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CLIENT'S COPY

Haynie & Company 12222 Merit Drive, Suite 1900 Dallas, TX 75251 214-296-0900

September 22, 2022

Wilkinson Center Po Box 720248 Dallas, TX 75372

Wilkinson Center:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely yours,

Haynie & Company

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\ JUL\ 1$, 2020, and ending $\ JUN\ 30$, 20 $\ 21$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number WILKINSON CENTER 75-2712117 Name and title of officer or person subject to tax ANNE S REEDER EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here

X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b _____ 3,343,510. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b **b** Total tax (Form 1120-POL, line 22) ______ 3b 3a Form 1120-POL check here 4a Form 990-PF check here ► **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) ______6b b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 🔃 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I múst contact the U.S. Treasury Financial Agent át 1-888-353-4537 no later than 2 business dáys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize HAYNIE & COMPANY to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 87224884144 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2020 calendar year, or tax year beginning JUL 1, 2020 and el	nding J	UN 30, 2021	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		75-27121	17
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) R PO BOX 720248	Room/suite	E Telephone numbe (214) 82	
	termin-			G Gross receipts \$	3,398,867.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75372		_	
F	lreturn □Applica	DADDAS, IX 75572		H(a) Is this a group re	eturn
	tion pending	F Name and address of principal officer: ANNE 5 KEEDEK	m. 7		? Yes X No
		4144 N CENTRAL EXPWY STE 1010, DALLAS,		H(b) Are all subordinates in	
		mpt status: $X = 501(c)(3) = 501(c)($ (insert no.) $4947(a)(1)$ or	527	If "No," attach a	list. See instructions
		e: ► WWW.WILKINSONCENTER.ORG		H(c) Group exemption	
<u>K</u>	Form of o	organization: X Corporation Trust Association Other	L Year o	of formation: 1997 $ m extstyle extstyle $	$arkappa$ State of legal domicile: $\mathbf{T}\mathbf{X}$
P		Summary			
Φ	1 E	Briefly describe the organization's mission or most significant activities: $f WILKI$	NSON	CENTER TRAN	SFORMS THE
& Governance]]	LIVES OF DALLAS FAMILIES BY PROVIDING PAT	HWAYS	TO SELF-SU	FFICIENCY
ű	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	ssets.
o Ve				3	18
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			18
စ္တ		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			63
įŧį		Total number of volunteers (estimate if necessary)			302
Activities		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	 ~ .	tot amounted business taxable mosmo norm officers in the first services taxable mosmo norm of the services taxable mosmo		Prior Year	Current Year
-	8 (Contributions and grants (Part VIII, line 1h)		2,818,012.	3,196,993.
ıne				0.	0.
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,066.	
Be				162,807.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,983,885.	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		244,181.	651,387.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	031,307.
		Benefits paid to or for members (Part IX, column (A), line 4)		1,697,479.	_
ses	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.
×	b	Fotal fundraising expenses (Part IX, column (D), line 25) 390,30		723,767.	752 061
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,665,427.	
		Revenue less expenses. Subtract line 18 from line 12		318,458.	
Net Assets or Find Balances			Ве	ginning of Current Year	End of Year
Sset	20 7	Total assets (Part X, line 16)		1,278,923.	1,268,798.
at A	21 7	Total liabilities (Part X, line 26)		309,708.	142,577.
		Net assets or fund balances. Subtract line 21 from line 20		969,215.	1,126,221.
	art II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Signature of officer		Doto	
Sig		,		Date	
He	re	ANNE S REEDER, EXECUTIVE DIRECTOR			
		Type or print name and title	1.5	loto I -	II DTIN
_		Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN
Pai	-	ANDREW J. MOORE		self-employ	P01228905
	-	Firm's name HAYNIE & COMPANY		Firm's EIN	87-0325228
Use	Only	Firm's address 1785 WEST 2300 SOUTH		_	
		SALT LAKE CITY, UT 84119		Phone no.21	4-296-0900
1/10	v tha ID	S discuss this return with the preparer shown above? See instructions			X Ves No

Other program services (Describe on Schedule O.)

Total program service expenses ▶

1,709 . including grants of \$

2,410,904.

Form 990 (2020) WILKINSON CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		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?			١
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			١
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l 🕶
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	
f	3	446		Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		25
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. -ra		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u></u>	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020) WILKINSON CENTER 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? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	77	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
25.0	211	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai	t 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

020) WILKINSON CENTER Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 63							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	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 A	ccounts (FBAR).							
	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	ction?	5b		Х				
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the second se	ne 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 contribut	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?	I I	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year				37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Formula (1997).		7g 7h						
_									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		00						
a			9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90						
	Section 501(c)(7) organizations. Enter:	10a							
	Initiation fees and capital contributions included on Part VIII, line 12	10b							
	Section 501(c)(12) organizations. Enter:	100							
		11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against	110							
	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		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
			14a		Х				
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
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?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								

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			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion 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?	10a		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?	11a	Х							
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	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial							
_	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									
	ROSEMARY BURGOS-BENNETT - (972)284-0304									
	PO BOX 720248, DALLAS, TX 75372									

Form 990 (2020) WILKINSON CENTER 75-2712117 Page 7

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.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ANNE S REEDER	40.00	,,		,,				114 644	0	10 047	
EXECUTIVE DIRECTOR	1 00	Х		Х				114,644.	0.	12,947.	
(2) ELIZABETH L. WILLIS	1.00	\ \		\ \					0	0	
DIRECTOR/PRESIDENT	1 00	Х		Х				0.	0.	0.	
(3) OJ DESOUZA DIRECTOR/VICE PRESIDENT	1.00	Х		x				0.	0.	0.	
(4) NELDA CAIN PICKENS	1.00			 				0.	•		
SECRETARY	1.00			x				0.	0.	0.	
(5) CHERYL ESKRIDGE	1.00			-				0.0			
DIRECTOR/TREASURER		х		x				0.	0.	0.	
(6) ISELA AGUILAR	1.00										
DIRECTOR		х						0.	0.	0.	
(7) JEANNE ATHOS-ADLER	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) SATCHEL BELLARD	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) NAHEMIA LUSAN	1.00										
DIRECTOR		Х						0.	0.	0.	
(10) SHANE CAMPBELL	1.00										
DIRECTOR		Х						0.	0.	0.	
(11) MARIA PADILLA	1.00							_	_	_	
DIRECTOR		Х						0.	0.	0.	
(12) DAWN CORDERO	1.00										
DIRECTOR	1 00	Х						0.	0.	0.	
(13) CHRIS GILKER	1.00									•	
DIRECTOR	1 00	Х						0.	0.	0.	
(14) AUTUMN SCHIELE	1.00	,,							0	0	
DIRECTOR	1 00	Х						0.	0.	0.	
(15) CAITLIN HYATT	1.00	Х						0.	0.	0	
(16) ATUL SETHI	1.00	^		_	_			0.	0.	0.	
(16) ATUL SETHI DIRECTOR	1.00	Х						0.	0.	0.	
(17) LOLA LOTT	1.00	₽			_		\vdash	0.	0.	0.	
DIRECTOR	1.00	Х						0.	0.	0.	
020007 10 02 00	<u> </u>	-22		<u> </u>	l				0 •	Earm 990 (2020)	

032007 12-23-20 Form **990** (2020)

75-2712117

Section A. Officers, Directors, To	rustees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A) (B)		(C)						(D)	(E)			(F)	
Name and title	Average	I (do not check more than					one	Reportable	Reportable		Es	timated	b
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation			nount o	of
	week (list any		1	T	1	1	1	from	from related			other	.:
	hours for	lirect						the organization	organizatior (W-2/1099-MI			pensat om the	
	related	e or 0	stee			satec		(W-2/1099-MISC)	(***-2/1033-1011	30)		anizatio	
	organizations	truste	al trus		yee	mper		(** 2/ 1000 *********************************			_	d relate	
	below	Individual trustee or director	Institutional trustee	<u>.</u>	oldm	Highest compensated employee	e.				orga	anizatio	ns
	line)	Indiv	Instit	Officer	Key employee	High empl	Former						
(18) KATIE SKIPWORTH	1.00												
DIRECTOR		X						0.		0.			0.
(19) DAVID L. WILLIS	1.00												
DIRECTOR		Х						0.		0.			0.
		L											
1b Subtotal								114,644.		0.	1	2,94	
c Total from continuation sheets to Part	t VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								114,644.		0.	1	2,94	<u>.</u> /.
2 Total number of individuals (including bu	ut not limited to tl	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	ole			4
compensation from the organization	<u> </u>											 T	. 1
												Yes	No
3 Did the organization list any former offic	, ,	,	,		,	,	_	, , ,	,				77
line 1a? If "Yes," complete Schedule J fo											3	_	X
4 For any individual listed on line 1a, is the	· ·		-					•	the organization				v
and related organizations greater than \$		•	•								4		X
5 Did any person listed on line 1a receive											_		v
rendered to the organization? If "Yes," c	omplete Schedu	e J f	or s	ucn	pers	son					5		Х
Section B. Independent Contractors					4			H1	\$100,000 - \$		-4: 4		
1 Complete this table for your five highest										npens	ation t	rom	
the organization. Report compensation	for the calendar y	/ear	enai	ing v	vitn	or w	/itnii		year.				
(A) Name and busine	ess address	NΙ	INC	F?				(B) Description of s	services	c	Comper	ر) nsation	1
			<u> </u>	_			\dashv						
							\dashv						
							\dashv			<u> </u>			
Total number of independent contractor	rs (including but r	not li	mite	d to	tho	se li	stec	d above) who received n	nore than				
\$100,000 of compensation from the org	anization 🕨				(0							
											F	aan 👝	000

Form	99	90 (2	2020) WIL	KINSON CEN	TER			75-2712	117 Page 9
Pa	rt \	VIÌ	Statement of Re	venue					-
			Check if Schedule O	contains a response	or note to any lir	ne 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
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, s similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	tb 1c 1d 1e 1 , grants, and above 1f 1 , 1g \$	Business Code	3,196,993.			
	3	g	All other program service of Total. Add lines 2a-2f		>				
	4	i i i a b	other similar amounts) Income from investment of Royalties	of tax-exempt bond p	oroceeds	224.			224.
	7	d	Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
Other Revenue	8	c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisir including \$	ng events (not	>				
)		С	contributions reported on Part IV, line 18 Less: direct expenses Net income or (loss) from	line 1c). See 8a 8b fundraising events	190,876. 55,357.	135,519.			135,519.
	9	b	Gross income from gamine Part IV, line 19 Less: direct expenses	9a 9b					
	10	a b	Net income or (loss) from a Gross sales of inventory, I and allowances Less: cost of goods sold	ess returns 10a					
Miscellaneous Revenue	11	a b	MISCELLANEOUS		Business Code 900099	10,774.	10,774.		
Misce Re			All other revenue		>	10,774.			

10,774.

Total revenue. See instructions

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 Schodule O contains a regeores or noted to any line in the Part X		Chack if School to O contains a respon			· · · · · · · · · · · · · · · · · · ·	
Total expenses	Do		(A)	(B)	(C)	(D)
Grants and other assistance to demestic organizations and domistic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 12 Grants and other assistance to foreign organizations, toreign governments, and foreign individuals. See Part IV, line 15 Grants and other assistance to foreign organizations, toreign governments, and foreign individuals. See Part IV, line 15 Grants and other assistance to foreign organizations, toreign governments, and foreign individuals. See Part IV, line 15 Grants and foreign individuals. See Part IV, line 15 Grants and to or for members of Compensation of current officers, directors, trustees, and key employees 114 , 644 11			Total expenses	Program service	Management and	
and domestic poverments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 10 Compensation of current officers, directors, trustees, and key employees 114,644. 114,644. 114,644. 114,644. 114,644. 114,644. 114,644. 1165,118. 285,453. 8 Parsion plan accruals and contributions (include section 496(K)(3)(8) Paryoll taxes Payroll taxes Payroll taxes 11 Fees for services nonemployees] a Management 12 Legal 14 Lobbying Province (Illine 11g amount exceeds 30% office 25, column (A) amount state let lipe speases on Sch. O. 12 Advertising and promotion 12 Advertising and promotion 12 Advertising and promotion 13 Office expenses on Sch. O. 169,517. 17 Travel 18 Payments of travel or entertainment expenses on Sch. O. 169,517. 17 Travel 19 Compensation of current officials 19 Corresponse convertions, and meetings 113,970. 18,535. 19,547. 19,747. 1				ехрепзез	general expenses	ехрепзез
2 Grants and other assistance to domestic individuals, See Part IV, line 17 and 14, 644. 4 Benefits paid to or for members 5 Compensation or included above to disqualified persons (as defined under section 4958(ft) (1) and persons (as defined under section 4958(ft) (1) and persons described in section 4958(ft) (1) and 403(b) employer contributions (include section 40 (ft) and 403(b) employer contributi	•					
Individuals, See Part V, line 22 651, 387. 651, 387.	2	- · · · · · · · · · · · · · · · · · · ·				
3 Grants and other assistance to foreign organizations, foreign general programments, and foreign individuals. See Part IV, lines 15 and 16	_		651,387.	651,387.		
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3	F	00=,000	00=,0011		
Individuals. Sae Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustoes, and key employees 114,644 114	•	· ·				
### Description of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (ascribed in section 4980((x))) and persons described in section 4980((x)) and						
114,644.	4	F				
114,644.						
6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan acrusals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbyring e Professional fund-asing services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 264, 469, 237, 559, 18, 802, 8, 108, 108, 109, 126, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	Ū	•	114.644.		114.644.	
persons described in section 4986(r/1) and persons described in section 4986(r/1) and persons described in section 4986(r/1) and 490(s) employer contributions (include section 491(s) and 490(s) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 A Management 13 Legal 14 Lobbyrig 15 Legal 16 Accounting 16 Lobbyrig 17 Professional fundaising services. See Part IV, line 17 for investment management fees 19 Other (filler 1) amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0, 125, 018 s. 579 s. 20, 604 s. 3, 835. 13 Office expenses 17 Fees for expressional fundaising services. See Part IV, line 17 for investment management fees 19 Content (A) amount, list line 11g expenses on Sch 0, 169, 517 s. 77, 201 s. 37, 530 s. 54, 786 s. 123, 134 s. 136, 137 s. 137, 138 s. 136, 137, 138 s. 136, 137, 137, 138 s. 136, 137, 137, 137, 137, 137, 137, 137, 137	6		, -		, -	
Persion plan accruals and wages	•					
1,667,612. 1,217,041. 165,118. 285,453.						
8 Persion plan accruals and contributions (include section 40 (K) and 43(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17 investment management fees. 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 22 F, 0.18	7		1,667,612.	1.217.041.	165,118.	285.453.
9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (Iffile 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 5, 018 5, 579 20, 604 3, 835. 3 Office expenses 2 1, 949 3, 518 5, 7, 263 12, 398. 13 Office expenses 2 1, 949 3, 518 3, 697 14, 734. 14 Information technology 10 Cocupancy 2 64 4, 469 237, 559 18, 802 8, 108. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 20 Expension, depletion, and amortization 21 Payments used in success 10% of line 24. (I line 24e amount exceeds 10% of line 24. (I line 24e amount exceeds 10% of line 25. column (A) a SUPPLIES 3 3, 849 37, 149 2, 193 507. 5 DUES AND SUBSCRIPTIONS 5 Turn Turn Introduced 10, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			, , , , , , , ,	, , , - = - 0	, ,	,
9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying d Lobbying f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on 1 ine 24e. If line 24f. and amount, ist line 24e expenses on 1 ine 24e. If line 25 and amount, ist line 24e expenses on 1 ine 24e. If line 25 and amount, ist line 24e expenses on 1 ine 24e. If line 25 and amount, ist line 24e expenses on 1 ine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, ist line 24e expenses on 1 ine 24e. If line 24e expenses on 1 ine 24e. If line 24e expenses on 1 ine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, ist line 24e expenses on 1 covered above (List miscellaneous expenses on 1 ine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount exceeds 10% of line 25, column	•	•				
10 Payroll taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (Iffile 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 12 Advertising and promotion 12 Advertising and promotion 13 Office expenses 12 1, 949	9					
11 Fees for services (nonemployees): a Management b Legal c Accounting dt Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch.0.) 12 Advertising and promotion 13 Office expenses 12 1,949 3,518 579 20,604 3,835 . 14 Information technology 109,126 89,465 7,263 12,398 . 15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments to affiliates 19 Payments to affiliates 20 Interest 11 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 13,970 8,535 2,599 2,836 . 23 Insurance 24 Other expenses, Itemize expenses on line 24e, If line 24e expenses on line 24e, If line 24e expenses on Schedule U.) 28 SUPPLITES 29 AND SUBSCRIPTIONS 23,711 18,005 4,226 1,481 . 20 Interest 10 SUBSCRIPTIONS 23,711 18,005 4,226 1,481 . 21 Taxining AND SEMINARS 20,119 12,870 3,045 4,204 . 23 Insurance 20 1,519 12,870 3,045 4,204 . 24 Other expenses 25 Total functional expenses Add lines 1 through 24e 3,186,504 2,410,904 385,298 390,302 .						
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments of affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses on Schedule O.) 25 June 18						
b Legal		` * * /				
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list in 11g expenses on Sch O.) 12 Advertising and promotion 25, 018						
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 2 Advertising and promotion 2 Exposure 2 1, 949 . 3, 518 . 3, 697 . 14, 734 . 1 Information technology 1 109, 126 . 89, 465 . 7, 263 . 12, 398 . 1 Royalties 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 1 Payments to affiliates 2 Depreciation, depletion, and amortization 2 Depreciation, depletion, and amortization 3 13, 970 . 8, 535 . 2, 599 . 2, 836 . 2 Other expenses. Itemize expenses not covered above (Lst miscleaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, Isl line 24e expenses on School (B) 23, 712 . 18, 005 . 4, 226 . 1, 481 . 5 FURNITURE AND EQUIPMENT TARAINING AND SEMINARS e All other expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there						
e Professional fundraising services. See Part IV, line 17 f Investment management feese. g Other, Iff line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 25, 018. 579. 20, 604. 3, 835. 13 Office expenses. 21, 949. 3, 518. 3, 697. 14, 734. 14 Information technology 109, 126. 89, 465. 7, 263. 12, 398. 15 Royalties 264, 469. 237, 559. 18, 802. 8, 108. 17 Travel 5, 522. 5, 055. 467. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 21 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 32, 734. 27, 273. 4, 045. 1, 416. 13, 970. 8, 535. 2, 599. 2, 836. 13, 970. 8, 535. 2, 599. 2, 836. 13, 970. 8, 535. 2, 599. 2, 836. 14, 226. 1, 481. 15, 122. 15, 053. 69. 0. 0. 17 RAINING AND SEMINARS 11, 754. 10, 214. 996. 544. 204. 25 Total functional expenses. Add lines 1 through 24e 3, 186, 504. 2, 410, 904. 385, 298. 390, 302. 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 there						
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 25, 018						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 25,018. 579. 20,604. 3,835. 3 Office expenses 21,949. 3,518. 3,697. 14,734. Information technology 109,126. 89,465. 7,263. 12,398. Royalties Cocupancy 264,469. 237,559. 18,802. 8,108. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 0.) SUPPLIES DUES AND SUBSCRIPTIONS to TRAINING AND SEMINARS 11,754. 10,214. 996. 54. All other expenses 20,1119. 12,870. 3,045. 4,226. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check nee ▶ if following SOP 98-2 (MS 98-720)						
Column (A) amount, list line 11g expenses on Sch 0.) 169,517. 77,201. 37,530. 54,786.						
12 Advertising and promotion 25,018. 579. 20,604. 3,835. 13 Office expenses 21,949. 3,518. 3,697. 14,734. 14 Information technology 109,126. 89,465. 7,263. 12,398. 16 Occupancy 264,469. 237,559. 18,802. 8,108. 17 Travel 5,522. 5,055. 467. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 SUPPLIES 29 DUES AND SUBSCRIPTIONS 23,712. 18,005. 4,226. 1,481. 20 TRAINING AND SEMINARS 4 Other expenses. 140 of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 29 TRAINING AND SEMINARS 4 Other expenses 20,119. 12,870. 3,045. 4,204. 20 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	3	•	169,517.	77,201.	37,530.	54,786.
13 Office expenses	12	· •	25,018.		20,604.	3,835.
14 Information technology 109,126. 89,465. 7,263. 12,398. 15 Royalties Cocupancy 264,469. 237,559. 18,802. 8,108. 17 Travel 5,522. 5,055. 467. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Linterest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 132,734. 27,273. 4,045. 1,416. 23 Insurance 133,970. 8,535. 2,599. 2,836. 24 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 39,849. 37,149. 2,193. 507. b DUES AND SUBSCRIPTIONS 23,712. 18,005. 4,226. 1,481. c FURNITURE AND EQUIPMENT 15,122. 15,053. 69. 0. 1481. c All other expenses 20,119. 12,870. 3,045. 4,204. 20,119. 12,870. 3,045. 4,204. 390,302. 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	13		21,949.	3,518.	3,697.	14,734.
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Office expenses Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 SUPPLIES 29 DUES AND SUBSCRIPTIONS 20 C FURNITURE AND EQUIPMENT 30 C FURNITURE AND EQUIPMENT 40 TRAINING AND SEMINARS 41 Ill other expenses 42 All other expenses 43 Ill other expenses 44 Other expenses 55 Total functional expenses. Add lines 1 through 24e deductional campaign and fundraising solicitation. 45 Check here	14		109,126.	89,465.	7,263.	12,398.
16 Occupancy 264,469. 237,559. 18,802. 8,108. 17 Travel 5,522. 5,055. 467. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 32,734. 27,273. 4,045. 1,416. 23 Insurance 13,970. 8,535. 2,599. 2,836. 40 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 0.) 28 SUPPLIES 39,849. 37,149. 2,193. 507. b DUES AND SUBSCRIPTIONS c FURNITURE AND EQUIPMENT 15,122. 15,053. 69. 0. d TRAINING AND SEMINARS 11,754. 10,214. 996. 544. e All other expenses .4dd lines 1 through 24e 3,186,504. 2,410,904. 385,298. 390,302. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundasing solicitation. Check here if following SOP 98-2 (ASC 958-720)	15					
17 Travel	16		264,469.	237,559.	18,802.	8,108.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 32 , 734 · 27 , 273 · 4 , 045 · 1 , 416 · 23 Insurance 4 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 0.) a SUPPLIES b DUES AND SUBSCRIPTIONS c FURNITURE AND EQUIPMENT d TRAINING AND SEMINARS All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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	17		5,522.	5,055.	467.	
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a SUPPLIES b DUES AND SUBSCRIPTIONS c FURNITURE AND EQUIPMENT d TRAINING AND SEMINARS d TRAINING AND SEMINARS e All other expenses 20 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	18					
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21 Payments to affiliates 22 Depreciation, depletion, and amortization 32,734 · 27,273 · 4,045 · 1,416 · 23 Insurance 13,970 · 8,535 · 2,599 · 2,836 · 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 0.) a SUPPLIES b DUES AND SUBSCRIPTIONS c FURNITURE AND EQUIPMENT d TRAINING AND SEMINARS e All other expenses All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 in following SOP 98-2 (ASC 958-720)	19	· · · · · · · · · · · · · · · · · · ·				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a SUPPLIES b DUES AND SUBSCRIPTIONS c FURNITURE AND EQUIPMENT d TRAINING AND SEMINARS e All other expenses All other expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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 in following SOP 98-2 (ASC 958-720)	20	Interest				
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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 0.) a SUPPLIES b DUES AND SUBSCRIPTIONS c FURNITURE AND EQUIPMENT d TRAINING AND SEMINARS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)	22			27,273.		
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TRAINING AND SEMINARS 15,122. 15,053. 69. 0.	а					
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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 if following SOP 98-2 (ASC 958-720)	е	All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	25		3,186,504.	2,410,904.	385,298.	390,302.
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	26					
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined				
<u> </u>						
		Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

Pа	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		395,522.	1	343,092	
	2	Savings and temporary cash investments			612,769.	2	512,825
	3	Pledges and grants receivable, net	162,932.	3	230,011		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of	these perso	ons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr	tion 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			46,888.	9	51,579
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	640,226.			
	b	Less: accumulated depreciation		508,935.	57,676.	10c	131,291
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,136.	15		
	16	Total assets. Add lines 1 through 15 (must e	equal line 3	3)	1,278,923.	16	1,268,798
	17	Accounts payable and accrued expenses			19,690.	17	21,676
	18	Grants payable			50.044	18	
	19	Deferred revenue	50,841.	19	72,028		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of		_		22	
_	23	Secured mortgages and notes payable to ur			172 (00	23	
	24	Unsecured notes and loans payable to unrel			173,600.	24	0
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	ines 17-24).	Complete Part X	65,577.		48,873
		of Schedule D			309,708.		142,577
	26	Total liabilities. Add lines 17 through 25			309,700.	26	142,377
S		Organizations that follow FASB ASC 958,	check here				
Š		and complete lines 27, 28, 32, and 33.			454,515.		462,034
3ale	27	Net assets without donor restrictions			514,700.	27	664,187
ĕ	28	Net assets with donor restrictions Organizations that do not follow FASB AS			314,700.	28	004,107
Ξ		_	C 958, cne	ck nere			
ō	20	and complete lines 29 through 33.	nde			20	
ets	29	Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, o				30	
Ass	30	Retained earnings, endowment, accumulate				31	
Net Assets or Fund Balances	31	<u> </u>		969,215.	32	1,126,221	
Z	32	Total liabilities and not assets/fund balances			1,278,923.	33	1,268,798
	33	Total liabilities and net assets/fund balances			1,210,723.	აა	1,200,190

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)		3,34					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,18		$\frac{04.}{06.}$			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,12	6,2	21.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization WILKINSON CENTER 75-2712117 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,811,093.	3,196,868.	2,689,525.	2,818,012.	3,196,993.	13,712,491.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,811,093.	3,196,868.	2,689,525.	2,818,012.	3,196,993.	13,712,491.
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.						13,712,491.
	etion B. Total Support		# N 00.4=	(),,,,,	4.0040	() 0000	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,811,093.	3,196,868.	2,689,525.	2,818,012.	3,196,993.	13,712,491.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	6,330.	4,605.	2,251.	3,066.	224.	16,476.
_	and income from similar sources	0,330.	4,003.	2,231.	3,000.	224.	10,470.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						13,728,967.
11	Total support. Add lines 7 through 10	ata (aga inatu ati				12	13,720,307.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		fourth or fifth toy v			
13	organization, check this box and stor	- 1		•			ightharpoonup
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2020 (column (f))		14	99.88 %
15	Public support percentage from 2019					15	99.87 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	•		·		•	► X
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	•	•				
	more, and if the organization meets the	_					
	organization meets the facts-and-circ		•				 ▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

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.)

Galledar year (or fiscal year septiming in) Galledar year (or fiscal	Sec	tion A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandise acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide 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 change 6 Total. Add insist shrough 5. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 5 A mounts included on lines 1, 2, and 3 received from disqualified persons. 6 Total Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 Demonstrate industed in lines 1, 2, and 3 received from disqualified persons. 9 Demonstrate industed in lines 2 and 7 8. 8 Public support Castellian State 1 through		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	- Ju		
	3b		
	SD		
	3c		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	U		
	9a		
	<u> </u>		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020
_			

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were :	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū		cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea {see instructions} ,			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
•	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

WILKINSON CENTER

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

75-2712117

2020

Name of the organization Employer identification number

Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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).

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

Name of organization

Employer identification number

VILKINSON CENTER

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	TEXAS MUTUAL WORKERS' COMPENSATION INSURANCE 433 EAST LAS COLINAS BLVD., SUITE 200 IRVING, TX 75039	\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WILKINSON CENTER

75-2712117

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

VILKINSON CENTER

75-2712117

Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			1(c)(7), (8), or (10) that total more than \$1,000 for the ye				
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000	or less for the	year. (Enter this info. once.) \$				
a) No	Use duplicate copies of Part III if additional s	pace is needed.						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	() ()			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			.					
			.					
			.					
L								
		(e) Transfer of g	jift					
L	Transferee's name, address, an	1 ZIP + 4	Rela	ationship of transferor to transferee				
(a) No. from	(h) Duyness of sift	(a) Has of sift		(d) Description of how wift is hold				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
		()	•					
	Transferee's name, address, an	d ZIP + 4	Rela	ationship of transferor to transferee				
	-							
(a) No. from	Ţ							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
raiti								
			·					
			-					
			·					
-		(a) Tuamatan at a	.:41					
	(e) Transfer of gift							
	-	1710 4	Deletionskip of two persons to two persons					
-	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee					
(a) No								
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	() ()			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			.					
			.					
			.					
1		(e) Transfer of g	jift					
1			-					
- 1	Transferee's name, address, an	d ZIP + 4	Rela	ationship of transferor to transferee				
	-							
1								

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 Open to Public Inspection

Name of the organization

WILKINSON CENTER

Employer identification number 75-2712117

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	n, and other record	ls, chec	k any of the	following tha	at make si	gnificant u	se of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	n how th	hey further t	he organizat	ion's exer	npt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or							_	7	
_	to be sold to raise funds rather than to be main								Yes	No_
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	e organizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	Is the organization an agent, trustee, custodia		diary for	contribution	ns or other as	ssets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	, ,		Ū						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
	Ending balance								_	
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liabili	ty?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization an								
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three ye	ars back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance			. ,						
2	Provide the estimated percentage of the curre	•	•	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	<u></u> %								
С	Term endowment ▶ % The percentages on lines 2a, 2b, and 2c shou	='								
20	Are there endowment funds not in the posses	•	ation the	at are hold a	and administ	arad far th	o organiza	tion		
Sa	by:	ssion of the organiza	alion in	at are rielu a	iliu auliliiliste	ered for ti	ie organiza	ILIOIT	Г	Yes No
	(i) Unrelated organizations								3a(i)	163 140
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat								3b	
4	Describe in Part XIII the intended uses of the								0.0	
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered), Part I\	V, line 11a. 9	See Form 990	0, Part X,	line 10.			
	Description of property	(a) Cost or o		r .	or other		cumulated	ı	(d) Book	value
		basis (investr			(other)		reciation		(-,	
1a	Land									
	Buildings									
	Leasehold improvements				2,616.		95,97			5,637.
	Equipment			43	7,610.	3	12,95	6.	124	1,654.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, colur	mn (B), line	10c.)				131	L,291.

Schedule D	(Form 990) 2020	WILKINSON	CENTER		75-2712117	F
Part VII	Investments -	Other Securities.				
	Complete if the or	ganization answered "Ye	s" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.		

Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (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. (Col. (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)		

(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX	Other Assets.
---------	---------------

(8)

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
	Federal income taxes	
(2)	ACCRUED LEAVE & PAYROLL	48,873.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (0	Column (b) must equal Form 990, Part X, col. (B) line 25.)	48,873.

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...

Par	t XI Reconciliation of Revenue per Audited Financial S		Revenue per R	Return	l .
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			2 2 2 2 2 4 4 2
1	Total revenue, gains, and other support per audited financial statements			1	3,399,440.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments			-	
	Donated services and use of facilities			-	
	Recoveries of prior year grants		55,930.	-	
	Other (Describe in Part XIII.)				55,930.
	Add lines 2a through 2d			2e 3	3,343,510.
	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,343,310.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
				4c	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	3,343,510.
	t XII Reconciliation of Expenses per Audited Financial			_	
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	3,242,434.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		55,930.		
	Add lines 2a through 2d			2e	55,930.
	Subtract line 2e from line 1			3	3,186,504.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)		5	3,186,504.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			4; Part	X, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional inforn	nation.		
DΔR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
IAN	TI KI, DINE 2D OTHER ADOUGHMENTS:				
TN-	KIND SERVICE CONTRIBUTION \$573				573.
	RIND BERVIOL CONTRIDOTION \$373				373.
FUN	IDRAISING EXPENSES \$55,357				55.357.
	21112110 211121020 400/00.				33,3371
тот	'AL TO SCHEDULE D, PART XI, LINE 2D				55,930.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
	•				
IN-	KIND SERVICE CONTRIBUTION \$573				573.
FUN	IDRAISING EXPENSES \$55,357				55,357.
TOT	AL TO SCHEDULE D, PART XII, LINE 2D				55,930.

Schedule D	(Form 990) 2020	WILKINSON CENTER	75-2712117 Page 5
Part XIII	(Form 990) 2020 Supplemental Info	rmation (continued)	<u> </u>

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization							ntification number	
WILKINSON CENTER							75-2712117	
	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 rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional t	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration	
							-	

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 CAN DO SPIRIT OF (add col. (a) through TAOS 1 LUNCHEON col. (c)) (event type) (event type) (total number) Revenue 106,316. 61,259. 23,301. 190,876. 1 Gross receipts 2 Less: Contributions 190,876. 106,316. 61,259. 23,301. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 55,357. 47,077. 9 Other direct expenses 8,280. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **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:

Sch	edule G (Form 990 or 990-EZ) 2020 WILKINSON CENTER 75-	2712	117	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
k	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party \$\sim_{\text{supplies of the third party}}\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule (G (Form 990 or 990-EZ)	WILKINSON CENTER	75-2712117 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)	<u> </u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
WILKINSON							75-2712117
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or ass	istance?						Yes X No
2 Describe in Part IV the organization's p	rocedures for moni	toring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organi	zations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		·	1		(4) Mathadad of		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
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization			he line 1 table				

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD PANTRY	8537	0.	109,298.	FMV	FOOD ITEMS
GED TEST	62	0.	7,210.	FMV	TEST VOUCHERS
EDUCATION, GOVERNMENT IDS	8	0.	16,438.	FMV	IDS, EDUCATION
RENT ASSISTANCE	197	0.	429,447.	FMV	RENT ASSISTANCE
JTILITIES ASSISTANCE	72	0.	12,951.		UTILITY BILLS
Part IV Supplemental Information. Provide the information.	ition required in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	

75-2712117

Part III Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)							
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
MEDICAL AND CLOTHES	4.	0.	3,780.	FMV	HOUSEHOLD ITEMS		
TRANSPORTATION	13.	0.	978.	FMV	TRANSPORTATION		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Par	t 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 dete noncash contributi	•	ts
1	Art - Works of art			, , ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		61,136.	FAIR MARKET	VALUE	!
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	658,821	35,817.	FAIR MARKET	VALUE	
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()	<u> </u>					
29	Number of Forms 8283 received by the organi		•				
	for which the organization completed Form 82	83, Part V, L	Oonee Acknowledg	gement 29		1,,	T
20-	During the year did the averagenting receive h			nambad in Dark I. linaa 4 Abruar	-b 00 4b-4 it	Yes	No
30a	During the year, did the organization receive b	•		•	· ·		
	must hold for at least three years from the dat					200	Х
h	exempt purposes for the entire holding period	<i>'</i>				30a	
31	o If "Yes," describe the arrangement in Part II.					31	Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					31	1
uza			•	process, or sell noricasin		32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WILKINSON CENTER

Employer identification number 75-2712117

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
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, PROGRAM SERVICE ACCOMPLISHMENTS:						
GED ATTAINMENT 52						
FINANCIAL LITERACY 283						
FINANCIAL COACHING 70						
FORM 990, PART VI, SECTION B, LINE 11B:						
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, SECTION B, LINE 12C:						
THERE IS A FORMAL PROCESS WHICH IS OUTLINED IN THE EMPLOYEE HAND BOOK.						
FORM 990, PART VI, SECTION B, LINE 15:						
THE BOARD OF TRUSTEE'S EXECUTIVE COMMITTEE CONDUCTS A REVIEW OF OFFICER AND						
KEY EMPLOYEE SALARIES.						

Name of the organization WILKINSON CENTER	Employer identification number 75 – 2712117		
FORM 990, PART VI, SECTION C, LINE 19:			
WILKINSON CENTER'S GOVERNING DOCUMENTS, POLICIES, CURRENT	FINANCIAL		
STATEMENTS AND RECENT AUDITS ARE MADE AVAILABLE UPON REQU	JEST AND ARE ALSO		
AVAILABLE AT WWW.GUIDESTAR.ORG.			