

**THOMAS STEPHEN & CO. LLP
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DALLAS, TX 75219 (214) 824-2556**

May 11, 2021

Wilkinson Center
P.o. Box 720248
Dallas, Texas 75372

PUBLIC INSPECTION COPY OF FORM 990

Since June 8, 1999, exempt organizations have been required to provide copies of their three most recent returns (Form 990) and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Prior to June 8, 1999, these documents were only required to be made available at the organization's principal place of business. The names of any contributors need not be disclosed. The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.

An organization that submitted its Application for Recognition of Exemption on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.

A tax-exempt organization must make its application for recognition of exemption and its annual information returns available for public inspection without charge at its principal, regional and district offices during regular business hours. If an organization files an amended return, the amended return must be made available for a period of 3 years beginning on the date it is filed with the Internal Revenue Service.

If the request is made in person, the organization must respond by the end of the business day. If it is made in writing, a response is required within 30 days of receiving the request. The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the Internal Revenue Service for providing copies, currently \$1 for the first page and \$.15 for each additional page. The organization may charge the requester for copying and actual postage costs only if the requester consents to the charge.

The requirement to provide copies can be eliminated if the organization posts the relevant documents on its web site. The public must be able to download the documents and print them in the exact form they were filed with the Internal Revenue Service. The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.

If you have any questions, refer to the Instructions for Form 990, available at www.irs.gov, or call us for clarification.

Please be aware that significant monetary penalties may be imposed by the Internal Revenue Service on an organization for failure to follow the above provisions.

Sincerely,

THOMAS STEPHEN & CO. LLP

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

▶ 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.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">WILKINSON CENTER</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 720248 City or town, state or province, country, and ZIP or foreign postal code DALLAS TX 75372	D Employer identification number <p align="center">75-2712117</p> E Telephone number <p align="center">214-821-6380</p> G Gross receipts\$ 3,084,818
F Name and address of principal officer: ANNE S. REEDER 4144 N CENTRAL EXPWY STE 1010 DALLAS TX 75204		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.WILKINSONCENTER.ORG		L Year of formation: 1997
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p align="center">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	69
	6 Total number of volunteers (estimate if necessary)	6	708
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,689,525	Current Year 2,818,012
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,251	3,066
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-88,542	162,807
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,603,234	2,983,885
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	240,517	244,181
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,666,159	1,697,479
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 394,153		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	742,046	723,767
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,648,722	2,665,427	
19 Revenue less expenses. Subtract line 18 from line 12	-45,488	318,458	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 915,932	End of Year 1,278,923
	21 Total liabilities (Part X, line 26)	105,175	309,708
	22 Net assets or fund balances. Subtract line 21 from line 20	810,757	969,215

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.

Sign Here	Signature of officer <p align="center">ANNE S. REEDER</p>	Date 		
	Type or print name and title <p align="center">EXECUTIVE DIR.</p>			
Paid Preparer Use Only	Print/Type preparer's name THOMAS V STEPHEN	Preparer's signature THOMAS V STEPHEN	Date 05/11/21	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN P00855135
	Firm's name ▶ THOMAS STEPHEN & COMPANY, LLP	Firm's EIN ▶ 75-2805390		
	Firm's address ▶ DALLAS, TX 75219	Phone no. 214-824-2556		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part 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:
WILKINSON CENTER TRANSFORMS THE LIVES OF DALLAS FAMILIES BY PROVIDING PATHWAYS TO SELF-SUFFICIENCY WITH DIGNITY AND RESPECT.

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
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,720,237** including grants of \$ **17,934**) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **226,247** including grants of \$ **226,247**) (Revenue \$)
SEE SCHEDULE O

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 1,946,484**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <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? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		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		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part 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	69
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
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?	5b	X
c	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	X
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
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	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section 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.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
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?		X
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?		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?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 O.		X

Section B. Policies (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?		X
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?	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? If "No," go to line 13	X	
b	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," describe in Schedule O how this was done	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
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?		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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

CATHY ROSSON **P.O. BOX 720248**
DALLAS

TX 75372 972-284-0304

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE S. REEDER EXECUTIVE DIR.	40.00 0.00	X		X			105,000	0	13,444	
(2) ISELA AQUILAR DIRECTOR	1.00 0.00	X					0	0	0	
(3) JEANNE ATHOS-ADLER DIRECTOR	1.00 0.00	X					0	0	0	
(4) SACHEL BELLARD DIRECTOR	1.00 0.00	X					0	0	0	
(5) PAM BUSBEE DIRECTOR	1.00 0.00	X					0	0	0	
(6) J. SHANE CAMPBELL DIRECTOR	1.00 0.00	X					0	0	0	
(7) DAWN CORDERO DIRECTOR	1.00 0.00	X					0	0	0	
(8) CHERYL ESKRIDGE TREASURER	1.00 0.00	X		X			0	0	0	
(9) CHRIS GILKER DIRECTOR	1.00 0.00	X					0	0	0	
(10) CAITLIN HYATT DIRECTOR	1.00 0.00	X					0	0	0	
(11) JOSE OSCAR DESOUZA JR. DIRECTOR	1.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LOLA LOTT	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) NAHEMIA LUSAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) MARIA PADILLA	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(15) AUTUMN SCHIELE	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) ATUL SETHI	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) KATIE SKIPWORTH	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) ELIZABETH L. WILLIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) DAVID L. WILLIS	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							105,000		13,444	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							105,000		13,444	

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 **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	94,750					
	d Related organizations	1d						
	e Government grants (contributions)	1e	999,833					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,723,429					
	g Noncash contributions included in lines 1a-1f	1g	\$ 153,134					
	h Total. Add lines 1a-1f			2,818,012				
Program Service Revenue	2a	Business Code						
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,066			3,066	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ 94,750 of contributions reported on line 1c). See Part IV, line 18	8a			263,740			
			b Less: direct expenses	8b	100,933			
	c Net income or (loss) from fundraising events			162,807				
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,983,885	0	0	3,066		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	244,181	244,181		
3 Grants and other assistance to foreign 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, trustees, and key employees	117,013	85,238	9,442	22,333
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	1,365,494	994,692	110,180	260,622
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,467	70,271	7,784	18,412
9 Other employee benefits				
10 Payroll taxes	118,505	86,325	9,562	22,618
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	110,855	56,019	51,459	3,377
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
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.)	56,523	5,262	49,761	1,500
12 Advertising and promotion	3,526	819	1,219	1,488
13 Office expenses	42,194	25,015	4,977	12,202
14 Information technology	59,356	40,449	12,074	6,833
15 Royalties				
16 Occupancy	235,133	190,662	15,035	29,436
17 Travel	14,404	13,611	278	515
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,538		1,538	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,203	38,361	886	1,956
23 Insurance	12,839	7,722	3,055	2,062
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.)				
a CLIENT SERVICES	77,927	77,927		
b FURNITURE AND EQUIPMENT	45,361	4,300	41,061	
c MISCELLANEOUS	9,476	3,458	5,026	992
d BANK CHARGES	8,939	27	689	8,223
e All other expenses	4,493	2,145	764	1,584
25 Total functional expenses. Add lines 1 through 24e	2,665,427	1,946,484	324,790	394,153
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 <input type="checkbox"/> if 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
Assets	1 Cash—non-interest-bearing	178,663	1	395,522
	2 Savings and temporary cash investments	111,249	2	612,769
	3 Pledges and grants receivable, net	468,801	3	162,932
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	33,645	9	46,888
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 533,877		
	b Less: accumulated depreciation	10b 476,201	84,618	10c 57,676
	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	38,956	15	3,136
16 Total assets. Add lines 1 through 15 (must equal line 33)	915,932	16	1,278,923	
Liabilities	17 Accounts payable and accrued expenses	13,103	17	19,690
	18 Grants payable		18	
	19 Deferred revenue	32,933	19	50,841
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	173,600
	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	59,139	25	65,577
	26 Total liabilities. Add lines 17 through 25	105,175	26	309,708
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	363,170	27	454,515
	28 Net assets with donor restrictions	447,587	28	514,700
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	810,757	32	969,215
33 Total liabilities and net assets/fund balances	915,932	33	1,278,923	

Part 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	2,983,885
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,665,427
3	Revenue less expenses. Subtract line 2 from line 1	3	318,458
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	810,757
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	-160,000
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	969,215

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?	X	
3b	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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization

WILKINSON CENTER

Employer identification number

75-2712117

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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.)
- 9 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:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - 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.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,417,529	1,811,093	3,196,868	2,689,525	2,818,012	11,933,027
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	1,417,529	1,811,093	3,196,868	2,689,525	2,818,012	11,933,027
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)						
6 Public support. Subtract line 5 from line 4						11,933,027

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,417,529	1,811,093	3,196,868	2,689,525	2,818,012	11,933,027
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-269	6,330	4,605	2,251	3,066	15,983
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						11,949,010

12 Gross receipts from related activities, etc. (see instructions) 12 263,740

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.87%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.87%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

Employer identification number

WILKINSON CENTER

75-2712117

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

WILKINSON CENTER

Employer identification number

75-2712117

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,986	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,744	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

75-2712117

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
7		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 12,548	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WILKINSON CENTER

Employer identification number

75-2712117

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
13		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 14,782	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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75-2712117

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
19		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 6,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 5,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
25		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 9,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
31		\$ 5,030	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 105,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
37		\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 6,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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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
43		\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 17,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WILKINSON CENTER

Employer identification number

75-2712117

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
49		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 25,240	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 7,007	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WILKINSON CENTER

Employer identification number

75-2712117

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
55		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 6,306	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WILKINSON CENTER

Employer identification number

75-2712117

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
61		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 10,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

WILKINSON CENTER

Employer identification number

75-2712117

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
67	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

WILKINSON CENTER

Employer identification number

75-2712117

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		199,116	192,233	6,883
d Equipment		334,761	283,968	50,793
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **57,676**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	65,577
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	65,577

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

WILKINSON CENTER

Employer identification number

75-2712117

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser 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 which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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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	(b) Event #2	(c) Other events	(d) Total events
		<u>CAN DO LUNCHEON</u>	<u>SPIRIT OF TAOS</u>	<u>1</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	185,510	165,535	7,445	358,490
	2 Less: Contributions	45,210	49,540		94,750
	3 Gross income (line 1 minus line 2)	140,300	115,995	7,445	263,740
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,221	60,712		100,933
	10 Direct expense summary. Add lines 4 through 9 in column (d)				100,933
11 Net income summary. Subtract line 10 from line 3, column (d)				162,807	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

WILKINSON CENTER

Employer identification number

75-2712117

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD PANTRY	8537		160,624	FMV	FOOD ITEMS
2 GED TEST	144		14,203	FMV	TEST VOUCHERS
3 EDUCATION, GOVERNMENT IDS	1		3,731	FMV	IDS, EDUCATION
4 RENT ASSISTANCE	91		28,695	FMV	RENT ASSISTANCE
5 UTILITIES ASSISTANCE	18		4,370	FMV	UTILITY BILLS
6 MEDICAL AND CLOTHES	31		31,494	FMV	MEDICAL/CLOTHES
7 CHILDCARE	1		523	FMV	CHILDCARE

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I
(Form 990)**

Supplemental Information

2019

For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

Name of the organization

WILKINSON CENTER

Employer identification number

75-2712117

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
TO QUALIFY FOR FOOD & EMERGENCY SERVICES: OUR FOOD AND EMERGENCY SERVICES
PROGRAM SERVES ELIGIBLE FAMILIES IN OUR 9 ZIP CODE NORTH TEXAS FOOD BANK S
ERVICE AREA. ZIP CODES INCLUDE 75204, 75206, 75214, 75223, 75226, 75227
75228, AND 75246. STUDENTS ENROLLED IN OUR ADULT EDUCATION PROGRAM,
REGARDLESS OF WHERE THEY RESIDE, ARE ALSO ELIGIBLE TO RECEIVE FOOD AND
EMERGENCY SERVICES.

PART IV - ADDITIONAL INFORMATION

TO QUALIFY FOR FOOD & EMERGENCY SERVICES:
OUR FOOD AND EMERGENCY SERVICES PROGRAM SERVES ELIGIBLE FAMILIES IN OUR
NINE ZIP CODE NORTH TEXAS FOOD BANK SERVICE AREA. ZIP CODES INCLUDE 75204,
75206, 75214, 75223, 75226, 75227, 75228, AND 75246. STUDENTS ENROLLED IN
OUR ADULT EDUCATION PROGRAM, REGARDLESS OF WHERE THEY RESIDE, ARE ALSO
ELIGIBLE TO RECEIVE FOOD AND EMERGENCY SERVICES. IN ADDITION TO PROOF OF
RESIDENCE OR ENROLLMENT IN OUR ADULT EDUCATION CLASSES, ELIGIBILITY IS
BASED ON INCOME AT OR BELOW THE TEXAS COMMODITY ASSISTANCE PROGRAM (TEXCAP)
GUIDELINES. INELIGIBLE INDIVIDUALS RECEIVE REFERRALS TO OTHER COMMUNITY
RESOURCES.

CASE MANAGERS ASSIST WITH CRISIS MANAGEMENT AND ASSIST CLIENTS WITH
DEVELOPING SELF-SUFFICIENCY PLANS, ADDRESSING SPECIFIC WAYS TO OVERCOME ANY
BARRIERS AND OBSTACLES TO FINANCIAL STABILITY.

INDIVIDUALS AND FAMILIES RECEIVE ONE WEEK'S WORTH OF GROCERIES AND
ESSENTIAL ITEMS BASED ON FAMILY SIZE ONCE MONTHLY FOR UP TO SIX MONTHS. AT
THE END OF THE SIX MONTH PERIOD, CLIENTS ARE RE-SCREENED FOR ELIGIBILITY

**SCHEDULE I
(Form 990)**

Supplemental Information

2019

For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

Name of the organization

WILKINSON CENTER

Employer identification number

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AND NEED.

OUR CASE MANAGERS AND PROGRAM LEADERSHIP STAFF MEET TO APPROVE EMERGENCY FINANCIAL REQUESTS. ALL CLIENTS WHO RECEIVE EMERGENCY RENT AND UTILITY ASSISTANCE ARE REQUIRED TO COMPLETE FINANCIAL LITERACY EDUCATION. THE AMOUNT OF ASSISTANCE TYPICALLY RANGES FROM \$50-\$400.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

WILKINSON CENTER

Employer identification number

75-2712117

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	78,427	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()	X	1	14,376	
26 Other ▶()				
27 Other ▶()	X	1	18,250	
28 Other ▶()	X	1	42,081	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

WILKINSON CENTER

Employer identification number

75-2712117

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

WILKINSON CENTER TRANSFORMS THE LIVES OF DALLAS FAMILIES BY PROVIDING PATHWAYS TO SELF-SUFFICIENCY WITH DIGNITY AND RESPECT. OUR SERVICES MEET CLIENTS' BASIC NEEDS (FOOD AND SHELTER) AND PROVIDE EDUCATIONAL OPPORTUNITIES, JOB SKILLS TRAINING NEEDED TO SUCCEED IN THE WORKPLACE, AND FINANCIAL LITERACY. FOOD + EDUCATION + JOBS = STABILITY. THE CLIENTS OF WILKINSON CENTER EXPERIENCE FIRSTHAND THE POWER OF THIS FORMULA. BY RECEIVING THE SERVICES THEY NEED, WILKINSON CENTER CLIENTS CAN MOVE BEYOND CRISIS TO A BRIGHTER, MORE SECURE FUTURE.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

ADULT EDUCATION:

FROM JULY 2019 THROUGH JUNE 2020, WILKINSON CENTER'S ADULT EDUCATION PROGRAM SERVED 1,239 STUDENTS.

COURSES INCLUDE ADULT BASIC EDUCATION, HIGH SCHOOL EQUIVALENCY (GED® PREPARATION), ENGLISH AS A SECOND LANGUAGE (ESL), CAREER-READINESS, JOB CERTIFICATIONS, AND FINANCIAL EDUCATION.

566 ESL LEARNERS COMPLETED AN AVERAGE OF 51 CLASS HOURS EACH. 78% WHO PARTICIPATED IN BOTH PRE-TESTING AND POST-TESTING, PROGRESSED AT LEAST ONE EDUCATIONAL FUNCTIONING LEVEL.

668 HSE LEARNERS COMPLETED ON AVERAGE OF 61 CLASS HOURS EACH. 41% WHO

Name of the organization

Employer identification number

WILKINSON CENTER

75-2712117

PARTICIPATED IN BOTH PRE-TESTING AND POST-TESTING, PROGRESSED AT LEAST ONE EDUCATIONAL FUNCTIONING LEVEL. 59 STUDENTS OBTAINED THEIR HIGH SCHOOL EQUIVALENCY (HSE) DIPLOMA.

57% OF CLIENTS WHO RECEIVED CAREER-READINESS SERVICES OBTAINED EMPLOYMENT AT AN AVERAGE WAGE OF \$12.27 PER HOUR. NEARLY 37% EARNED \$13.00 PER HOUR OR MORE.

WILKINSON CENTER OFFERS A VARIETY OF SUPPORT SERVICES TO ELIMINATE BARRIERS TO STUDENT SUCCESS. SUPPORT SERVICES INCLUDE:

1. CASE MANAGEMENT
2. FINANCIAL AND EMPLOYMENT COACHING
3. ACCESS TO OUR FOOD & EMERGENCY SERVICES
4. FREE, ON-SITE HSE/GED® TESTS AND ADDITIONAL CERTIFICATION TESTS

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PROGRAM HIGHLIGHTS FOOD & EMERGENCY SERVICES:

WILKINSON CENTER'S FOOD PANTRY PROVIDES ONE WEEK'S WORTH OF GROCERIES ONCE MONTHLY TO INDIVIDUALS AND FAMILIES WHO MEET INCOME AND RESIDENCY ELIGIBILITY GUIDELINES.

DUE TO THE PANDEMIC FOOD WAS DELIVERED PRE-BOXED AND SERVED CURBSIDE MID-MARCH 2020. DELIVERY SERVICES WERE PROVIDED TO SENIORS THAT WERE NOT ABLE TO LEAVE THEIR HOME.

Name of the organization

Employer identification number

WILKINSON CENTER

75-2712117

FROM JULY 2019 THROUGH JUNE 2020, WILKINSON CENTER DISTRIBUTED 616,312 POUNDS OF FOOD, INCLUDING 122,718 POUNDS OF PRODUCE TO FAMILIES IN CRISIS. 3,401 FAMILIES, REPRESENTING 8,537 CLIENTS WERE SERVED. EACH FAMILY AVERAGED 3.5 VISITS TO THE FOOD PANTRY DURING THIS PERIOD. 27% OF HEAD OF HOUSEHOLDS WERE SENIORS.

FOR ADDITIONAL INCOME SUPPORT, CLIENTS MAY PARTICIPATE IN ANNUAL DRIVES. IN 2020, WILKINSON CENTER DISTRIBUTED 500 GIFTS CARDS FOR \$40 EACH FROM SHOE CARNIVAL TO CLIENTS; 200 BACKPACKS FILLED WITH SCHOOL SUPPLIES; 665 HOLIDAY MEAL BASKETS TO FAMILIES; AND PROVIDED 151 FAMILIES WITH HOLIDAY TOYS.

PROGRAMMING FOR SENIOR CITIZENS INCLUDES ENROLLMENT IN PEOPLE AND NUTRITION (PAN), PROVIDING MONTHLY SUPPLEMENTAL FOOD ASSISTANCE THROUGH THE U.S. DEPARTMENT OF AGRICULTURE; WORKSHOPS FOCUSED ON NUTRITION, LIFE SKILLS, AND FINANCIAL KNOWLEDGE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR (SIGNER) AND DIRECTOR OF OPERATIONS REVIEW AND APPROVE. PRIOR TO APPROVAL, THE DRAFT COPY IS PROVIDED TO ALL BOARD MEMBERS, ENABLING THEM TO REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THERE IS A FORMAL PROCESS WHICH IS OUTLINED IN THE EMPLOYEE HAND BOOK.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF TRUSTEE'S EXECUTIVE COMMITTEE CONDUCTS A REVIEW OF OFFICER AND KEY EMPLOYEE SALARIES.

Name of the organization

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FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD OF TRUSTEE'S EXECUTIVE COMMITTEE CONDUCTS A REVIEW OF OFFICER AND KEY EMPLOYEE SALARIES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

WILKINSON CENTER'S GOVERNING DOCUMENTS, POLICIES, CURRENT FINANCIAL STATEMENTS AND RECENT AUDITS ARE MADE AVAILABLE UPON REQUEST AND ARE ALSO AVAILABLE AT WWW.GUIDESTAR.ORG.

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2019

For calendar year 2019, or tax year beginning **07/01/19**, and ending **06/30/20**

Name

Employer Identification Number

WILKINSON CENTER

75-2712117

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>MISC</u> (event type)	 (event type)	 (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	7,445			7,445
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	7,445			7,445
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

Form **990****Two Year Comparison Report****2018 & 2019**For calendar year 2019, or tax year beginning **07/01/19**, ending **06/30/20**

Name

Taxpayer Identification Number

WILKINSON CENTER**75-2712117**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1. 2,689,525	1,818,179	-871,346
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.	999,833	999,833
	4. Program service revenue	4.		
	5. Investment income	5. 2,251	3,066	815
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -88,542	162,807	251,349
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 2,603,234	2,983,885	380,651
Expenses	13. Grants and similar amounts paid	13. 240,517	244,181	3,664
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 117,013	117,013	
	16. Salaries, other compensation, and employee benefits	16. 1,549,146	1,580,466	31,320
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 149,822	167,378	17,556
	19. Occupancy, rent, utilities, and maintenance	19. 229,540	235,133	5,593
	20. Depreciation and Depletion	20. 51,003	41,203	-9,800
	21. Other expenses	21. 311,681	280,053	-31,628
	22. Total expenses. Add lines 13 through 21	22. 2,648,722	2,665,427	16,705
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -45,488	318,458	363,946
Other Information	24. Total exempt revenue	24. 2,603,234	2,983,885	380,651
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. -86,291	3,066	89,357
	27. Total assets	27. 915,932	1,278,923	362,991
	28. Total liabilities	28. 105,175	309,708	204,533
	29. Retained earnings	29. 810,757	969,215	158,458
	30. Number of voting members of governing body	30. 19	19	
	31. Number of independent voting members of governing body	31. 19	19	
	32. Number of employees	32. 55	69	
	33. Number of volunteers	33. 695	708	

Form **990****Tax Return History****2019**

Name

WILKINSON CENTER

Employer Identification Number

75-2712117

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants			2,370,195	2,689,525	2,818,012	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income			4,218	2,251	3,066	
Fundraising revenue (income/loss)			-21,263	-88,542	162,807	
Gaming revenue (income/loss)						
Other revenue						
Total revenue			2,353,150	2,603,234	2,983,885	
Grants and similar amounts paid			219,578	240,517	244,181	
Benefits paid to or for members						
Compensation of officers, etc.			114,042	117,013	117,013	
Other compensation			1,455,352	1,549,146	1,580,466	
Professional fees			188,081	149,822	167,378	
Occupancy costs			223,812	229,540	235,133	
Depreciation and depletion			54,562	51,003	41,203	
Other expenses			277,577	311,681	280,053	
Total expenses			2,533,004	2,648,722	2,665,427	
Excess or (Deficit)			-179,854	-45,488	318,458	
Total exempt revenue			2,353,150	2,603,234	2,983,885	
Total unrelated revenue						
Total excludable revenue			-17,045	-86,291	3,066	
Total Assets			972,931	915,932	1,278,923	
Total Liabilities			116,686	105,175	309,708	
Net Fund Balances			856,245	810,757	969,215	

Taxable Dividends from Securities

Description	<u>Amount</u>	<u>Unrelated</u> <u>Business</u>	<u>Exclusion</u> <u>Code</u>	<u>Postal</u> <u>Code</u>	<u>Acquired after</u> <u>6/30/75</u>	<u>US</u> <u>Obs (\$ or %)</u>
DIVIDENDS	\$ 3,066				14 TX	
TOTAL	\$ <u>3,066</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OUTSIDE SERVICES	\$ 56,523	\$ 5,262	\$ 49,761	\$ 1,500
TOTAL	\$ 56,523	\$ 5,262	\$ 49,761	\$ 1,500

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES AND SUBSCRIPTIONS	\$ 4,070	\$ 2,097	\$ 764	\$ 1,209
TRAINING AND SEMINAR	423	48		375
TOTAL	\$ 4,493	\$ 2,145	\$ 764	\$ 1,584

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 999,833
CONTRIBUTIONS	114,947
FOOD INVENTORY	78,427
SCHOOL SUPPLIES	14,376
COMPUTER HARDWARE/SOFTWARE	18,250
GIFT /GAS CARDS/CHRISTMAS GIFTS	42,081
EMY LOU BALDRIDGE	
CASH CONTRIBUTION	10,000
BANK OF AMERICA FOUNDATION	
CASH CONTRIBUTION	75,000
JAMES AND JILL COCHRAN	
CASH CONTRIBUTION	6,986
COMMUNITIES FOUNDATION OF TEXAS	
CASH CONTRIBUTION	10,744
COMPATRIOT CAPITAL, INC	
CASH CONTRIBUTION	30,000
DOLLAR GENERAL LITERACY FOUNDATION	
CASH CONTRIBUTION	8,000
WILLIAM & KRISTI FRANCIS	
CASH CONTRIBUTION	6,000
HERBALIFE FAMILY FOUNDATION	
CASH CONTRIBUTION	35,000
HIGHLAND PARK UMC	
CASH CONTRIBUTION	45,000
HOGLUND FOUNDATION	
CASH CONTRIBUTION	17,500
J.L. WILLIAMS FOUNDATION	
CASH CONTRIBUTION	10,000
RW OR LEAH MARGERISON	
CASH CONTRIBUTION	12,548
JOHN & ELLEN S MCSTAY	
CASH CONTRIBUTION	25,000
ORIX FOUNDATION	
CASH CONTRIBUTION	30,000
PEROT FOUNDATION	
CASH CONTRIBUTION	25,000
PITNEY BOWES FOUNDATION	
CASH CONTRIBUTION	10,000
PRUDENTIAL FINANCIAL	
CASH CONTRIBUTION	15,000

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
THE DALLAS FOUNDATION CASH CONTRIBUTION	\$ 14,782
THE GINGER MURCHISON FOUNDATION CASH CONTRIBUTION	25,000
THE THOMAS FOUNDATION CASH CONTRIBUTION	6,750
MAC & LISA TICHENOR CASH CONTRIBUTION	10,000
WOMEN OF ST. MICHAEL CASH CONTRIBUTION	5,900
ROBYN CONLON CASH CONTRIBUTION	5,000
HARRY S MOSS FOUNDATION CASH CONTRIBUTION	7,000
LARRY HELM CASH CONTRIBUTION	25,000
HILLCRESTFOUNDATION CASH CONTRIBUTION	10,000
LIBERTY MUTUAL PHILANTHROPY PROGRAM CASH CONTRIBUTION	26,000
M.B. AND EDNA ZALE FOUNDATION CASH CONTRIBUTION	5,000
CAROLYN MILLER CASH CONTRIBUTION	25,000
GEORGE QUESADA CASH CONTRIBUTION	9,075
ROBERT RICHMOND CASH CONTRIBUTION	5,030
SUSAN WOLLWERT CASH CONTRIBUTION	25,000
HANNAH CURSHALL CASH CONTRIBUTION	10,000
ALICE E AND JOSEPH C. BLEWETT CASH CONTRIBUTION	7,500
AMERICAN AIRLINES CASH CONTRIBUTION	105,000
ATOMIC AUTO CRUSHERS & PARTS CASH CONTRIBUTION	15,000
BBVA FOUNDATION CASH CONTRIBUTION	5,000

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
BILLIE AND GILLIS THOMAS FAMILY CASH CONTRIBUTION	\$ 5,000
CARL B. AND FLORENCE E. KING CASH CONTRIBUTION	35,000
COMERICA CHARITABLE FOUNDATION CASH CONTRIBUTION	10,000
PEGGY DEAR CASH CONTRIBUTION	15,000
DIAN GRAVES OWEN FOUNDATION CASH CONTRIBUTION	10,000
DR. FREDERICK DUFFY CASH CONTRIBUTION	6,200
EMERGENCY FOOD AND SHELTER PROGRAM CASH CONTRIBUTION	30,000
FIDELITY FOUNDATION CASH CONTRIBUTION	150,000
FLORENCE FOUNDATION CASH CONTRIBUTION	5,000
H-E-B, LP CASH CONTRIBUTION	5,000
HARRY W. BASS, JR. FOUNDATION CASH CONTRIBUTION	17,500
HIGHLAND CAPITAL CASH CONTRIBUTION	7,500
MR. VANCE HUBBARD CASH CONTRIBUTION	5,500
MRS. NANCY ANN HUNT CASH CONTRIBUTION	10,000
MS CAITLIN HYATT CASH CONTRIBUTION	8,980
IBERIA BANK CASH CONTRIBUTION	10,000
MRS ASHLEE KLEINERT CASH CONTRIBUTION	25,240
THE KROGER FOUNDATION CASH CONTRIBUTION	15,000
THE MOODY FOUNDATION CASH CONTRIBUTION	50,000
NETWORK FOR GOOD CASH CONTRIBUTION	7,007

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
MS. RUTH READ	\$
CASH CONTRIBUTION	5,000
THE REES-JONES FOUNDATION	
CASH CONTRIBUTION	25,000
MS. KATHERINE REEVES	
CASH CONTRIBUTION	5,000
THE REUTER FAMILY FOUNDATION	
CASH CONTRIBUTION	5,000
MRS. EVELYN ROSE	
CASH CONTRIBUTION	12,000
MS CATHY SAXON	
CASH CONTRIBUTION	6,306
SIMMONS SISTERS FUND	
CASH CONTRIBUTION	25,000
SUN TRUST FOUNDATION	
CASH CONTRIBUTION	10,000
TFG FOUNDATION	
CASH CONTRIBUTION	5,000
UNITED WAY OF METROPOLITAN DALLAS	
CASH CONTRIBUTION	40,000
WELLS FARGO	
CASH CONTRIBUTION	15,000
MR. SCOT WHITE	
CASH CONTRIBUTION	10,300
WINDER CHARITABLE FUND	
CASH CONTRIBUTION	10,000
WINSTON SALEM FOUNDATION- TRUST	
CASH CONTRIBUTION	40,000
TEXAS MUTUAL WORKERS COMPENSATION	
CASH CONTRIBUTION	75,000
VIRGINIA JACKSON LIVING TRUST	
CASH CONTRIBUTION	20,000
CAN DO LUNCHEON	
CASH CONTRIBUTION	45,210
SPIRIT OF TAOS	
CASH CONTRIBUTION	49,540
TOTAL	<u>\$ 2,818,012</u>

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
EMY LOU BALDRIDGE	\$ 20,000	\$
BANK OF AMERICA FOUNDATION	105,650	
JAMES AND JILL COCHRAN	16,986	
COMMUNITIES FOUNDATION OF TEXAS	109,614	
COMMUNITY COUNCIL GREATER DALLAS - C	91,088	
COMPATRIOT CAPITAL, INC	77,210	
DOLLAR GENERAL LITERACY FOUNDATION	26,000	
WILLIAM & KRISTI FRANCIS	16,530	
HERBALIFE FAMILY FOUNDATION	95,000	
HIGHLAND PARK UMC	93,025	
HOGLUND FOUNDATION	47,500	
J.L. WILLIAMS FOUNDATION	30,000	
KOHL FOUNDATION	30,000	
KATHYRN L. KOONS	34,275	
RW OR LEAH MARGERISON	43,614	
JOHN & ELLEN S MCSTAY	75,000	
ORIX FOUNDATION	57,500	
PEROT FOUNDATION	76,000	
PITNEY BOWES FOUNDATION	22,500	
PRUDENTIAL FINANCIAL	40,000	
TIMOTHY K. & KATHERINE SKIPWORTH	22,945	
THE DALLAS FOUNDATION	28,381	
THE GINGER MURCHISON FOUNDATION	83,000	
THE THOMAS FOUNDATION	22,500	
MAC & LISA TICHENOR	25,000	
WOMEN OF ST. MICHAEL	22,400	
ROBYN CONLON	10,000	
THE CONSTANTIN FOUNDATION	30,000	
DALLAS STARS FOUNDATION	5,065	
JANIE M GILMORE	28,750	
BRAD GREGORY	5,000	
HAROLD SIMMONS FOUNDATION, INC.	25,000	
HARRY S MOSS FOUNDATION	14,000	
LARRY HELM	40,258	
HILLCRESTFOUNDATION	15,000	
HUNT CONSOLIDATED	24,500	
LIBERTY MUTUAL PHILANTHROPY PROGRAM	36,000	
M.B. AND EDNA ZALE FOUNDATION	10,000	
MCCUNE FOUNDATION	30,000	
CAROLYN MILLER	48,550	
NICHOLAS RESIDENTIAL LLC	5,150	
NORTHRIDGE PRESBYTERIAN CHURCH	5,040	
STARR PITZER	5,000	
PRICEWATERHOUSE COOPERS	50,000	
GEORGE QUESADA	18,375	
ROBERT RICHMOND	18,460	
ROSEMARY HAGGAR VAUGHAN FAMILY FOUND	5,000	
ROSEWOOD CORPORATION	5,050	
ROY AND CHRISTINE STURGIS CHARITABLE	10,000	
CARL SEWELL	5,000	
SEWELL LEXUS OF DALLAS	5,000	
TEXAS WOMEN'S FOUNDATION	30,000	
W.P. & BUKAH LUSE FOUNDATION	5,000	
SUSAN WOLLWERT	70,000	
HANNAH CURSHALL	15,500	
ALICE E AND JOSEPH C. BLEWETT	7,500	
AMERICAN AIRLINES	105,000	

Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ATOMIC AUTO CRUSHERS & PARTS	\$ 15,000	\$
BBVA FOUNDATION	5,000	
BILLIE AND GILLIS THOMAS FAMILY	5,000	
CARL B. AND FLORENCE E. KING	35,000	
COMERICA CHARITABLE FOUNDATION	10,000	
PEGGY DEAR	15,000	
DIAN GRAVES OWEN FOUNDATION	10,000	
DR. FREDERICK DUFFY	6,200	
EMERGENCY FOOD AND SHELTER PROGRAM	30,000	
FIDELITY FOUNDATION	150,000	
FLORENCE FOUNDATION	5,000	
H-E-B, LP	5,000	
HARRY W. BASS, JR. FOUNDATION	17,500	
HIGHLAND CAPITAL	7,500	
MR. VANCE HUBBARD	5,500	
MRS. NANCY ANN HUNT	10,000	
MS CAITLIN HYATT	8,980	
IBERIA BANK	10,000	
MRS ASHLEE KLEINERT	25,240	
THE KROGER FOUNDATION	15,000	
THE MOODY FOUNDATION	50,000	
NETWORK FOR GOOD	7,007	
MS. RUTH READ	5,000	
THE REES-JONES FOUNDATION	25,000	
MS. KATHERINE REEVES	5,000	
THE REUTER FAMILY FOUNDATION	5,000	
MRS. EVELYN ROSE	12,000	
MS CATHY SAXON	6,306	
SIMMONS SISTERS FUND	25,000	
SUN TRUST FOUNDATION	10,000	
TFG FOUNDATION	5,000	
UNITED WAY OF METROPOLITAN DALLAS	40,000	
VIRGINIA D JACKSON LIVING TRUST		
WELLS FARGO	15,000	
MR. SCOT WHITE	10,300	
WINDER CHARITABLE FUND	10,000	
WINSTON SALEM FOUNDATION- TRUST	40,000	
TEXAS MUTUAL WORKERS COMPENSATION	75,000	
VIRGINIA JACKSON LIVING TRUST	20,000	
TOTAL	<u>\$ 2,755,449</u>	<u>\$ 0</u>

Federal Statements**Schedule A, Part II, Line 8(e)**

Description	Amount
DIVIDENDS	\$ 3,066
TOTAL	\$ <u>3,066</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
CAN DO LUNCHEON	\$ 140,300
SPIRIT OF TAOS	115,995
MISC	7,445
TOTAL	\$ <u>263,740</u>

Can Do Luncheon

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER	\$ <u>40,221</u>
TOTAL	\$ <u><u>40,221</u></u>

Spirit of Taos

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER	\$ <u>60,712</u>
TOTAL	\$ <u><u>60,712</u></u>