WOOD, STEPHENS & O'NEIL, L.L.P.

Certified Public Accountants 6300 Ridglea Place, Suite 150 Fort Worth, TX 76116 Tele. (817)-377-1700 Fax (817)-377-1870

July 05, 2023

Down Syndrome Partnership Of North Texas PO Box 766 Fort Worth, TX 76101

Enclosed is the Form 990 federal tax return for a tax-exempt organization, prepared from the information provided to us. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact our office at (817)-377-1700.

Sincerely,

Wood, Stephens & O'Neil, L.L.P.

Form 990

Department of the Treasury

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

OMB No. 1545-0047

Open to Public

Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS D Employer identification number Address change Doing business as 75-2628940 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number Initial return PO BOX 766 (682)316-3121 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return FORT WORTH, TX 76101 230,544 X No Application pending F Name and address of principal officer: KIM ROCHA **H(a)** Is this a group return for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions DSPNT.ORG Website: H(c) Group exemption number X Corporation Association L Year of formation: 1995 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: TO SERVE AND EDUCATE PEOPLE ABOUT DOWN SYNDROME Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 14 4 14 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 2 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 237,814 219,638 Revenue 8,116 9,526 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 12 1,380 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 636 0 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 246,578 230,544 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 116,213 116,615 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 41,211 44,585 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 157,424 161,200 89,154 69,344 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 237,350 340,896 21 Total liabilities (Part X, line 26) . . . 1,375 35,577 Net assets or fund balances. Subtract line 21 from line 20 235,975 305,319 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge KIM ROCHA 07-05-2023 Sign Signature of officer Date Here KIM ROCHA, EXEC. DIR. Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check **Paid** Hal O'Neil CPA Hal O'Neil CPA 07-05-2023 P00482709 self-employed **Preparer** Firm's name Wood, Stephens & O'Neil, LLP Firm's EIN **Use Only** 6300 Ridglea Place Suite 150 Firm's address Phone no. Fort Worth TX 76116 817-377-1700 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Form 990 (2022) DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

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Part IV

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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," 1 х 2 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f $\mathbf{x}_{_}$ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? х 14a 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a Х 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 x

Part IV

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DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
04-	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		Х
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-70		
	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 has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	26		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 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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
31	conservation contributions? If "Yes," complete Schedule M	30		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
J 2	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Λ
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L	33		х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
,	Establis and a secretaria Band of Established St. 10 W. 11 W. 11		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	37	
	reportable gaming (gambling) winnings to prize winners?	10	X	1

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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 1/1a	Enter the amount of reserves on hand	140		v
14a b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q </i>	14a 14b		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		^
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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 in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			ı
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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?	16a		Х
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?	16b		
	tion 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) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records.			

KIM ROCHA (682)316-3121, PO BOX 766, FORT WORTH, TX 76101

Part VII C

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related	d organizat	ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
				((C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				s both an	l	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation
OI	(list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KIM ROCHA										
EXEC. DIR.				х				70,298	0	0
(2) DAVID KINNEY										
BOARD MEMBER		x						0	0	0
(3) VICTORIA PRICE										
BOARD MEMBER		х						0	0	0
(4) TRACY PAPA										
BOARD MEMBER		x						0	0	0
(5) AMARYLIS FERRER										
BOARD MEMBER		x						0	0	0
(6) JERALD MITCHELL										
BOARD MEMBER		x						0	0	0
(7) LACEY LARSEN										
BOARD MEMBER		x						0	0	0
(8) SALLY LANDRUM									-	-
BOARD MEMBER		x						0	0	0
(9) ROSS HAMILTON									-	-
BOARD MEMBER		х						0	0	0
(10)TERRI WEINMAN								-		
BOARD MEMBER		x						0	0	0
(11)KATIE PARTINGTON								-		
BOARD MEMBER		x						0	0	0
(12)LIBBY MIDDLETON		Λ						•		•
SEC.		x		х				0	О	0
(13)AZURE JENSEN		Α.		^				0	0	0
PRES.		x		x				0	О	0
(14)KRYSTEN VAUGHAN		Λ.		^				0	0	<u> </u>
VICE PRES.		x		x				0	o	0
VICE FRED.		_ ^	1 1			ı I		U	U	U

EEA Form **990** (2022)

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-2628940

(A) Name and title		(B) Average hours per week	Position (do not check more than one box, unless person is both ar officer and a director/trustee)					compensation from the		(E) Reportable compensation from related	(F) Estimated amount of other compensation		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	orga	from the anization a d organiza	
(15)AI TREA	LAN TURNER		х		x				0	0			0
(16)													
<u>(17)</u>													
<u>(18)</u>													
(19)													
(20)													
(24)													
(25)													
1b	Subtotal							•					
c d	Total (add lines 1b and 1c)							•	70,298	0			0
2	Total number of individuals (including but not limite									_	1		
	reportable compensation from the organization											Yes	No
3	Did the organization list any former officer, direct		-				-		•			100	110
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re	portable cor	npensa	ation a	and	othe	er com	pen	sation from the		3		х
	organization and related organizations greater the individual	an \$150,000)? IT "Y • • •	es, c	com _i		e Scn 	eaui	e J for sucn		4		x
5	Did any person listed on line 1a receive or accrue										_		
Sect	for services rendered to the organization? If "Yes ton B. Independent Contractors	," complete	Schea	lule J	for .	such	h pers	on .		<u> </u>	5		х
1	Complete this table for your five highest compensat												
	compensation from the organization. Report comp (A)	ensation for t	the cal	enda	r yea	ar er	nding	with	or within the organ	nization's tax year.	(C)		
	Name and business address	S							Description of service	es	Compens	sation	
	Total number of independent contractors (including	g but not limi	ted to	those	e list	ed a	above)	who	0				

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Form 990 (2022)

Statement of Revenue

. u.c		Check if Schedule O contains a respo	nse or r	ote to any line in this	Part VIII			
		Shouth Shouth S Shouth a 1999			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
	b	Membership dues	1b					
ants nts	С	Fundraising events	1c	174,652				
ະ ຄຸ	d	Related organizations	1d	2.2,002				
ifts, r Ar	е	Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
		and similar amounts not included above	1f	44,986				
	g	Noncash contributions included in		,				
d di		lines 1a-1f	1g	\$				
ತ ಜ	h	Total. Add lines 1a-1f			219,638			
				Business Code				
	2a	PROGRAM INCOME		611710	9,526	9,526		
<u>i</u>	b				•	,		
e Z	С							
m S	d							
Program Service Revenue	е							
P.	f	All other program service revenue						
	g	Total. Add lines 2a-2f			9,526			
		Investment income (including dividends, in						
		other similar amounts)			1,380	1,380		
	4	Income from investment of tax-exempt bo	nd proc	eeds				
	5	Royalties						
		(i) R	eal	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Secu	rities	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
음		and sales expenses 7b						
en ne/	С	Gain or (loss) 7c						
Re	d	Net gain or (loss)	<u></u>					
Other Re	8a	Gross income from fundraising						
₹		events (not including \$ 174,65	2_					
		of contributions reported on line						
		1c). See Part IV, line 18	. 8a	1				
	1	Less: direct expenses						
	1	Net income or (loss) from fundraising even	nts					
	9a	Gross income from gaming						
		activities, See Part IV, line 19						
	1	Less: direct expenses						
	С	Net income or (loss) from gaming activities	es 🔒					
	10a	Gross sales of inventory, less						
	_	returns and allowances		+				
	1	Less: cost of goods sold						
	С	Net income or (loss) from sales of inventor	ory					
				Business Code				
ous e	11a							
lan. Shu	b	-						
cel Seve	C	All other revenue						
Miscellanous Revenue	1	All other revenue						
		Total. Add lines 11a-11d			230 544	10 906	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Compensation of current officers, directors, 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 116,615 81,631 11,661 23,323 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b Legal...... 800 800 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 3,379 2,365 338 676 14 15 16 1,170 167 1,671 334 17 2,345 335 3,350 670 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 6,425 3,213 3,212 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.) DEVELOPMENT AND TRAINING 1,545 750 795 b PROGRAM EXPENSES 25,092 25,092 MISCELLANEOUS 1,162 1,161 С 2,323 d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 161,200 117,728 18,469 25,003 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	113,742	1	215,408
	2	Savings and temporary cash investments	123,303	2	124,683
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	305	9	805
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	237,350	16	340,896
	17	Accounts payable and accrued expenses	1,375	17	4,583
	18	Grants payable		18	
	19	Deferred revenue		19	30,994
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,375	26	35,577
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
J.C	27	Net assets without donor restrictions	231,645	27	264,799
Bak	28	Net assets with donor restrictions	4,330	28	40,520
힏		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds	025 025	31	205 212
Ne.	32	Total net assets or fund balances	235,975	32	305,319
	33	Total liabilities and net assets/fund balances	237,350	33	340,896

EEA

Form **990** (2022)

Form 990 (202	22) DOWN	SYNDROME	PARTNERSHIP	OF	NORTH	TEXAS	75-2628940
Part XI Reconciliation of Net Assets							
Check if Schedule O contains a response or note to any line in this Part XI							

Page **12**

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		230,	544
2	Total expenses (must equal Part IX, column (A), line 25)		161,	200
3	Revenue less expenses. Subtract line 2 from line 1		69,	344
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		235,	975
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		305,	319
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	ě , i	2b	х	
	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:			
	X Separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
_	Schedule O.			
3a	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?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		(0000)
EEA		Forn	n 990 ((2022)

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Employer identification number

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-2628940 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 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: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 11 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. С 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. d 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2022 DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-2628940 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	on A. Public Support						
Calen	dar 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.")	178,850	178,736	111,564	237,814	219,638	926,602
2	Tax revenues levied for the						
	organization'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	178,850	178,736	111,564	237,814	219,638	926,602
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)						86,926
_6	Public support. Subtract line 5 from line 4.						839,676
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	178,850	178,736	111,564	237,814	219,638	926,602
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
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.)						
11	Total support. Add lines 7 through 10						926,602
12	Gross receipts from related activities, etc.	•	•			12	
13	First 5 years. If the Form 990 is for the o	•			•	•	, , ,
	organization, check this box and stop he						
	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6					14	90.62 %
15	Public support percentage from 2021 Sch					15	86.99 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua			•			_
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 20	_					
	10% or more, and if the organization mee					-	
	Part VI how the organization meets the fa			-	· · ·		
	organization						_
b	10%-facts-and-circumstances test - 20	_					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			-	•	•	
46	organization						
18	Private foundation. If the organization di						
	instructions						

Schedule A (Form 990) 2022 EEA

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization **Employer identification number** DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-2628940 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** x 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 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).

Name of organization

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

Employer identification number

75-2628940

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONNOR'S FOUNDATION ON FILE FORT WORTH TX 76101	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BART & TARA HALL ADDRESS ON FILE FORT WORTH TX 76101	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 3_	MORITZ ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	ESPARZA PLASTER ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	MEDNAX ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FRANK KENT ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person x Payroll

Name of organization

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

Employer identification number

75-2628940

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							
	ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person X Payroll Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
8_	MCC CONSTRUCTION ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person X Payroll							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
9_	CAVENDER'S ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
10	TITO'S ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person x Payroll							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
11	SPEEDWAY CHIDLREN'S CHARITIES ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
12	AZURE JENSEN ADDRESS ON FILE FORT WORTH TX 76101	\$5,520	Person X Payroll							

Name of organization

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

Employer identification number

75-2628940

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DREW CAVENDER ADDRESS ON FILE FORT WORTH TX 76101	\$\$	Person X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

DOWN	SYNDROME PARTNERSHIP OF NORTH TEXAS		75-2628940
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	ounts.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
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	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiz	_	
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	d
	only for charitable purposes and not for the benefit of the do		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation
_	easement on the last day of the tax year.	med consolvation continuation in the form of a	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic s		
d	Number of conservation easements included in (c) acquired	. ,	. 20
u	historic structure listed in the National Register	-	. 2d
2	Number of conservation easements modified, transferred, r		
3		eleased, extilliguished, or terminated by the or	garlization duling the
4	tax year Number of states where property subject to conservation e	acament is located	
5	Does the organization have a written policy regarding the p		
3	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stall and volunteer flours devoted to monitoring, inspecting,	rialiding of violations, and emoleting conserva	mon easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year
•	Amount of expenses incurred in monitoring, inspecting, man	uning of violations, and emoleting conservation	casements during the year
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)	(4)(B)(i)
Ū		· · · · · · · · · · · · · · · · · · ·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
9	In Part XIII, describe how the organization reports conserva		
•	balance sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easements.	Total to the organizations infancial statements	triat describes tre
Par		s of Art Historical Treasures or O	ther Similar Assets
i ai	Complete if the organization answered "Yes"		ther Ominar Addets.
1a	If the organization elected, as permitted under FASB ASC 9		halance sheet works
·u	of art, historical treasures, or other similar assets held for pe	•	
	service, provide in Part XIII the text of the footnote to its fin		station of public
b	If the organization elected, as permitted under FASB ASC 9		ance sheet works of
D	art, historical treasures, or other similar assets held for publ		
	provide the following amounts relating to these items:	o oximplion, education, or research in futulera	nico di public scrivico,
	(i) Revenue included on Form 990, Part VIII, line 1		¢
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tr		
4	following amounts required to be reported under FASB ASI	_	ani, provide trie
•	Revenue included on Form 990, Part VIII, line 1	_	¢
a h			
b	Assets included in Form 990, Part X		•••• φ

Par	t III Organizations Maintaining	Collections of	Art, His	storical T	reasures,	or Ot	her Similar As	sets (c	ontini	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the fo	ollowing that m	ake sig	nificant use of its			
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan o	r exchange pro	ogram				
b	Scholarly research		е	Other						-
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how the	y further the	e organization'	s exem	pt purpose in Part			
	XIII.									
5	During the year, did the organization solicit of	r receive donations	of art, hist	orical treas	ures, or other s	similar		_	_	
_	assets to be sold to raise funds rather than t		part of the	organizati	on's collection	?		. <u> </u>	s	No
Par	t IV Escrow and Custodial Arra		_			_	_		_	
	Complete if the organization	answered "Yes	" on For	m 990, P	art IV, line 9	9, or r	eported an am	ount on	Form	า
-	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodic		-						_	
	included on Form 990, Part X?							. Ye	s 📙	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ıble:			1			
							Am	ount		
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year					1e				
f	Ending balance					1f				1
2a	Did the organization include an amount on F						•			No
Do:	If "Yes," explain the arrangement in Part XIII	I. Check here if the	explanatio	n has been	provided on Pa	art XIII			· L	
Par			–	000 D	D. / . P					
	Complete if the organization									
		(a) Current year	(b) P	rior year	(c) Two years t	ack	(d) Three years back	(e) Fou	ır years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	-	ce (line 1g	, column (a))) held as:					
a	Board designated or quasi-endowment									
b	Permanent endowment%									
С	Term endowment%	1.1 1.40007								
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiz	zation that	are held ar	nd administered	tor the	9			
	organization by:							2-(:)	Yes	No
	(i) Unrelated organizations							. 3a(i)	_	
	(ii) Related organizations							. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz							. 3b	<u></u>	
4 Dor	Describe in Part XIII the intended uses of the		dowment t	unas.						
Par	t VI Land, Buildings, and Equip		" on For	∞ 000 D	ort IV/ line	110 (Soo Form 000	Dort V	lina 1	0
	Complete if the organization									0.
	Description of property	(a) Cost or oth (investm		1 ' '	or other basis other)		Accumulated epreciation	(d) Boo	k value	
	Lond	,	ioin)	"	01101)	u	Sprodation			
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
e Tatal	Other		t V - 1	(D) "	40-1					
ı otal.	Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Pa	rτ X, colur	nn (B), line	1UC.)					

	(a) Description of security or category		(b) Book value		ethod of valuation:
	(including name of security)			Cost or en	d-of-year market value
(1) Financial					
	eld equity interests				
(3) Other					
(A) (B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 1	2.)			
Part VIII	Investments - Program Related.				
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV, lin	e 11c. See Form	n 990, Part X, line 13
	(a) Description of investment		(b) Book value		ethod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col. (B) line 1	3.)			
Part IX	Other Assets.	<i>5.</i> / .			
	Complete if the organization answere	ed "Yes" on For	m 990, Part IV, lin	ne 11d. See Form	n 990, Part X, line 15
	(a) I	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		_,			
	nn (b) must equal Form 990, Part X, col. (B) line 1	5.)			
Part X	Other Liabilities.	d "Voo" on For	000 Dowt IV/ Iim	- 11 11f C-	- Forms 000 Dowt V
	Complete if the organization answere line 25.	ed Yes on For	m 990, Part IV, iin	ie Tie or Tii. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book	value		
	income taxes	(b) BOOK	value		
(2)	income taxes				
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					

Schedul	e D (Form 990) 2022 DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS	75-2628940	Page
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
•	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	230,544
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	230,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		230,544
Part	·	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	161,200
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	161,200
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	161,200
Part			
	e 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, li	ne 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.		

Schedule D (Form 990) 2022 EEA

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DOWN SYNDROME PARTNERSHIP OF NORTH TEXA

Employer identification number

	SYNDROME PARTNERSHIP OF					75-262		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.								
	Form 990-EZ filers are not	•						
1	Indicate whether the organization rais	sed funds through	any of the fol	_				
а	Mail solicitations		e		of non-government			
b	Internet and email solicitations		f		of government gran	ts		
С	Phone solicitations		g	Special fur	ndraising events			
d	In-person solicitations							
2a	Did the organization have a written or	-	-		-			
	or key employees listed in Form 990,				-		∐ Yes ∐ No	
b	If "Yes," list the 10 highest paid individ		undraisers) p	ursuant to ag	reements under whi	ch the fundraiser is to b	oe .	
	compensated at least \$5,000 by the c	organization.						
						6.3. A ==================================		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization	
			Yes	No		col. (i)		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total			· • • • • •					
3	List all states in which the organizatio registration or licensing.	n is registered or l	licensed to so	olicit contribu	tions or has been no	tified it is exempt from		
		-						
		<u> </u>	·	·	<u> </u>	·	·	

Schedule G (Form 990) 2022 DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-2628940 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 VARIOUS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	161,702			161,702
Ľ	2	Less: Contributions				
		line 2)	161,702			161,702
	4	Cash prizes				
	5	Noncash prizes				
Ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	27,570			27,570
	10 11	Direct expense summary. Add lin- Net income summary. Subtract lin				27,570 134,132
Pa	rt III	Gaming. Complete if the or	ganization answered "Y	es" on Form 990, Part	IV, line 19, or reported n	
		\$15,000 on Form 990-EZ, li	ne 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 Rev	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	 Yes % No		
	7	Direct expense summary. Add lin	es 2 through 5 in column (c	d)		
	8	Net gaming income summary. Su	obtract line 7 from line 1, col	umn (d)		
	a Ist	nter the state(s) in which the organiz the organization licensed to conduc 'No," explain:	t gaming activities in each	of these states?		Yes No
10		ere any of the organization's gaming 'Yes," explain:	g licenses revoked, suspen	•	•	Yes No

EEA Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-2628940 01. Form 990 governing body review (Part VI, line 11) THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY. 02. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION'S BOARD CONTINUALLY MONITORS AND ENFORCES ALL CONFLICT OF INTEREST POLICIES. 03. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUIRED.