

# APPENDICES

## D. FINANCIALS - 990

**WOOD, STEPHENS & O'NEIL, L.L.P.**  
Certified Public Accountants  
6300 Ridglea Place, Suite 318  
Fort Worth, TX 76116  
Tele. (817)-377-1700 Fax (817)-377-1870

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September 14, 2021

Human Rights Initiative Of North Texas Inc.  
2801 Swiss Ave  
Dallas, TX 75204

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

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

Sincerely,

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

# APPENDICES

## D. FINANCIALS - 990

Form <b>990</b>	<b>Return of Organization Exempt From Income Tax</b> <small>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</small> <b>Do not enter social security numbers on this form as it may be made public.</b> <b>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b>	OMB No. 1545-0047 <b>2020</b> <b>Open to Public Inspection</b>	
<small>Department of the Treasury Internal Revenue Service</small>			
<b>A For the 2020 calendar year, or tax year beginning 07-01, 2020, and ending 06-30, 2021</b>			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.</b> <b>D Doing business as</b> <b>E Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> <b>2801 SWISS AVE</b> <b>F City or town, state or province, country, and ZIP or foreign postal code</b> <b>DALLAS, TX 75204</b>	<b>D Employer identification number</b> <b>75-2842602</b> <b>E Telephone number</b> <b>(214) 855-0520</b> <b>G Gross receipts</b> <b>\$ 4,626,520</b>	
<b>F Name and address of principal officer:</b> <b>WILLIAM HOLSTON JR.</b> <b>SAME AS C ABOVE</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small> <b>H(c) Group exemption number</b> <b>▶</b>	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> <b>WWW.HRIONLINE.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>		<b>L Year of formation:</b> <b>1999</b> <b>M State of legal domicile:</b> <b>TX</b>	
<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE ASSISTANCE TO POLITICAL AND RELIGIOUS REFUGEES AND VICTIMS OF TORTURE, HUMAN RIGHTS VIOLATIONS AND SURVIVORS OF DOMESTIC VIOLENCE AND CRIME.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>5,144,223</b>	<b>4,598,098</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>15,775</b>	<b>28,422</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,159,998</b>	<b>4,626,520</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>925,770</b>	<b>935,468</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶</b>	<b>262,730</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,196,424</b>	<b>3,440,009</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,122,194</b>	<b>4,375,477</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,037,804</b>	<b>251,043</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>3,087,503</b>	<b>3,418,802</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>53,695</b>	<b>15,616</b>
		<b>3,033,808</b>	<b>3,403,186</b>
<b>Part II Signature Block</b>			
<small>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.</small>			
<b>Sign Here</b>	<b>WILLIAM HOLSTON JR</b> <small>Signature of officer</small>	<small>Date</small>	
	<b>WILLIAM HOLSTON JR, EXEC. DIR.</b> <small>Type or print name and title</small>		
<b>Paid Preparer Use Only</b>	<small>Print/Type preparer's name</small> <b>Hal O'Neil CPA</b>	<small>Preparer's signature</small> <b>Hal O'Neil CPA</b>	<small>Date</small> <b>09-14-2021</b>
	<small>Firm's name</small> <b>▶</b> <b>Wood, Stephens &amp; O'Neil, LLP</b>	<small>Check <input type="checkbox"/> if self-employed</small>	<small>PTIN</small> <b>P00482709</b>
	<small>Firm's address</small> <b>▶</b> <b>6300 Ridglea Place Suite 318</b> <b>Fort Worth TX 76116</b>	<small>Firm's EIN</small> <b>▶</b>	
	<small>Phone no.</small> <b>817-377-1700</b>		
<b>May the IRS discuss this return with the preparer shown above? (see instructions)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>For Paperwork Reduction Act Notice, see the separate instructions.</b> <span style="float: right;">Form 990 (2020)</span>			
<small>EEA</small>			

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## D. FINANCIALS - 990

Form 990 (2020) HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC. 75-2842602 Page 2

**Part III** **Statement of Program Service Accomplishments**  
Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission:  
TO PROVIDE ASSISTANCE TO POLITICAL AND RELIGIOUS REFUGEES AND VICTIMS OF TORTURE, HUMAN RIGHTS VIOLATIONS AND SURVIVORS OF DOMESTIC VIOLENCE AND CRIME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,981,383 including grants of \$ ) (Revenue \$ )  
THE ORGANIZATION'S ASYLUM PROJECT PROVIDED FREE LEGAL SERVICES TO INDIGENT APPLICANTS FOR POLITICAL ASYLUM; THE ORGANIZATION'S WOMEN AND CHILDRENS PROGRAM PROVIDED FREE LEGAL SERVICES TO HELP INDIGENT IMMIGRANT WOMEN AND CHILDREN. THE ORGANIZATION ALSO PROVIDED VARIOUS REFERRALS FOR THE HOUSING, FOOD AND MEDICAL NEEDS OF THE ORGANIZATION'S CLIENTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

4e Total program service expenses ▶ 3,981,383

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Form 990 (2020)	HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.	75-2842602	Page 3
<b>Part IV Checklist of Required Schedules</b>			
		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1	X
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions? . . . . .	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3	X
4	<b>Section 501(c)(3) organizations.</b> 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	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	6	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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? 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 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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a	X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b	X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	11c	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	11d	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	14b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .	16	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions . . . . .	17	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a	X
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

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<b>Part IV</b>		<b>Checklist of Required Schedules</b> (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					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d					
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 or any of these persons? If "Yes," complete Schedule L, Part III. . . . .	26			X		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27			X		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):						
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a			X		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. . . . .	28b			X		
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c			X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .	29	X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .	30			X		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .	31			X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32			X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .	33			X		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34			X		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a			X		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b			X		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36			X		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .	37			X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	38	X				
<b>Part V</b>		<b>Statements Regarding Other IRS Filings and Tax Compliance</b>					
		Check if Schedule O contains a response or note to any line in this Part V . . . . . <input type="checkbox"/>					
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a	5				
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c					

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Form 990 (2020)		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602		Page 5	
<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)							
				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X			
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X		
b	If "Yes," enter the name of the foreign country						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	<b>Sponsoring organizations maintaining donor advised funds.</b>						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	<b>Section 501(c)(7) organizations.</b> Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	<b>Section 501(c)(12) organizations.</b> Enter:						
a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b					
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
a	Is the organization licensed to issue qualified health plans in more than one state?	13a					
<b>Note:</b> 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					
c	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	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 income?	16			X		
If "Yes," complete Form 4720, Schedule O.							

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Form 990 (2020)		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602		Page 6	
<b>Part VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
Check if Schedule O contains a response or note to any line in this Part VI <input checked="" type="checkbox"/>							
<b>Section A. Governing Body and Management</b>							
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	11				
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent.	1b	11				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5			X
6	Did the organization have members or stockholders?			6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a	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			X
<b>Section B. Policies</b> (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		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.			12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			12c		X	
13	Did the organization have a written whistleblower policy?			13		X	
14	Did the organization have a written document retention and destruction policy?			14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
a	The organization's CEO, Executive Director, or top management official			15a			X
b	Other officers or key employees of the organization			15b			X
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			
<b>Section C. Disclosure</b>							
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
WILLIAM HOLSTON JR. (214) 855-0520, 2801 SWISS AVE, DALLAS, TX 75204							

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Form 990 (2020)



# APPENDICES

## D. FINANCIALS - 990

Form 990 (2020) **HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.** 75-2842602 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM HOLSTON JR. EXEC. DIR.	40.00			X				88,582	0	0
(2) ELIZABETH HEALY BOARD MEMBER		X						0	0	0
(3) ANITA KELLEY BOARD MEMBER		X						0	0	0
(4) BETTY YANG BOARD MEMBER		X						0	0	0
(5) CAROLYN RUIZ BOARD MEMBER		X						0	0	0
(6) GREG CURRY BOARD MEMBER		X						0	0	0
(7) TRICIA FRESHWATER BOARD MEMBER		X						0	0	0
(8) ASHLIE ALAMAN BOARD MEMBER		X						0	0	0
(9) JUSTIN BANTA BOARD MEMBER		X						0	0	0
(10) ERIC RENNER BOARD MEMBER		X						0	0	0
(11) KELLY ROGERS TREAS.		X		X				0	0	0
(12) NATALIE NANASI SEC		X		X				0	0	0
(13) ALAN WRIGHT CHAIR		X		X				0	0	0
(14)										

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# APPENDICES

## D. FINANCIALS - 990

Form 990 (2020)		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602		Page 8				
Part VII		Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								88,582	0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								0		
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								Yes	No	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person								4		X
								5		X
Section B. Independent Contractors										
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
(A) Name and business address				(B) Description of services				(C) Compensation		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization										

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Form 990 (2020)

# APPENDICES

## D. FINANCIALS - 990

Form 990 (2020)		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602		Page 9	
<b>Part VIII</b>		<b>Statement of Revenue</b>					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	128,322			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	480,983			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,988,793			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,733,417			
	h	Total. Add lines 1a-1f		4,598,098			
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		28,422	28,422		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 128,322 of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			4,626,520	28,422	0	0

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# APPENDICES

## D. FINANCIALS - 990

Form 990 (2020)		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602		Page 10	
<b>Part IX</b>		<b>Statement of Functional Expenses</b>					
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>							
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .						
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .						
4	Benefits paid to or for members . . . . .						
5	Compensation of current officers, directors, trustees, and key employees . . . . .						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .						
7	Other salaries and wages . . . . .	935,468	710,956	74,837	149,675		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .						
9	Other employee benefits . . . . .						
10	Payroll taxes . . . . .						
11	Fees for services (nonemployees):						
a	Management . . . . .						
b	Legal . . . . .	2,733,417	2,733,417				
c	Accounting . . . . .	7,500	5,700	600	1,200		
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 Schedule O.) . . . . .						
12	Advertising and promotion . . . . .	1,558	1,184	125	249		
13	Office expenses . . . . .	12,566	9,550	1,005	2,011		
14	Information technology . . . . .	57,593	43,771	4,607	9,215		
15	Royalties . . . . .						
16	Occupancy . . . . .	178,506	135,665	14,280	28,561		
17	Travel . . . . .						
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 . . . . .	8,992	6,834	719	1,439		
23	Insurance . . . . .	6,670	5,069	534	1,067		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a	POSTAGE, PRINTING, COPY EXP	5,124	3,894	410	820		
b	TELE. AND INTERNET	4,530	3,443	362	725		
c	CLIENT ASSISTANCE SERVICES	424,577	322,679	33,966	67,932		
d	RECRUITING & TRAINING	932	708	75	149		
e	All other expenses	(1,956)	(1,487)	(156)	(313)		
25	<b>Total functional expenses.</b> Add lines 1 through 24e. . . . .	4,375,477	3,981,383	131,364	262,730		
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .						

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Form 990 (2020)

# APPENDICES

## D. FINANCIALS - 990

Form 990 (2020)		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602		Page 11	
<b>Part X Balance Sheet</b>		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>					
		(A) Beginning of year				(B) End of year	
Assets	1	Cash - non-interest-bearing	1,848,307	1	2,186,637		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	832,479	3	697,571		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 108,563				
	10b	Less: accumulated depreciation	86,699	10c	21,864		
	11	Investments - publicly traded securities	377,585	11	512,730		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,087,503	16	3,418,802			
Liabilities	17	Accounts payable and accrued expenses	53,695	17	15,616		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
	26	<b>Total liabilities.</b> Add lines 17 through 25	53,695	26	15,616		
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
27		Net assets without donor restrictions	1,688,015	27	2,122,317		
28		Net assets with donor restrictions	1,345,793	28	1,280,869		
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.							
29		Capital stock or trust principal, or current funds		29			
30		Paid-in or capital surplus, or land, building, or equipment fund		30			
31		Retained earnings, endowment, accumulated income, or other funds		31			
32		<b>Total net assets or fund balances</b>	3,033,808	32	3,403,186		
33	<b>Total liabilities and net assets/fund balances</b>	3,087,503	33	3,418,802			

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Form 990 (2020)



# APPENDICES

## D. FINANCIALS - 990

Form 990 (2020)		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602		Page 12	
<b>Part XI Reconciliation of Net Assets</b>							
Check if Schedule O contains a response or note to any line in this Part XI <input type="checkbox"/>							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,626,520				
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,375,477				
3	Revenue less expenses. Subtract line 2 from line 1	3	251,043				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,033,808				
5	Net unrealized gains (losses) on investments	5	118,335				
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	3,403,186				
<b>Part XII Financial Statements and Reporting</b>							
Check if Schedule O contains a response or note to any line in this Part XII <input type="checkbox"/>							
			Yes	No			
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X			
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b					

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Form 990 (2020)

# APPENDICES

## D. FINANCIALS - 990

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

### 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

75-2842602

HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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# APPENDICES

## D. FINANCIALS - 990

Schedule A (Form 990 or 990-EZ) 2020		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.				75-2842602	Page 2
<b>Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)</b> (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.)							
<b>Section A. Public Support</b>							
Calendar 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.") . . . . .	4,841,871	3,842,251	4,766,680	5,144,223	4,598,098	23,193,123
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4	<b>Total.</b> Add lines 1 through 3 . . . . .	4,841,871	3,842,251	4,766,680	5,144,223	4,598,098	23,193,123
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) . . . . .						582,276
6	<b>Public support.</b> Subtract line 5 from line 4						22,610,847
<b>Section B. Total Support</b>							
Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4 . . . . .	4,841,871	3,842,251	4,766,680	5,144,223	4,598,098	23,193,123
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11	<b>Total support.</b> Add lines 7 through 10 . . . . .						23,193,123
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
<b>Section C. Computation of Public Support Percentage</b>							
14	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	97.49 %				
15	Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	15	98.14 %				
16a	<b>33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>						
	<b>33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
	<b>10%-facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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Schedule A (Form 990 or 990-EZ) 2020

# APPENDICES

## D. FINANCIALS - 990

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

Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.**

Employer identification number

**75-2842602**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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# APPENDICES

## D. FINANCIALS - 990

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page **2**

Name of organization

HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.

Employer identification number

75-2842602

**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	TOM CONNELLY ON FILE DALLAS TX 75204	\$ 110,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HAROLD SIMMONS FOUNDATION ON FILE DALLAS TX 75204	\$ 250,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# APPENDICES

## D. FINANCIALS - 990

### SCHEDULE D (Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

### Supplemental Financial Statements

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Employer identification number

75-2842602

HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . . . (ii) Assets included in Form 990, Part X . . . . .	► \$ ► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . b Assets included in Form 990, Part X . . . . .	► \$ ► \$

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

Schedule D (Form 990) 2020

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# APPENDICES

## D. FINANCIALS - 990

Schedule D (Form 990) 2020 **HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.** 75-2842602 Page 2

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

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

a ☐ Public exhibition d ☐ Loan or exchange programs

b ☐ Scholarly research e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	377,585	373,419	257,215	242,836	219,401
b Contributions			100,000		
c Net investment earnings, gains, and losses	135,145	4,166	16,204	14,379	23,435
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	512,730	377,585	373,419	257,215	242,836

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	X
(ii) Related organizations	3a(ii)	X

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

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

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		108,563	86,699	21,864
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				21,864

EEA Schedule D (Form 990) 2020

# APPENDICES

## D. FINANCIALS - 990

Schedule D (Form 990) 2020		HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.	75-2842602	Page 3
<b>Part VII Investments - Other Securities.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives . . . . .				
(2) Closely-held equity interests . . . . .				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . . ▶				
<b>Part VIII Investments - Program Related.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . . ▶				
<b>Part IX Other Assets.</b> 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)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶				
<b>Part X Other Liabilities.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.				
1.	(a) Description of liability	(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶				
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. . . . . <input type="checkbox"/>				

EEA Schedule D (Form 990) 2020



# APPENDICES

## D. FINANCIALS - 990

Schedule D (Form 990) 2020 **HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.** 75-2842602 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,011,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	118,335
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	118,335
3	Subtract line 2e from line 1	3	3,893,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,893,103

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,642,060
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,642,060
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,642,060

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

EEA

Schedule D (Form 990) 2020

## D. FINANCIALS - 990

HUMAN RIGHTS INITIATIVE

# APPENDICES

## D. FINANCIALS - 990

### SCHEDULE M (Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

### Noncash Contributions

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.

Employer identification number

75-2842602

#### Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (DONATED LEGAL S ) . . . . .	X		2,733,417	FMV
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	30a	Yes	No
	If "Yes," describe the arrangement in Part II.			X
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a		X
	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2020

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# APPENDICES

## D. FINANCIALS - 990

Schedule G (Form 990 or 990-EZ) 2020 **HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.** 75-2842602 Page **2**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 VARIOUS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	135,559			135,559
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	135,559			135,559
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	7,237			7,237
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				7,237
11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				128,322	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

EEA

Schedule G (Form 990 or 990-EZ) 2020



# APPENDICES

## D. FINANCIALS - 990

Form <b>4562</b>	<b>Depreciation and Amortization</b> (Including Information on Listed Property) ▶ Attach to your tax return. ▶ Go to <a href="http://www.irs.gov/Form4562">www.irs.gov/Form4562</a> for instructions and the latest information.	OMB No. 1545-0172 <b>2020</b> Attachment Sequence No. <b>179</b>				
Department of the Treasury Internal Revenue Service (990)	Name(s) shown on return	Identifying number				
HUMAN RIGHTS INITIATIVE OF NORTH		75-2842602				
FORM 990 - 1						
<b>Part I Election To Expense Certain Property Under Section 179</b> Note: If you have any listed property, complete Part V before you complete Part I.						
1	Maximum amount (see instructions)	1				
2	Total cost of section 179 property placed in service (see instructions)	2				
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3				
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4				
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5				
6	(a) Description of property	(b) Cost (business use only)				
7	Listed property. Enter the amount from line 29	7				
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8				
9	Tentative deduction. Enter the smaller of line 5 or line 8	9				
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10				
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11				
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12				
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13				
Note: Don't use Part II or Part III below for listed property. Instead, use Part V.						
<b>Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)</b>						
14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14				
15	Property subject to section 168(f)(1) election	15				
16	Other depreciation (including ACRS)	16 8,820				
<b>Part III MACRS Depreciation (Don't include listed property. See instructions.)</b>						
<b>Section A</b>						
17	MACRS deductions for assets placed in service in tax years beginning before 2020	17				
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here					
<b>Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System</b>						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,723	5	HY	SL	172
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
<b>Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System</b>						
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	
<b>Part IV Summary (See instructions.)</b>						
21	Listed property. Enter amount from line 28	21				
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22				8,992
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23				
For Paperwork Reduction Act Notice, see separate instructions.						
Form 4562 (2020)						

# APPENDICES

## D. FINANCIALS - 990

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

### 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

**HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.**

**75-2842602**

#### 01. Form 990 governing body review (Part VI, line 11)

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY.

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION'S BOARD CONTINUALLY MONITORS AND ENFORCES ALL CONFLICT OF INTEREST  
POLICIES.

#### 03. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUIRED.

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

Schedule O (Form 990 or 990-EZ) (2020)

EEA

# APPENDICES

## D. FINANCIALS - 990

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

### Depreciation Detail Listing

Program Services  
For your records only

2020

PAGE 1

Name(s) as shown on return

Social security number/EIN

HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.														75-2842602	
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	ASSETS PRE-2011	12312010	34,746		100.00			34,746	5		0	34,746		34,746	
2	SERVER AND COMPUTERS	07012012	24,897		100.00			24,897	5		0	24,897		24,897	
3	TWO COMPUTERS	01052015	3,101		100.00			3,101	5		0	3,101		3,101	
4	COMPUTER HARDWARE	08042016	4,893		100.00			4,893	5	SL HY	20	3,426	979	4,405	979
5	COMPUTER HARDWARE	01222019	36,383		100.00			36,383	5	SL HY	20	10,915	7,277	18,192	7,277
6	COMPUTER SOFTWARE	05012019	1,700		100.00			1,700	5	SL HY	20	510	340	850	340
7	DELL OPTIPLEX COMPUTE	10012019	1,120		100.00			1,120	5	SL HY	20	112	224	336	224
8	DELL LAPTOPS	07292020	1,723		100.00			1,723	5	SL HY	10		172	172	172
Totals			108,563					108,563				77,707	8,992	86,699	8,992
Land Amount															
Net Depreciable Cost			108,563												
										CY 179 and CY Bonus		TOTAL CY Depr including 179/bonus			
												8,992			
												ST ADJ:			

# APPENDICES

## D. FINANCIALS - 990

990		Overflow Statement		2020	
				Page 1	
Name(s) as shown on return		FEIN			
HUMAN RIGHTS INITIATIVE OF NORTH TEXAS INC.		75-2842602			
OTHER EXPENSES - PROGRAM					
Description		Amount			
BANK CHARGES AND CREDIT CARD FEES		\$ 921			
DUES AND SUBSCRIPTIONS		1,348			
MISC. EXPENSES		(3,756)			
Total:		\$ -1,487			
OTHER EXPENSES - MGT.					
Description		Amount			
BANK CHARGES AND CREDIT CARD FEES		\$ 97			
DUES AND SUBSCRIPTIONS		142			
MISC. EXPENSES		(395)			
Total:		\$ -156			
OTHER EXPENSES - FUND.					
Description		Amount			
BANK CHARGES AND CREDIT CARD FEES		\$ 194			
DUES AND SUBSCRIPTIONS		284			
MISC. EXPENSES		(791)			
Total:		\$ -313			

OVERFLOWLD