	~		Deturn	of Ormonization Ex					OMB No. 1545-0047	
Form	99	<i>J</i> U	Return	of Organization Ex	сетрт г	rom inco	me rax		2021	
			Under section 501(c)	, 527, or 4947(a)(1) of the Interr	nal Revenue	Code (except p	rivate found	ations)	2021	
Denai	rtment of	the Treasury		nter social security numbers o					Open to Public	
		ue Service	► Go to	www.irs.gov/Form990 for inst	ructions an	d the latest info	rmation.		Inspection	
A I	For the	2021 calend	ar y <u>ear, or tax year beg</u>	nning		, 2021, and en	ding		, 20	
B	Check if a	applicable:	C Name of organization	OWN SYNDROME PARTNERS	SHIP OF N	NORTH TEXAS		D Emplo	over identification number	
	Address o	change	Doing business as						75-2628940	
_ ı	Name cha	ange	Number and street (or	P.O. box if mail is not delivered to street ad	dress)	Room/	suite	E Teleph	none number	
	Initial retu	ırn	PO BOX 766						(682)316-3121	
	Final retu	rn/terminated	City or town, state or p	ovince, country, and ZIP or foreign postal o	code			G Gross	receipts	
,	Amended	l return	FORT WORTH, T	X 76101				\$	246,578 or subordinates? Yes X No	
	Application pending F Name and address of principal officer: KIM ROCHA H(a) Is this a group return for s									
			SAME AS C ABO	VE			H(b) Are all	subordinate	es included? Yes No	
	Tax-exempt status: X 501(c)(3) 501(c) () 4947(a)(1) or 527 If "No," attach a list. See									
	Website:		NT.ORG				H(c) Group	exemption r		
				ssociation Other ►	LY	ear of formation: 19	995 м з	State of lega	al domicile: TX	
Ра	rt I	Summar								
	1	-	be the organization's mis	sion or most significant activities:	TO SEI	RVE AND EDU	CATE PEO	PLE AI	BOUT DOWN	
ė		SYNDROME								
anc										
Governance	_	Chaole this he		an discontinued its aparations or a	diamagned of r	mara than 250/ a	f ito not occo	10		
Š	2			on discontinued its operations or o				1 . 1	1.4	
	4			rerning body (Part VI, line 1a) ers of the governing body (Part V					14	
ies	5			in calendar year 2021 (Part V, lin		· · · · · · · · · ·		_	<u> 14 </u>	
Activities &	6		of volunteers (estimate		,			-	3	
Ac	7a		,	n Part VIII, column (C), line 12					0	
				e from Form 990-T, Part I, line 11					0	
						· · · · · · · · · ·	Prior Year		Current Year	
	8	Contributions	and grants (Part VIII, lin	e 1h)				,564	237,814	
ē	9		•	ne 2g)				,453	8,116	
enu	10	•	12							
Revenue	11								636	
_	12	Total revenue	e - add lines 8 through 11	(must equal Part VIII, column (A)), line 12)	[2,438	246,578	
	13	Grants and s	imilar amounts paid (Par	IX, column (A), lines 1-3)				-	0	
	14	Benefits paid	to or for members (Part	IX, column (A), line 4)					0	
	15	Salaries, oth	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 122,756							
Expenses	16a	Professional	fundraising fees (Part IX	, column (A), line 11e)					0	
ben	b	Total fundrai	sing expenses (Part IX, c	olumn (D), line 25) ►		24,576				
Ă	17	Other expense	ses (Part IX, column (A),	lines 11a-11d, 11f-24e)			58	,984	41,211	
	18			st equal Part IX, column (A), line 2			181	,740	157,424	
	19	Revenue les	s expenses. Subtract lin	e 18 from line 12			-	,017)	89,154	
۲	5						ginning of Curro		End of Year	
sets	20			••••••				,051	237,350	
Net Assets or	21							,230	1,375	
				t line 21 from line 20			146	,821	235,975	
	rt II		re Block	turn, including accompanying schedules an	d statemente . er	ad to the best of my kr		iof it io		
				officer) is based on all information of which p			lowledge and be	101, 11 13		
KIM ROCHA 05-05-202									05 05 2022	
Sig	n		e of officer					Dat	05-05-2022 e	
Her			ROCHA, EXEC. DIR	_						
	-		print name and title	•						
		Print/Type pre		Preparer's signature	D	Date	Check	if	PTIN	
Pai	d	Pam Bus		Pam Bush	0.1	5-05-2022	self-em	□ "	P01064241	
	parer			tephens & O'Neil, LLF			Firm's EIN			
	e Only			dglea Place Suite 150			Phone no.			
				rth TX 76116				817-3	377-1700	

May the IRS discuss this return with the preparer shown above? See instructions
For Paperwork Reduction Act Notice, see the separate instructions.

No

Form	990 (2021) DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS	75-2628940) Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · ·	
1	Briefly describe the organization's mission:		
	TO SERVE AND EDUCATE PEOPLE ABOUT DOWN SYNDROME		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	🗌 Yes	No
	If "Yes," describe these new services on Schedule O.	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	No No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 115,100 including grants of \$) (Revenue	\$)
τa	THE ORGANIZATION BENEFITS THE LIVES OF PEOPLE WITH DOWN SYNDROME AND THEIR FA		
	INFORMATION, SOCIAL AND EDUCATIONAL ACTIVITIES AND SUPPORT.		1.00110110
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
40		Ψ)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
		Ψ	/
4d	Other program services (Describe on Schedulo O.)		
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 115,100	/	
EEA		For	rm 990 (2021)

Form	990 (2021)DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS75-2628	940	F	Page 3
Pa	rt IV Checklist of Required Schedules			
		r	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	<u> </u>
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		x
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. 98-19? If "Yes," complete Schedule C, Part III	5		
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			
7	"Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	/		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	. 8		
•	complete Schedule D, Part III	. 0		x
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	. 9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	. 9		x
10		. 10		v
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10		x
	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	. 11a		x
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	. 11a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			x
f	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E			x
14a	Did the organization maintain an office, employees, or agents outside of the United States?			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		x
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 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				х
b				
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
		_		

Form 990 (2021)DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS75-2628940					
Pa	rt IV 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		x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
~ /	employees? 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				
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240			
d	to defease any tax-exempt bonds?	24c 24d			
d 25a		24u			
zJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		x	
D	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		x	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		~	
20	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		x	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x	
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		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				
	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		х	
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		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		х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x	
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		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		x	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
Der	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
Par					
	Check if Schedule O contains a response or note to any line in this Part V		· · ·		
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No	
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 0 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b 0	-			
D D	Did the organization comply with backup withholding rules for reportable payments to vendors and	-			
U	reportable gaming (gambling) winnings to prize winners?	1c	x		
			45	<u> </u>	

Form	990 (2021) DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-2628	940	F	Page
Pa	Tt 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	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		x
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		x
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
С	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 any contributions that were not tax deductible as charitable contributions?	. 6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
N	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).	. 00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	. 7a		v
L				x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		x
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?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	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		
8	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?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
0	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	_		
1	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.)			
2a	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	. 15	1	x
	If "Yes," see instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
-	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	. 17	1	
	If "Yes," complete Form 6069.			
			1	1

	n 990 (2021) DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS 75-262	940	F	age 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f	ora "No	"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct			
	Check if Schedule O contains a response or note to any line in this Part VI			. X
See	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	4		
	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	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	. 2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	. 6		x
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0-		
a L	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	. 8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the argenization's mailing address? If "Ves." provide the names and addresses on Schedule O	. 9		v
<u>Soc</u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		x
000	tion D. TOncies (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a	165	x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	. 100		
	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?		x	
b	Describe in 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? <i>If "No," go to line</i> 13	. 12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		<u></u>	
-	describe in Schedule O how this was done.	. 12c	x	
13	Did the organization have a written whistleblower policy?		x	
14	Did the organization have a written document retention and destruction policy?		x	
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		x
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		
Sec	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 X 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.			
20	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			

Form 990 (202	1) DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS	75-2628940	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and
	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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's t	ax 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 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, 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 organization compensated any current officer, director, or trustee.

	iou organiza		mpon	Juici	u ai	iny our	ont			
				(C	;)					
(A)	(B)			Posit				(D)	(E)	(F)
Name and title	Average	1 1				nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or d	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	lirect	itutio	cer	em!	bloye	mer	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	è com				
	below	Istee	ruste		æ	pens				
	dotted line)		e			Highest compensated employee				
						7				
(1) KIM_ROCHA										
EXEC. DIR.				x				67,950	0	0
(2) KRYSTEN VAUGHAN										
BOARD MEMBER		x						0	0	0
(3) VICTORIA_PRICE										
BOARD MEMBER		x						0	0	0
(4) TRACY PAPA										
BOARD MEMBER		x						0	0	0
(5) AMARYLIS_FERRER										
BOARD MEMBER		x						0	0	0
(6) CARRIE TUNSON										
BOARD MEMBER		x						0	0	0
(7) LACY_LARSEN										
BOARD MEMBER		x						0	0	0
(8) SALLY LANDRUM										
BOARD MEMBER		x						0	0	0
(9) ROSS HAMILTON										
BOARD MEMBER		x						0	0	0
(10)TERRI_WEINMAN										
BOARD MEMBER		x						0	0	0
(11)LIBBY_MIDDLETON	L									
BOARD MEMBER		x						0	0	0
(12)ALLAN_TURNER	L									
SEC.		x		x				0	0	0
(13) DAVID_KINNEY										
PRES.		x		x				0	0	0
(14)AZURE JENSEN	L									
VICE PRES.		x		x				0	0	0
EEA										Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

hours for 물질 및 유 환 물질 1099-MISC/ 1099-MISC/ organization a		(A) Name and title	(B) Average hours per week		s pers	ition ore th son is	an one both an 'trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amou of other compensation			
x x x x 0 0 (19)			hours for related organizations below	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)		org	rrom the organization a related organiza	
16) 10 10 10 10 177 10 10 10 10 10 189 10 10 10 10 10 10 199 10														
18) 19) 100 100 100 100 20) 100 100 100 100 100 100 21) 100				X		x				0	0			0
19	17)													
29	18)													
21) Image: Control of the set o	19)													
22) 23) 23) 23) 23) 23) 23) 24) 24) 25) 24) 25) 25) 26) 27) 25) 27) 28) 27) 28) 26) 27) 28) 29) 29) 26) 28) 29) 29) 20) 26) 29) 20) 20) 20) 27) 29) 20) 20) 20) 26) 20) 20) 20) 20) 20) 27) 20) 20) 20) 20) 20) 28) 20) 20) 20) 20) 20) 20) 29) 20) 20) 20) 20) 20) 20) 29) 20) 20) 20) 20) 20) 20) 20) 20) 20) 20) 20) 20) 20) 20) 30) 20) 20) 20) 20) 20) 20) 20) 20) 20) 20) 2	20)													
23)	21)													
24) 25 25 25	22)													
25)	23)													
1b Subtotal	24)													
c Total from continuation sheets to Part VII, Section A 67,950 0 d Total (add lines 1b and 1c) 67,950 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Complete this table for your five highest compensated independent contractors that rec	25)													
d Total (add lines 1b and 1c) 67,950 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Ecetion B. Independent Contractors 5 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation	1b			•••	•••	•••			•					
 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									-	68.050				•
reportable compensation from the organization										-	-			0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization	•			, 					-			
employee on line 1a? If "Yes," complete Schedule J for such individual 3 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 5 Section B. Independent Contractors 5 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (C) Name and business address Description of services Compensation													Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3			-				-				2		x
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4													~
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Compensation		•		•										
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation									•			4		х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation	5				-			-						
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation (A) (B) (C) Name and business address Description of services Compensation (B) (C) (C) (C) Description of services Compensation (C) (C) (C)	Pooti		s," complete	Sched	dule J	for	such	h perso	on	• • • • • • • •		5		Х
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of services Compensation Image: Compensation of the calendar year ending with or within the organization's tax year. Image: Compensation of services Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation of services Compensation Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation of services Image: Compensation of services Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation of services Image: Compensation of services Image: Compensation of the calendar year ending with or within the organization of services Image: Compensation of services Image: Compensation of services		•	ted independ	lont co	ontrac	tore	that	receiv	bo	more than \$100.00	0. of			
(A) (B) (C) Name and business address Description of services Compensation	•													
						,				-		(C))	
Total number of independent contractors (including but not limited to those listed above) who		Name and business addres	s							Description of servic	es	Comper	sation	
Total number of independent contractors (including but not limited to those listed above) who														
2 Total number of independent contractors (including but not limited to those listed above) who														
received more than \$100,000 of compensation from the organization	2		-			e liste	ed a	above)	wh	0				

Form 9	90 (20	DOWN	SYN	DROME PA	ARTNI	ERSHIP OF NON	RTH TEXAS		75-26289	40 Page 9
Part	VIII	Statement of Rev	/enu	ie						
		Check if Schedule O co	ontain	is a respons	se or n	ote to any line in th	is Part VIII (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					Sections 512-514
	b la				1b		-			
ants nts	c	Fundraising events				126,956	-			
Gra	d									
Contributions, Gifts, Grants and Other Similar Amounts	e					26,300				
s, G mila	f	All other contributions, gif	fts, gr	ants,						
ar Si		and similar amounts not i	nclud	ed above	1f	84,558				
Othe	g	Noncash contributions inc	clude	d in						
Ind		lines 1a-1f				\$	-			
<i>9</i> 0	h	Total. Add lines 1a-1f	•••			· · · · · · · •	237,814			
						Business Code				
ø		PROGRAM INCOME				611710	8,116	8,116		
e rvic	b									
Program Service Revenue	C									
Rev	d									
log	e f	All other program service	rovor							
L	, , , , , , , , , , , , , , , , , , ,	Total. Add lines 2a-2f .					8,116			
	9						0,110			
	3	Investment income (includ other similar amounts) .					12	12		
	4	Income from investment of								
	5	Royalties		-	•					
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a				1			
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss))							
	7a	Gross amount from		(i) Securiti	ies	(ii) Other	-			
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis	_							
nue		and sales expenses					-			
eve		Gain or (loss)				· · · · · · •				
Other Revenue		Net gain or (loss) Gross income from fundra		•••••	•••					
Othe	04	events (not including \$	-	126,956						
0		of contributions reported c		-	-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b)				
	c	Net income or (loss) from	fundr	aising even	ts .	· · · · · · •				
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a	1	_			
	b	Less: direct expenses .	•••		9b					
	C	Net income or (loss) from	gami	ng activities	•••	· · · · · · •				
	10a	Gross sales of inventory, I								
		returns and allowances .					-			
		Less: cost of goods sold			10k	-				
	C	Net income or (loss) from	sales	or inventor	у					
<i>'</i> 0	110					Business Code 611710	636	636		
al	b	MISC. REVENUE				011/10	030	636		
flar	C C									
Miscellanous Revenue	-	All other revenue								
Ξ		Total. Add lines 11a-11d				· · · · · · · •	636			
		Total revenue. See instru					246,578	8,764	0	0

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

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)

360	Check if Schedule O contains a response or note to	· · · · ·	•		
D o 1	Check if Schedule O contains a response or note to	(A)	(B)	(C)	<u>····</u> (D)
	not include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management and	Fundraising
<u>00, 3</u> 1	9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees				
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	116,213	81,349	11,621	23,243
8	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а					
b					
с		750		750	
d					-
е	Professional fundraising services. See Part IV, line 17 .				-
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	3,666	2,566	367	733
14	Information technology				
15	Royalties				
16	Occupancy	2,091	1,464	209	418
17	Travel	911	638	91	182
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		6,156	3,078	3,078	
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.)				
а	DEVELOPMENT AND TRAINING	1,484		1,484	
b	PROGRAM EXPENSES	25,858	25,858		
C	MISCELLANEOUS	295	147	148	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	157,424	115,100	17,748	24,576
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here F if				
	following SOP 98-2 (ASC 958-720)				

<u>Form</u>	990 (20	DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS	75	5-262	8940 Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	23,260	1	113,742
	2	Savings and temporary cash investments	123,291	2	123,303
	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	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,500	9	305
	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)	148,051	16	237,350
	17	Accounts payable and accrued expenses	1,230	17	1,375
	18	Grants payable		18	
	19			19	
	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,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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	1,230	26	1,375
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	123,821	27	231,645
Bala	28	Net assets with donor restrictions	23,000	28	4,330
pd		Organizations that do not follow FASB ASC 958, check here			
Ŀ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	146 005	31 32	0.05 0.55
Net	32	Total net assets or fund balances	146,821		235,975
	33	Total liabilities and net assets/fund balances	148,051	33	237,350
EEA					Form 990 (2021)

		5-262894	0	Pa	age 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)	1		246,	,578
2	Total expenses (must equal Part IX, column (A), line 25)	2		157,	,424
3	Revenue less expenses. Subtract line 2 from line 1	3		89,	,154
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		146,	,821
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		235,	,975
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	Were the organization's financial statements audited by an independent accountant?		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	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				
	Single Audit Act and OMB Circular A-133?		3a		x
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	<u>.</u> .	3b		
EEA			Form	990 (2021)

SCHE	DULE	Α
(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.

Department of the Treasury Internal Revenue Service

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

DIL pt charitable trust.	2021
	Open to Public
rmation.	Inspection
Employer identificat	ion number
75-26290	4.0

OMB No. 1545-0047

Mamo	of the	organization
Name	or the	Ulganization

DOWN	S	NDROME PARTNERSHIP OF	NORTH TEXAS				75-262894	0
Part	I	Reason for Public Cha	r ity Status. (Al	l organizations mus	st comple	ete this p	oart.) See instruction	ons.
The org	gar	ization is not a private foundation be	ecause it is: (For lin	es 1 through 12, check o	only one bo	x.)		
1		A church, convention of churches,				b)(1)(A)(i)).	
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990	D).)			
3		A hospital or a cooperative hospita	•					
4		A medical research organization op	perated in conjunct	tion with a hospital descr	ribed in se	ction 170	(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the be	•	r university owned or ope	erated by a	a governme	ental unit described in	
_		section 170(b)(1)(A)(iv). (Complet						
6		A federal, state, or local government	-					
7	х	An organization that normally receiv			overnment	tal unit or f	rom the general public	
•		described in section 170(b)(1)(A)(,				
8		A community trust described in sec					a suite a land anna tha I	
9		An agricultural research organization				-	-	ege
		or university or a non-land-grant col	lege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or	
40		university:	(4)	00.4/00/ - ('to or or or for			- h - m - h ¹ - f	
10		An organization that normally receiv receipts from activities related to its support from gross investment inco acquired by the organization after.	exempt functions, me and unrelated b	subject to certain except business taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	55
11		An organization organized and ope	erated exclusively t	o test for public safety. S	See sectio	n 509(a)(4	4).	
12		An organization organized and oper	rated exclusively fo	r the benefit of, to perforr	m the funct	tions of, or	to carry out the purpos	es of
		one or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3	3). Check
		the box in lines 12a through 12d tha	at describes the typ	e of supporting organiza	tion and co	omplete lin	es 12e, 12f, and 12g.	
а		Type I. A supporting organization	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving
		the supported organization(s) the	ne power to regula	rly appoint or elect a maj	jority of the	e directors	or trustees of the	
		supporting organization. You n	nust complete Pa	rt IV, Sections A and B	i.			
b		Type II. A supporting organization	•			• •	•	-
		control or management of the s			persons that	at control o	r manage the supporte	d
		organization(s). You must con	•					
С		Type III functionally integrate		•				with,
		its supported organization(s) (s	,	-				
d		Type III non-functionally inte		• • •				. ,
		that is not functionally integrate	•	• • •		•	ent and an attentivenes	S
		requirement (see instructions).						
е		Check this box if the organization				•••	п, туре п, туре п	
4	-	functionally integrated, or Type	-	integrated supporting of	ganization	1.		
t		nter the number of supported organi rovide the following information about		\cdots				•••
g		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rappization	(v) Amount of monetary	(vi) Amount of
,) 140			(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)
					Yes	No	-	
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
	ne	work Reduction Act Notice, see t	he Instructions for	r Form 990 or 990-E7			 Col	 nedule A (Form 990) 2021
FEA	he	work includion Act Notice, see t	ne mai ucuons 10	1 JIII 330 01 330-EZ.			50	IEGUIE A (FUIII 990) 2021

	le A (Form 990) 2021 DOWN SYNDRO					75-262894	
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
	on A. Public Support	1	1	1	1	1	
Calen	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	186,175	178,850	178,736	111,564	237,814	893,139
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	186,175	178,850	178,736	111,564	237,814	893,139
5	The portion of total contributions by	1007170	1/0/000	1/0//00	111/001	2077011	0507205
-	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)						116 191
6							116,171
<u>6</u>	Public support. Subtract line 5 from line 4.						776,968
-	on B. Total Support	(-) 0047	(1-) 0040	(-) 0040	(-1) 0000	(-) 0004	
	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	186,175	178,850	178,736	111,564	237,814	893,139
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						893,139
12	Gross receipts from related activities, etc.	(see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop her	e					►
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2021 (line 6	6, column (f), d	ivided by line 1	11, column (f))		14	86.99 %
15	Public support percentage from 2020 Sch	edule A, Part I	I, line 14			15	86.68 %
16a	33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization.			► x
b	33 1/3% support test - 2020. If the organ						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20						
mu	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
				-			
Ŀ.	organization						
a	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			-	-		
	organization						
18	Private foundation. If the organization di						_
	instructions						<u></u> ► []
FFA						Schedule	A (Form 990) 202

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury	Attach to Form 990 or Form 990-PF.	2021	
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		
Name of the organization	Em	ployer identification number	
DOWN SYNDROME PA	RTNERSHIP OF NORTH TEXAS	75-2628940	
Organization type (chee	ck 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).

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	COMMUNITIES FOUNDATION OF NTX ON FILE FORT WORTH TX 76101	\$14,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	BART & TARA HALL ADDRESS ON FILE FORT WORTH TX 76101	- \$\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	MORITZ ADDRESS ON FILE FORT WORTH TX 76101	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	BERRACHO PESCADO ADDRESS ON FILE FORT WORTH TX 76101	\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	ESPARZA PLASTER ADDRESS ON FILE FORT WORTH TX 76101	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	MEDNAX		Person <u>x</u>

\$

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

Payroll

5,000

Schedule B (Form 990) (2021)

Part I

Name of organization

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

Page 2

Pa
Employer identification number
75-2628940

EEA

ADDRESS ON FILE

FORT WORTH TX 76101

(a) No.	(b)	(c)	(d)
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	MONKEY MOUTHS		Person <u>x</u> Payroll
	ADDRESS ON FILE	\$5,000	Noncash
	FORT WORTH TX 76101		(Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person 🗌 Payroll 🗌 Noncash 🗌
			(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 noncash contributions.)
(a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
a) Io.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)

75-2628940

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

Name of organization

SCHEDULE G (Form 990) Department of the Treasury Internal Revenue Service		Supplementa Complete if	OMB No. 1545-0047 2021 Open to Public							
	Revenue Service f the organization	► 0	Employer identific	Inspection mployer identification number						
DOWN	SYNDROME PA	RTNERSHIP OF	NORTH TEXAS						28940	
Par		sing Activities.		e organiza	tion answ	ered "Yes" on F	orm	990, Part IV,	line 17.	
	Form 990	EZ filers are not r	equired to comp	lete this pa	irt.					
1	_	the organization rais	ed funds through	· _	-					
a	Mail solicitatio		e Solicitation of non-government grants							
b		mail solicitations		 f Solicitation of government grants g Special fundraising events 						
C L	Phone solicita			g	Special fun	idraising events				
d 2a	— ·	tion have a written or	oral agreement w	vith any indivi	dual (includin	a officers directors	trust			
b	or key employee If "Yes," list the 1	s listed in Form 990, 0 highest paid individ least \$5,000 by the c	Part VII) or entity duals or entities (fu	in connection	with profess	sional fundraising se	ervices	\$?	Yes No No	
	(i) Name and addres or entity (fun		(ii) Activity	custody o	draiser have r control of putions?	(iv) Gross receipts from activity	(Amount paid to or retained by) draiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total			· · · · · · · · ·							
3	List all states in v registration or lic	which the organizatio ensing.	n is registered or l	icensed to so	blicit contribu	tions or has been no	otified	it is exempt from		

	art II	(Form 990) 2021 DOW Fundraising Events. Comp		RSHIP OF NORTH TEX answered "Yes" on Forr		-2628940 Page 2	
		than \$15,000 of fundraising	-			-	
		gross receipts greater than	\$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			VARIOUS		NONE	(add col. (a) through col. (c))	
		-	(event type)	(event type)	(total number)		
JUE							
Revenue	1	Gross receipts	148,250			148,250	
Ř							
	2	Less: Contributions					
	3	Gross income (line 1 minus	140 050			140.050	
		line 2)	148,250			148,250	
	4	Cash prizes					
S							
	5	Noncash prizes					
	6	Rent/facility costs					
ense		-					
Direct Expenses	7	Food and beverages					
ц							
Dire	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add line					
De	11 art III	Net income summary. Subtract lin				148,250	
Pa	art III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		res on Form 990, Part I	v, line 19, or reported	more than	
		\$15,000 011 0111 990-EZ, II		(b) Pull tabs/instant		(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
ever							
м,	1						
		Gross revenue					
^	2	Cash prizes					
uses	2						
xpenses	2 3						
t Expenses		Cash prizes					
lirect Expenses		Cash prizes					
Direct Expenses	3	Cash prizes					
Direct Expenses	3	Cash prizes					
Direct Expenses	3 4 5	Cash prizes	☐ Yes%	%	%		
Direct Expenses	3	Cash prizes	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No		
Direct Expenses	3 4 5 6	Cash prizes	No	No	No		
Direct Expenses	3 4 5	Cash prizes	No	No	No		
Direct Expenses	3 4 5 6 7	Cash prizes	No	i)	□ No ►		
Direct Expenses	3 4 5 6	Cash prizes	No	i)	□ No ►		
Direct Expenses	3 4 5 6 7 8	Cash prizes	No Stract line 7 from line 1, co	1) No	□ No ···· · · · · · · · · · · · · · · · ·		
	3 4 5 6 7 8 9 En	Cash prizes	No No No Stract line 7 from line 1, co ration conducts gaming act	Image: No Image: No Iumn (d) Image: No ivities: Image: No	No		
	3 4 5 6 7 8 9 En a Ist	Cash prizes	No	No d) lumn (d) ivities:	□ No ···· · · · · · · · · · · · · · · · ·		
	3 4 5 6 7 8 9 En a Ist	Cash prizes	No	No d) lumn (d) ivities:	□ No ···· · · · · · · · · · · · · · · · ·		
	3 4 5 6 7 8 9 En a Ist	Cash prizes	No	No d) lumn (d) ivities:	□ No ···· · · · · · · · · · · · · · · · ·		
	3 4 5 6 7 8 9 En a Ist b If "	Cash prizes	No es 2 through 5 in column (or abtract line 7 from line 1, co ration conducts gaming act t gaming activities in each	No d) umn (d) ivities: of these states?	□ No	Yes No	
9 10	3 4 5 6 7 8 8 b If "	Cash prizes	No	No d) umn (d) ivities: of these states?	No	Yes No	

_

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DOWN SYNDROME PARTNERSHIP OF NORTH TEXAS

Employer identification number 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.