Part I # 31 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 31/701-2 and 301/7701-37 # "Yes," complete Schedule R, Part I # No. IV, and Part V, line 1 32 Did the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part I, III, or I | _ | | 25a | | <u> </u> |
| Schedule L, Part I 25 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 26 X 27 Did the organization and entity or family member of any of these persons? If Yes, * complete Schedule L, Part II 27 28 Was the organization and 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 or grantiaty on a party to a business transaction with one of the following parties (see the Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 27 29 La A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, * complete Schedule L, Part IV 28 29 La A family member of any individual described in line 28a" If Yes, * complete Schedule L, Part IV 28b 29 La A family member of any individual described in line 28a" If Yes, * complete Schedule L, Part IV 28b 20 La A family member of any individual described in line 28a" If Yes, * complete Schedule M 29 21 La A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, * complete Schedule II, Part IV 28b 22 La A family member of any individual described in line 28a" If Yes, * complete Schedule M 28b 23 La A current of former officer, director, trustee, key employee, creator or other similar assets, or qualified conservation contributions? If Yes, * complete Schedule M 29 23 La Current or former officer, director, trustee, key employee, creator or other similar assets, or qualified conservation contributions? If Yes, * complete Schedule | þ | | | | |
| 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 III | | | , | | v |
| or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 27 | | | 25b | _ | |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | | | |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity fincluding an employee thereof or farmly member of any of these persons? if "Yes," complete Schedule L, Part IV, instructions for applicable fiting thresholds, conditions, and exceptions): 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable fiting thresholds, conditions, and exceptions): 28 A Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A Tamily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical tressures, or deres similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31 Did the organization on 100% of an entity disregarded as separate from the organization entity and supplete Schedule R, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes," complete Schedule R, Part IV. In and Part V, line 1 and | | | | | v |
| 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? " "Yes," complete Schedule L, Part II." 27 | ~~ | | 26 | | |
| entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 | 21 | | | | |
| Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes, "complete Schedule L, Part IV | | | 07 | | Y |
| instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part W. b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part W. c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part W. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M. 30 X 31 Did the organization idjuidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # "Yes," complete Schedule R, Part I. 33 AX 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? # "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? # Yes, ormplete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # Yes, ormplete Schedule O and provide explanations on Schedule O for Part V, line 2 37 Did the organization conduct more than 5% of | 22 | • | 21 | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? # "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 # "Yes," complete Schedule R, Part I 33 Did the organization related to any tax-exempt or taxable entity? # "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? # "Yes," complete Schedule R, Part V, Iine 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? # X 36 Did the organization complete Schedule O and provide explanations on Schedule O for Part V, Iine 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 26 | | | | • |
| "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c | • | | | | |
| b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 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 X 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 X 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 X 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 29 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to loom line 1a. Enter-0- if not applicable Check if Schedule O contains a response or note to any line in t | a | | 202 | | x |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV. 286 X 29 Did the organization receive more than \$25,000 in non-cash contributions? #"Yes," complete Schedule M. 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? #"Yes," complete Schedule M. 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? #"Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? #"Yes," complete Schedule N, Part II. 32 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 Was the organization related to any tax-exempt or taxable entity? #"Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35 #"Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on planation on Schedule O to Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on planation on Schedule O to Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on planation on Schedule O to Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O on planation on the planation | h | | $\overline{}$ | | |
| "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 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 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The true of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | · · · · · · · · · · · · · · · · · · · | 2335 | | |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 X. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 X. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X. 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 X. 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 X. 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, Iine 1 34 X. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36b X. 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 X. 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Yes Note: All Form 99.0 filers are required to complete Schedule O for Part VI, lines 11b and 19? Yes Note: All Form 99.0 filers are required to complete Schedule O for Part VI, lines 11b and 19? Yes Note: All Form 99.0 filers are required to complete Schedule O for Part VI III Did O C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gami | | · · · · · · · · · · · · · · · · · · · | 28c | | х |
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| | 99900 | | | | 2022) |

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 11 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X **3**a b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7¢ Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

232005 12-13-22

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

if "Yes," complete Form 6069.

TEXANS FOR SAFE AND DRUG-FREE YOUTH **-***3087 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. ΓX Check if Schedule O contains a response or note to any line in this Part VI

| Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members or stockholders? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: But the organization contemporaneously docume | ecti | on A. Governing Body and Management | | | | |
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| b Enter the number of voting members included on line 1a, above, who are independent 1b 9 2 10 id any officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant devention of the organization's assets? 5 Did the organization have members, stockholders? 6 Did the organization have members, stockholders? 7 6 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? 7 7 | | | | | 1 | |
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| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 12 Did the organization have a written conflict of interest policy? If "No," go to line 13 12 Did the organization have a written conflict of interest policy? If "No," go to line 13 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the pracess 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? 16 Did the organization's CEO, Executive Director, or top management official 17 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 18 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? 18 Section 6 104 requires an organization to make its Form 990 is required to be filed NONE 19 Section C. Disclosure | a l | Did the organization have local chapters, branches, or affiliates? | 108 | $\overline{}$ | | X |
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| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. | | | | T | | : |
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| taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
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| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. | 1 | taxable entity during the year? | 168 | <u>↓</u> | _ | X |
| exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filled NONE 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. | b i | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | - 1 | |
| Section 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail for public inspection. Indicate how you made these available. Check all that apply. | | | | -1 | | |
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| for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · |)s only |) ava | ailat | ole |
| Upon request Other (explain on Schedule O) | 1 | | | | | |
| | | | | | | |
| 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial | | | nd fina | ncia | 1 | |
| 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 | | | | | | |
| NICOLE HOLT - 512-442-7501 | | NICOLE HOLT - 512-442-7501 2211 SOUTH TH-35 STE 201 AUSTIN TX 78741 | | | | |

Form 990 (2022)

232008 12-13-22

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per week | (do | | (C Posi heck i | ition | than o | one n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|----------------------------------|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|-------------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) NICOLE HOLT CEO | 50.00 | | | X | | | | 150,462. | 0. | 6,356. |
| (2) ANNALYN DEMELLO | 1.00 | | | | | | | 130,1021 | 0. | - 0,0001 |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (3) CHLOE LOVE | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (4) EDWIN SWEDBERG | 1.00 | l | | | | | | | | • |
| DIRECTOR | 1 00 | X | | | _ | - | - | 0. | 0. | 0. |
| (5) JAMIE RIX MCCAUL DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (6) JEFF TEMPLE | 1.00 | Ê | | _ | | | H | | | |
| CHAIR | 1.00 | x | | x | | | | 0. | 0. | 0. |
| (7) KITA MCCRAY | 1.00 | | | | | | | | | |
| CHAIR ELECT | | x | | X | | | | 0. | 0. | 0. |
| (8) JEREMY JORDAN | 1.00 | | | | | | | | | |
| PAST CHAIR | | X | | X | | <u> </u> | _ | 0. | 0. | 0. |
| (9) SETH MILLER | 1.00 | | | | | | | | | • |
| SECRETARY (10) DANETTE CASTENEDA | 1.00 | X | - | X | _ | - | ┝ | 0. | 0. | 0. |
| TREASURER | 1.00 | x | | x | | | | 0. | 0. | 0. |
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Form 990 (2022)

| Par | VII Section A. Officers, Directors, Trus | <u>stees, Key Emp</u> | oloy | ees, | and | d Hig | ghes | st C | ompensated Employee | s (continued) | | | |
|----------|--|------------------------|--------------------------------|-----------------------|---------|---------------|------------------------------|-------------|-------------------------------|-------------------|-----------------|--|--------|
| | (A) | (B) (C) | | | | | | | (D) | (E) | (F) | | |
| | Name and title Average | | | | | itior more | l than (| one | Reportable | Reportable | 1 | Estimat | |
| | hours per week | | | | | | s boti r/trus | n an | compensation | compensation | | amount | - |
| | | \vdash | T | _ | T | T | <u>,</u> | from the | from related organizations | | other mpens: | | |
| | | (list any hours for | Individual trustee or director | | | | , | | | (W-2/1099-MISC/ | | from th | |
| | | related | tee or | ıstee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | | rganiza | |
| | | organizations | dtrus | Institutional trustee | | Key employee | Highest compensated employee | | 1099-NEC) | | | and rela | |
| | | below line) | l gg | Ē | plest | 賣 | | | OI | rganizat | ions | | |
| | | inte) | 를 | 트 | Officer | ₹. | 포팅 | 횬 | | | | _ | |
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| | | | 1 | | | <u></u> | | | | | | | |
| 1b | Subtotal | | | | | | | | 150,462. | 0 | | 6,3 | 56. |
| | Total from continuation sheets to Part V | | | | | | | | 0. | | • | | 0. |
| <u>d</u> | Total (add lines 1b and 1c) | | | | | | | | 150,462. | _ | • | <u>6,3</u> | 56. |
| 2 | Total number of individuals (including but i | not limited to th | ose | liste | d at | oove | e) wh | o re | eceived more than \$100, | 000 of reportable | | | 4 |
| | compensation from the organization | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer | r dimeter truct | aa 1 | ·04 6 | mal | lovo | | · hia | hast componented ampl | lovos on | F | 103 | 140 |
| 3 | line 1a? If "Yes," complete Schedule J for | | | - | | - | | _ | • | - - | 3 | | X |
| 4 | For any individual listed on line 1a, is the s | | | | | | | | | | \ \ | | |
| | and related organizations greater than \$15 | | | | | | | | | | 4 | X | 1 |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | |
| | rendered to the organization? If "Yes," con | mplete Schedul | e <i>J f</i> | or st | ıch i | oe <i>r</i> s | on | | | | . 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | • | - | | | | | | | • | sation | from | |
| | the organization. Report compensation for | the calendar ye | ear e | ndir | ng w | ith c | or wi | thin I | | ear. | | <u></u> | |
| | (A) Name and busines: | s address | N | ONE | 2 | | | | (B) Description of s | ervices | | (C) censatio | วก |
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| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (| includina but n | ot lir | nited | d to | thos | se lis | ted | above) who received mo | ore than | | | |
| | \$100,000 of compensation from the organ | = | | | | (| | | | | | <u>. </u> | |
| - | | | | | | | | | | | For | m 990 | (2022) |

| | | | Check if Schedule O c | onta | ains a r | response (| or note to any lir | ne in this Part VIII | •••• | | |
|--|------|----------|--|-----------|-----------|-------------|--------------------|----------------------|-------------------|------------------|-----------------------------------|
| | | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| 70 42 | _ | _ | Forderstad compositions | | | 4. | | | | | 300110113 012 014 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | | Federated campaigns | | | 1a | | 1 | | | |
| 꼻렭 | | | Membership dues | | | 1b | | - | | ľ | |
| P,t | | | Fundraising events | | | 1c | | - | , | | • |
| 엹폌 | | | Related organizations | | | 1d | 050 050 | - | | | |
| S, | | | Government grants (contri | | ٠, | 1e | <u>953,859.</u> | Í | | | · } |
| rg R | | f | All other contributions, gifts, q | | | 1 | | | | | |
| ള퓦 | | | similar amounts not included | abov | ve | 1f | <u>212,207.</u> |] | • | | 4 |
| 털 | | g | Noncash contributions included in li | ines ' | 1a-1f | 1g \$ | | | | | |
| <u>8</u> | | h | Total. Add lines 1a-1f | | | | | 1,166,066. | | 4 | |
| | | | | | | | Business Code | | | | |
| | 2 | а | CONTRACT INCOM | ME | | | 900099 | 217,332. | 217,332. | | |
| ξ | | b | PROGRAM FEES | AN | D RI | EVEN | 900099 | 40,426. | 40,426. | | |
| Ser | | C | | | | | | | | | |
| Ē | | d | | | | | | | | | |
| F 8 | | _ | | | | | _ | | | | |
| Program Service Revenue | | | All other program consider | | | | | | | | |
| _ | | f | All other program service r | | | | | 257,758. | | | |
| - | _ | | Total. Add lines 2a-2f | | | | | 231,136. | | | language . |
| | 3 | | Investment income (includ | | | | | 764 | | | 764 |
| | | | | | | | | 764. | | | 764. |
| | 4 | | Income from investment of | | | | | | | | |
| | 5 | | Royalties | | | | | | | | |
| | | | | | <u>(0</u> | Real | (ii) Personal | | | | |
| | 6 | а | *************************************** | <u>6a</u> | | | | | | | |
| | | b | Less: rental expenses 6b | | | _ | | | 1 | , | |
| | | C | Rental income or (loss) | 6c | | | | | | | |
| | | d | c Rental income or (loss) d Net rental income or (loss) a Gross amount from sales of (i) Securities | | | | | | | | |
| | 7 | а | a Gross amount from sales of (i) Securities | | ecurities | (ii) Other | | | | | |
| | | | Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis | | | | | | i - | | |
| | | b | Less: cost or other basis | | | | |] | | ł | |
| <u> </u> | | | and sales expenses | 7b | | | | | | | • |
| her Revenue | | С | Gain or (loss) | 7c | | | | | | | |
| اچ | | | Net gain or (loss) | | | | | | | | |
| - b | R | | Gross income from fundraisin | | | | | | | | |
| 됩 | _ | _ | including \$ | _ | - | | | | , | | |
| Ŭ | | | contributions reported on I | | | · · | | | |] | |
| | | | Part IV, line 18 | | - | | | | | | · |
| | | h | Less: direct expenses | | | | | 1 | | | |
| | | | Net income or (loss) from f | | | | <u> </u> | | | | |
| | _ | | • • | | _ | | ······ | | | | |
| | y | a | Gross income from gaming | _ | | | | | | | |
| | | 1 | Part IV, line 19 | | | | | 4 | | | |
| | | | Less: direct expenses | | | | l | | | | |
| | | | Net income or (loss) from g | - | _ | _ | I | | | | - |
| | 10 | а | Gross sales of inventory, le | | | | | | | | |
| | | | and allowances | | | | | | | | |
| | | | Less: cost of goods sold | | | | | | | - | |
| \dashv | | С | Net income or (loss) from s | sales | s of inv | entory | | | <u> </u> | | |
| ا م | | | | | | | Business Code | ļ — | | | |
| ᅙᇶᇦ | 11 | а | | | | | | | | | |
| 펿 | | b | | | | | | ļ | | | |
| 層層 | | C | | | | | | | | | |
| Miscellaneous Revenue | | d | All other revenue | | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | | | - | |
| | 12 | | Total revenue. See instruction | | | | | 1,424,588. | 257,758. | 0. | 764. |
| 23200 | 9 12 | -13- | | | | | | | | | Form 990 (2022) |

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | lete all columns. All othe | er organizations must con | polete column (A) | |
|--------|---|----------------------------|------------------------------|-------------------------------------|--|
| | Check if Schedule O contains a respons | | | | X |
| | 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 | (D) . Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 100. | 100. | <u> </u> | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | The state of the s |
| 4 | Benefits paid to or for members | | | | · · · · · · · · · · · · · · · · · · · |
| 5 | Compensation of current officers, directors, | 456 040 | 406 555 | 40 504 | |
| | trustees, and key employees | 156,818. | 136,555. | 19,581. | 682. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 422 716 | 305 570 | 20 146 | |
| 7 | Other salaries and wages | 433,716. | 395,570. | 38,146. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 20 1 22 | 25 100 | 2 004 | |
| 9 | Other employee benefits | 38,123. 44,122. | 35,100. 41,287. | 2,994. | <u>29.</u> 56. |
| 10 | Payroll taxes | 44,122. | 41,20/ | 2,119. | 50. |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | 495. | - | 495. | |
| b | Legal | 23,412. | | 23,412. | |
| C | Accounting | 23,412. | | 23,412. | |
| d | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| - | | | | | |
| g | column (A), amount, list line 11g expenses on Sch 0.) | 373,360. | 338,740. | 34,245. | 375. |
| 12 | Advertising and promotion | 6,845. | 6,845. | 34,243. | 3734 |
| 13 | Office expenses | 9,568. | 9,568. | | |
| 14 | Information technology | 2,3000 | 3,3001 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 35,233. | 28,904. | 6,307. | 22. |
| 17 | Travel | 65,708. | 52,937. | 12,771. | |
| 18 | Payments of travel or entertainment expenses | 30,7000 | 02700.0 | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 54,716. | | 54,716. | |
| 23 | Insurance | 851. | | 851. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| • | TELEPHONE AND INTERNET | 31,205. | 23,469. | 7,700. | 36. |
| a h | MISCELLANEOUS | 4,786. | 3,095. | 1,687. | 4. |
| | DUES AND SUBSCRIPTIONS | 2,985. | 3,033. | 2,985. | 3. |
| d | TRAINING AND EDUCATION | 705. | 225. | =,,,,,,,, | 480. |
| _ | All other expenses | 887. | 525. | 362. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,283,635. | 1,072,920. | 209,031. | 1,684. |
| 26 | Joint costs. Complete this line only if the organization | | | , | • |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | 1 | |
| | Check here i if following SOP 98-2 (ASC 958-720) | | | | |
| _ | | | | | - 000 |

Form 990 (2022)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 367,787. 715,525. Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 174,595. 96,652. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use _____ 8 43,969. 9 22,651 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 100 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 0. 115,887. 14 14 Intangible assets 7,550. 7,550. Other assets. See Part IV, line 11 15 15 593,901. 958,265. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 70,352. 52,760. Accounts payable and accrued expenses 17 17 18 Grants payable 18 239,330. 115,588. Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other 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 23 Secured mortgages and notes payable to unrelated third parties 23 0 117,259. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D

958,265. Form 990 (2022)

548,91<u>6</u>.

409,349.

548,916.

Net Assets or Fund Balances

27

29

30 31

32

185,940.

407,961.

407,961.

593,901

28

30

31

32

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

| Pa | Reconciliation of Net Assets | | | | |
|-----|--|----------|--------------|-----|----------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,42 | 4,5 | 88. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,28 | 3,6 | 35. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 140 | 0,9 | 53. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 40' | 7,9 | 61. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 2. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | _ | | |
| | column (B)) | 10 | 548 | 3,9 | 16. |
| Pai | Tt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | Ĺ |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | j. |
| | separate basis, consolidated basis, or both: | | | | ŀ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | l |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | · · |
| | consolidated basis, or both: | | | | ĺ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | ĺ |
| C | 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | . 3 a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | X | |
| | | | Form | 990 | (2022) |

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

-*3087 TEXANS FOR SAFE AND DRUG-FREE YOUTH Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

| Sec | ction A. Public Support | | | | | | | |
|-----|---|----------|---------------------------------------|-----------------------|--------------------|--------------------|-------------------------------|--|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| | Gifts, grants, contributions, and | | | ,_, | | (-) | 1.7 | |
| - | membership fees received. (Do not | | | | | - | | |
| | include any "unusual grants.") | 1139940. | 1133997. | 881,247. | 1102418. | 1166066. | 5423668. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1139940. | 1133997. | 881,247. | 1102418. | 1166066. | 5423668. | |
| 5 | The portion of total contributions | ÷ | | | | ! . | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | • | | | | |
| | supported organization) included | | | | , | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | · · · · · · · · · · · · · · · · · · · | | | | 149,317. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 5274351. | |
| | ction B. Total Support | | ···· | | · • | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 7 | Amounts from line 4 | 1139940. | 1133997. | 881,247. | 1102418. | 1166066. | 5423668. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | 404 | | | 7.64 | 4 4 6 0 | |
| | and income from similar sources | | 404. | | | 764. | 1,168. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | _ | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | 5404026 | |
| 11 | • | | | | | 1 | 5424836. | |
| 12 | Gross receipts from related activities, | • | | | | | ,170,719. | |
| 13 | First 5 years. If the Form 990 is for the | • | rst, second, third, 1 | ourth, or fifth tax y | ear as a section 5 | D1 (C)(3) | | |
| Sar | organization, check this box and storection C. Computation of Publi | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | actions (6) | | 14 | 97.23 % | |
| | Public support percentage for 2022 (I | • • • • | - | | | 15 | 97.23 <u>%</u> 99.99 <u>%</u> | |
| | Public support percentage from 2021 | | | | | | | |
| 108 | 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| | b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | | |
| U | | | | | | | | |
| 179 | and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| 174 | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | | |
| | meets the facts-and-circumstances te | | | • | | _ | | |
| h | 10% -facts-and-circumstances test | • | • | • | | 7a. and line 15 is | | |
| _ | | _ | | | | - | / • • • | |
| | more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| 18 | | | | | | | | |
| | | | | | | | (Form 990) 2022 | |

232022 12-09-22

Schedule A (Form 990) 2022 TEXANS FOR SAFE AND DRUG-FREE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|------|--|----------------------|-----------------------|--|--|------------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | 1 | | 1 | | |
| 3 | Gross receipts from activities that | | | | | | |
| - | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | , |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| / 2 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | _ | _ | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | , | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | 14 | | | • | <u> </u> |
| | ction B. Total Support | | | T | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties. | | | | | | |
| | and income from similar sources | | | | | | |
| t | Unrelated business taxable income | | | 1 | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| • | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether or not the business is | | | | | | |
| | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | 1 | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | | <u> </u> |
| 14 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | i01(c)(3) organization | on, |
| | check this box and stop here | | | •••• | | | |
| Se | ction C. Computation of Publi | c Support Per | centage | | | | |
| 15 | Public support percentage for 2022 (| ine 8, column (f), d | livided by line 13, o | column (f)) | | 15 | <u>%</u> |
| | 16 Public support percentage from 2021 Schedule A, Part III, line 15 | | | | | | |
| Se | ction D. Computation of Inves | | | <u>. </u> | | | |
| 17 | Investment income percentage for 20 |)22 (line 10c, colur | mn (f), divided by li | ne 13, column (f)) | | 17 | |
| 18 | | | | | | 18 | <u>%</u> |
| 198 | 33 1/3% support tests - 2022. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| | more than 33 1/3%, check this box as | | | | | | |
| k | 33 1/3% support tests - 2021. If the | organization did r | not check a box on | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, a | ınd |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I, If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? # "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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Schedu

Schedule A (Form 990) 2022

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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| Caba | ماريات | Λ | /Earm | 000) | 2022 |

Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Recoveries of prior-year distributions

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Enter 0.85 of line 1.

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions).

Adjusted net income for prior year (from Section A, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, column A)

7

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Distributable amount for 2022 from Section C, line 6

10 Line 8 amount divided by line 9 amount

| to the 6 amount divided by line 5 amount | (ii) | /in | |
|--|---------------------------------------|--|---|
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 |
| 1 Distributable amount for 2022 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2022 (reason- | | • | • |
| able cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2022 | | | Anna a se |
| a From 2017 | | | |
| b From 2018 | | | |
| c From 2019 | | | |
| d From 2020 | | | |
| e From 2021 | | | A 4. 4.2 |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, | | | - - |
| line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | , | |
| 5 Remaining underdistributions for years prior to 2022, if | , | | |
| any. Subtract lines 3g and 4a from line 2. For result greater | · | | |
| than zero, explain in Part VI. See instructions. | <u></u> | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h | | • | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI. See instructions. | · · · · · · · · · · · · · · · · · · · | | |
| 7 Excess distributions carryover to 2023. Add lines 3j | | | : |
| and 4c. | | • | · · · · · · · · · · · · · · · · · · · |
| 8 Breakdown of line 7: | | | -, : , |
| a Excess from 2018 | <u> </u> | | |
| b Excess from 2019 | <u></u> | | · |
| c Excess from 2020 | | | · · · · · · · · · · · · · · · · · · · |
| d Excess from 2021 | | <u> </u> | |
| e Excess from 2022 | <u> </u> | | <u></u> |

Schedule A (Form 990) 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| GENERAL MOTORS | 257,814. | 149,317. |
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| Total Excess Contributions to Schedule A. Part II. Line 5 | | 149.317. |

Schedule B

Department of the Treasury Internal Revenue Service

Schedule of Contributors Attach to Form 990 or Form 990-PF.

TEXANS FOR SAFE AND DRUG-FREE YOUTH

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

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

Employer identification number

-*3087

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

| I.F.YAN | S FUR SAFE AND DRUG-FREE YOUTH | ** | -***3087 |
|------------|---|----------------------------|---|
| 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 |
| 1 | TEXAS DEPARTMENT OF TRANSPORTATION 125 E 11TH STREET AUSTIN, TX 78701 | \$ <u>643,091.</u> | Person X Payroll Noncash (Complete Part II for nencash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | GENERAL MOTORS 300 RENAISSANCE CENTER DETROIT, MI 48265 | s121,259. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | SPF - PARTNERSHIPS FOR SUCCESS, DEPARTMENT OF HEALTH AND HUMAN SERVICE 5600 FISHERS LN. ROCKVILLE, MD 20857 | \$ <u>310,767.</u> | Person X Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Occupiete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for |

Name of organization

Employer identification number

TEXANS FOR SAFE AND DRUG-FREE YOUTH

-*3087

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art 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 |
| | , <u> </u> | | |
| | | * | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| - | | \$ | |
| (a) No. from | (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 |
| | | | |
| | | | |
| 3453 11-15- | -22 | | Schedule B (Form 990) |

| Name of o | rganization | | | Employer identification number | er er | | |
|---------------------------|--------------------------------|---|--|---|--------------|--|--|
| TEXAN: | S FOR SAFE AND DRUG-FREE | YOUTH | | **-***3087 | | | |
| Part III | | ons to organizations described through (e) and the following li haritable, etc., contributions of \$1,0 | ne entry. For or | 1(c)(7), (8), or (10) that total more than \$1,000 for the yea ganizations a year. (Enter this info. once.) | ar | | |
| (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, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | - | | |
| (a) No | | | | | _ | | |
| (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, ar | nd ZIP + 4 | Re | elationship of transferor to transferee | | | |
| | | - | | | _ | | |
| (a) No. | | | | | _ | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | | | | <u> </u> | | |
| | | | | | <u>-</u> | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Re | elationship of transferor to transferee | | | |
| | | | | | _ | | |
| (a) No. | | | <u> </u> | | _ | | |
| Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | |
| | | - | | | _ | | |
| | | (-) T | as aist | | _ | | |
| | (e) Transfer of gift | | | | | | |
| - | Transferee's name, address, ar | 10 ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | <u> </u> | _ | | |
| | | | | | | | |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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.

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

OMB No. 1545-0047

Inspection

TEXANS FOR SAFE AND DRUG-FREE YOUTH

Employer identification number **-***3087

| Par | t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin | | milar Funds | or Accounts. Complete if the | | | |
|--------|---|---------------------------------------|-----------------------------------|--------------------------------------|--|--|--|
| | organization answered Tes Uniform 990, Part IV, III | (a) Donor advised | i funds | (b) Funds and other accounts | | | |
| 1 | Total number at end of year | (4) -0.101 4.01.000 | | (b) i and and other accounts | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets hal | d in dener advisa | ad friends | | | |
| 3 | - | _ | | | | | |
| | are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a | | | | | | |
| 6 | for charitable purposes and not for the benefit of the donor o | | | • | | | |
| | impermissible private benefit? | • | • • | | | | |
| Par | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | 0111 01111 000,1 | artiv, mo /. | | | |
| • | Preservation of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · · | Preservation of | a historically important land area | | | |
| | Protection of natural habitat | | | a certified historic structure | | | |
| | Preservation of open space | | Freservation of | a certified historic structure | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ed consoniation contribu | tion in the form a | of a consequation exception the last | | | |
| ~ | day of the tax year. | ISO CONSCIVATION CONTINUO | | Held at the End of the Tax Year | | | |
| а | Total number of conservation easements | | | | | | |
| a h | - | | | _ | | | |
| | Number of conservation easements on a certified historic stra | ucture included in (a) | | ····· | | | |
| | Number of conservation easements included in (c) acquired a | | | | | | |
| | historic structure listed in the National Register | | | 2d | | | |
| 3 | Number of conservation easements modified, transferred, rel | | | | | | |
| • | year | ousou, oxungulariou, or to | minated by the | | | | |
| 4 | Number of states where property subject to conservation eas | sement is located | | | | | |
| 5 | Does the organization have a written policy regarding the per | • | on, handling of | | | | |
| · | violations, and enforcement of the conservation easements it | | | ☐ Yes ☐ No | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | | | | |
| • | ,, | | · · · · · · · · · · · · · · · · · | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and enf | orcing conservat | ion easements during the year | | | |
| • | | • | • | • • | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements | of section 170(h | n)(4)(B)(i) | | | |
| | and section 170(h)(4)(B)(ii)? | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | | | | |
| _ | balance sheet, and include, if applicable, the text of the footr | | | | | | |
| | organization's accounting for conservation easements. | · | | | | | |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Trea | sures, or Ot | her Similar Assets. | | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its reve | nue statement a | nd balance sheet works | | | |
| | of art, historical treasures, or other similar assets held for put | olic exhibition, education, | or research in fu | rtherance of public | | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | | |
| b | b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of | | | | | | |
| | art, historical treasures, or other similar assets held for public | | | | | | |
| | provide the following amounts relating to these items: | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ <u></u> | | | |
| | | | | • | | | |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar as | sets for financial | gain, provide | | | |
| | the following amounts required to be reported under FASB A | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | \$ <u></u> _ | | | |
| | Assets included in Form 990, Part X | | | | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 202 | | | |

232051 09-01-22

| | t III Organizations Maintaining C | FOR SAFE A | | | _ | or S | | | *3087 | Page 2 |
|-----|--|------------------------|----------------|---------------|---------------------|---------|---|-------------|---|-------------|
| 3 | Using the organization's acquisition, accessi | | | | · | | | | (continu | 90) |
| 3 | _ · · · · · | on, and other record | is, check a | uly of the f | cliowing that make | signii | iicani i | ise of its | | |
| _ | collection items (check all that apply): Public exhibition | _ | . 🗀 . | | hanna a-rae | | | | | |
| a | | | _ | | hange program | | | | | |
| b | Scholarly research | € | , L | iner | | | | | | |
| C | Preservation for future generations | olloctions and avalois | n hourtho | , firethar th | o organization's o | ·omnt | | no in Dort | VIII | |
| 4 | Provide a description of the organization's co During the year, did the organization solicit o | • | | | - | | | se in Pari | AIII. | |
| 5 | to be sold to raise funds rather than to be ma | | - | | • | | | | Yes | ☐ No |
| Par | t IV Escrow and Custodial Arran | | | | | | | | | NO |
| | reported an amount on Form 990, Par | | ere ii ii ie c | nyai iizalio | ii alisweled Tes | UITU | IIII 330 | , raitiv, i | 1116 9, 01 | |
| 12 | Is the organization an agent, trustee, custodi | | liany for co | ntributions | e or other appets n | ot inch | udod | | | |
| 10 | on Form 990, Part X? | | - | | | | | | Yes | ☐ No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | •••••• | ••••• | |] 169 | 140 |
| | in res, explain the arangement in r art Allis | and complete the lo | nowing ten | 310. | | | | | Amount | |
| _ | Beginning balance | | | | | | 1c | | | |
| | Additions during the year | | | | | | 1d | | | |
| | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| - | Did the organization include an amount on Fe | | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | = " |
| Par | | | | | | | • | | | |
| | | (a) Current year | 1 | or year | (c) Two years back | | Three v | ears back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | 1,- | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| b | Contributions | | | | | \top | | | | |
| | Net investment earnings, gains, and losses | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | + | | | | |
| · | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balanc | e (line 1a. | column (a) |) held as: | _ | | | | |
| | Board designated or quasi-endowment | • | % % | σοια (ω) | ,, | | | | | |
| | Permanent endowment | % | _~ | | | | | | | |
| _ | *************************************** | <u></u> ,~ | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | • | | | | | | • | | |
| 3а | Are there endowment funds not in the posse | • | ation that | are held an | nd administered for | r the | | | | |
| | organization by: | | | | | | | | Y | es No |
| | (i) Unrelated organizations 3a(i) | | | | | | | | | |
| | (ii) Related organizations 3a(ii) | | | | | | | | | |
| b | b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | | | | | | | | |
| 4 | | | | | | | | | | |
| Par | Part VI Land, Buildings, and Equipment. | | | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. | | | | | | | | | |
| | Description of property | (a) Cost or o | other | (b) Cost | or other (c |) Accu | mulate | ed | (d) Book | value |
| | | basis (investi | ment) | basis | (other) | depre | ciation | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | |
| | Equipment | | | | | | | | | |
| | Other | | | | | | | | | |
| | . Add lines 1a through 1e. (Column (d) must e | | X. column | (B). line 1 | 0c.) | | | | | 0. |

Schedule D (Form 990) 2022

| ı | Dart VIII | Invoctmente - | Other Securities. |
|---|-------------|--------------------|--------------------|
| ı | I COLL VIII | III (ACOMITCI II - | · Ouici decuilles. |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-vear market value |
|--|---------------------------------------|--|--|
| 1) Financial derivatives | (b) Book value | (C) MOLING OF VELOCION. COST OF SITE | Toryon market value |
| (A) Classic hold aguity interests | | | |
| 3) Other | | | |
| | | | |
| (A) | | | |
| (B) | _ | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | <u></u> | The state of the s |
| Part VIII Investments - Program Related. | 5 000 D 104 F | 44 0 5 000 0 1 1 1 1 4 0 | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -от-year market value |
| (1) | ļ | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | · · · · · · · · · · · · · · · · · · · | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | - 15 \ | | ·- |
| otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | <u> ₹ 15.)</u> | | <u> </u> |
| i are x Other Elabilities. | | | |
| | on Form 990 Part IV line | 11e or 11f See Form 990 Part Y line 25 | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (h) Book value |
| Complete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25. | (b) Book value |
| Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | e 25.) | | |

232053 09-01-22

Schedule D (Form 990) 2022

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| Pai | TAI Reconciliation of Revenue per Audited Financial State | ements with i | kevenue per Kei | turn. | |
|-----|---|---------------|-----------------|------------|-------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, lir | e 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,736,649. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | | | | |
| b | Donated services and use of facilities | 2b | 312,061. | | |
| C | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 312,061. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,424,588. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| C | Add lines 4a and 4b | | | 4c | 0. |
| 5 | | | 5 | 1,424,588. | |
| Pa | rt XIII Reconciliation of Expenses per Audited Financial Sta | itements With | Expenses per R | eturr | l . |
| | Complete if the organization answered "Yes" on Form 990, Part IV, Iir | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | <u>1,595,696.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | | | 312,061. | | |
| b | Prior year adjustments | <u>26</u> | | | |
| C | Other losses | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | | | | 2e | 312,061. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,283,635. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| C | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 | 8.) | | 5 | 1,283,635. |
| | rt XIII Supplemental Information. | | | | |
| | | | | D- 4 V | P 0: D 1/4 |

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. CONTRIBUTIONS TO THE ORGANIZATION ARE

DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW. MANAGEMENT OF THE ORGANIZATION

BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT

WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THERE WAS

NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2022. THE

ORGANIZATION IS NOT SUBJECT TO THE TEXAS MARGIN TAX. MANAGEMENT IS NOT

AWARE OF ANY TAX POSITION THAT WOULD HAVE A SIGNIFICANT IMPACT ON ITS

FINANCIAL POSITION. THE ORGANIZATION'S TAX RETURNS FOR YEARS 2019 THROUGH

2021 REMAIN SUBJECT TO EXAMINATION.

| Schedule D | (Form 990) 2022 | TEXANS F | OR SAFE | AND | DRUG-FREE | YOUTH | **-***3087 | Page 5 |
|---------------------------------------|--|---------------------------------------|---------|-------------|---------------|-----------------|---------------------------------------|--------|
| Part XIII | (Form 990) 2022 Supplemental Inform | mation (continu | red) | | | | | |
| | | [00:10:10 | | | | | | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I | Questions Regarding Compensation

Department of the Treasury

TEXANS FOR SAFE AND DRUG-FREE YOUTH

Employer identification number **-***3087

| | | | Yes | No |
|------------|---|-----------------|----------|----------|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990 | - *3 | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal u | use | | |
| | Travel for companions Payments for business use of personal resident | псе | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, ch | nef) | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | F | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| • | | _ | : | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | ' | : | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Independent compensation consultant Written employment contract Compensation survey or study | | | |
| | | | | |
| | Form 990 of other organizations X Approval by the board or compensation comments and the second compensation comments are second compensation. | nittee | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | : | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| C | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | r | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | <u> </u> |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | , |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | 1 | | 1 |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| | If "Yes" on line 6a or 6b, describe in Part III. | | , | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | <u> </u> |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | . 1. | | |
| | | 8_ | <u> </u> | <u> </u> |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |
| LH/ | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | Schedule J (For | m 990) | 2022 |

Schedule J (Form 990) 2022 TEXANS FOR SAFE AND DRUG-FREE YOUTH **-***3087

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|----------|--|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) NICOLE HOLT | Ø | 150,462. | 0. | 0. | 0. | 6,356. | 156,818. | 0. |
| СЕО | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
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Schedule J (Form 990) 2022

232112 10-18-22

| Schedule J (Form 990) 2022 TEXANS FOR SAFE AND DR | RUG-FREE YOUTH | **-***3087 | Page 3 |
|--|---|--|-----------|
| Part III Supplemental Information | | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1 | b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, | and for Part II. Also complete this part for any additional information. | |
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| | | Schedule J (Form | 990) 2022 |

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

TEXANS FOR SAFE AND DRUG-FREE YOUTH

Employer identification number **-***3087

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION | [: |
|--|----------------------------|
| THE MISSION OF TEXANS FOR SAFE AND DRUG-FREE YOUTH IS TO PROT | ECT YOUTH |
| FROM ALCOHOL, TOBACCO, AND OTHER DRUG USE. | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE FORM 990 IS DISTRIBUTED FOR REVIEW TO ALL BOARD MEMBERS P | RIOR TO ITS |
| FILING. BOARD MEMBERS HAVE THE OPPORTUNITY TO PROVIDE COMMENT | 'S AND OBTAIN |
| CLARIFICATIONS AND/OR RECOMMEND CHANGES TO THE FORM 990. | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| NEW STAFF AND BOARD MEMBERS ARE INFORMED OF THE CONFLICT OF I | NTEREST |
| POLICY, AND THE POLICY IS REVIEWED ANNUALLY WITH THE STAFF AN | D BOARD |
| MEMEBERS. | |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| THE BOARD DISCUSSES THE CEO'S SALARY AT THE SAME TIME AS THE | CEO'S ANNUAL |
| REVIEW. A COMPENSATION ANALYSIS IS CONDUCTED EVERY 3-5 YEARS | . SALARY |
| RANGE IS DETERMINED BASED ON BUDGET CONSIDERATIONS, COST OF L | IVING, AND |
| COMPENSATION ANALYSIS. IT IS ADJUSTED ACCORDINGLY. | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| REQUEST FOR INFORMATION MAY BE MADE IN WRITING TO THE ORGANIZ | ATION'S |
| ADDRESS AND WILL BE CONSIDERED DEPENDING ON THE CIRCUMSTANCES | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| OTHER PROFESSIONAL FEES: | |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. | Schedule O (Form 990) 2022 |

232211 10-28-22