

**IRS e-file Signature Authorization
for a Tax Exempt Entity****2022**Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning _____ and ending _____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

EPISCOPAL HEALTH FOUNDATION OF DALLAS75-1743288

Name and title of officer or person subject to tax

PAMELA FELLOWS JAMIESON, EXECUTIVE DIRECTOR**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II 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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days 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

☒ I authorize FORVIS, LLP to enter my PIN 51258 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

75465944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

Date

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2022 or tax year beginning

and ending

Name of foundation

EPISCOPAL HEALTH FOUNDATION OF DALLAS

Number and street (or P.O. box number if mail is not delivered to street address)

Room/suite

10000 N CENTRAL EXPRESSWAY STE 400

City or town, state or province, country, and ZIP or foreign postal code

DALLAS, TX 75231

G Check all that apply:

☐ Initial return☒ Final return☐ Address change☐ Initial return of a former public charity☐ Amended return☐ Name changeH Check type of organization: ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationI Fair market value of all assets at
end of year (from Part II, col. (c), line
16) \$ NONEJ Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) _____

(Part I, column (d), must be on cash basis.)

A Employer identification number

75-1743288

B Telephone number (see instructions)

(214) 366-9996

C If exemption application is
pending, check here. ☐D 1. Foreign organizations, check here. ☐2. Foreign organizations meeting the
85% test, check here and attach
computation ☐E If private foundation status was terminated
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule)	NONE			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B.				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	312,548.	312,548.		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	-79,132.			
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		NONE		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	233,416.	312,548.		
13 Compensation of officers, directors, trustees, etc.	NONE			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) STMT 1	1,523.	762.	NONE	761.
b Accounting fees (attach schedule) STMT 2	6,954.	3,477.	NONE	3,477.
c Other professional fees (attach schedule) *	61,889.	45,183.		16,706.
17 Interest STMT 4	28.	28.		
18 Taxes (attach schedule) (see instructions) **	722.			
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule) STMT 6	22,496.			22,496.
24 Total operating and administrative expenses. Add lines 13 through 23.	93,612.	49,450.	NONE	43,440.
25 Contributions, gifts, grants paid	6,648,341.			6,648,341.
26 Total expenses and disbursements. Add lines 24 and 25	6,741,953.	49,450.	NONE	6,691,781.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-6,508,537.			
b Net investment income (if negative, enter -0-)		263,098.		
c Adjusted net income (if negative, enter -0-)			-0-	

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	2,796.	NONE	NONE
	2 Savings and temporary cash investments	166,161.	NONE	NONE
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	339.	NONE	NONE
	10a Investments - U.S. and state government obligations (attach schedule) . .			
	b Investments - corporate stock (attach schedule)			
	c Investments - corporate bonds (attach schedule)			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments - mortgage loans				
13 Investments - other (attach schedule)	7,755,542.	NONE	NONE	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	7,924,838.	NONE	NONE	
Liabilities	17 Accounts payable and accrued expenses	1,427.	NONE	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons . .			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	1,427.	NONE		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	7,923,411.	NONE	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds . .			
	29 Total net assets or fund balances (see instructions)	7,923,411.	NONE	
	30 Total liabilities and net assets/fund balances (see instructions)	7,924,838.	NONE	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	7,923,411.
2 Enter amount from Part I, line 27a	2	-6,508,537.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	1,414,874.
5 Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	1,414,874.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	NONE

Form **990-PF** (2022)

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a SEE PART IV SCHEDULE					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.					
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	-79,132.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			3		

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		1	3,657.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	
3 Add lines 1 and 2		3	3,657.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	NONE
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	3,657.
6 Credits/Payments:			
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	662.	
b Exempt foreign organizations - tax withheld at source	6b	NONE	
c Tax paid with application for extension of time to file (Form 8868)	6c	3,135.	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	3,797.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	140.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax NONE Refunded		11	

Form 990-PF (2022)

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	X	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. TX,		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>WWW.EPISCOPALHEALTHDALLAS.ORG</u>	X	
14 The books are in care of <u>PAMELA FELLOWS JAMIESON</u> Telephone no. <u>214-366-9996</u> Located at <u>10000 N CENTRAL EXPRESSWAY, STE 400 DALLAS, TX</u> ZIP+4 <u>75231</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15		
16 At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(5)	X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	
c Organizations relying on a current notice regarding disaster assistance, check here. <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1d	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022?	2a	X
If "Yes," list the years _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b	X

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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		
8 Is the foundation 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?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 8		NONE	NONE	NONE

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000	NONE
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Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services NONE

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE	
2	
3	
4	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3 NONE	
Total. Add lines 1 through 3	

Form **990-PF** (2022)

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,851,368.
b	Average of monthly cash balances	1b	211,166.
c	Fair market value of all other assets (see instructions).	1c	NONE
d	Total (add lines 1a, b, and c)	1d	5,062,534.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	5,062,534.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	75,938.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	4,986,596.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	683.

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part IX, line 6.	1	683.
2a	Tax on investment income for 2022 from Part V, line 5. 2a		3,657.
b	Income tax for 2022. (This does not include the tax from Part V.) 2b		
c	Add lines 2a and 2b.	2c	3,657.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	NONE
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	NONE
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	NONE

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	6,691,781.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	6,691,781.

Form **990-PF** (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				NONE
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only.			18,549.	
b Total for prior years: 20 20 , 20 19 , 20 18		NONE		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 6,691,781.				
a Applied to 2021, but not more than line 2a . . .			18,549.	
b Applied to undistributed income of prior years (Election required - see instructions).				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2022 distributable amount.				NONE
e Remaining amount distributed out of corpus. . .	6,673,232.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	6,673,232.			
b Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023.				NONE
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	6,673,232.			
10 Analysis of line 9:				
a Excess from 2018 . . .				
b Excess from 2019 . . .				
c Excess from 2020 . . .				
d Excess from 2021 . . .				
e Excess from 2022 . . .	6,673,232.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

NOT APPLICABLE

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed . .					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: . .					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed . .					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income .					

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 19

b The form in which applications should be submitted and information and materials they should include:

SEE STATEMENT 20

c Any submission deadlines:

SEE STATEMENT 21

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE STATEMENT 22

Part XIV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a Paid during the year					
SEE STATEMENT 23					6,648,341.
Total				3a	6,648,341.
b Approved for future payment					
Total				3b	

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments .						
4 Dividends and interest from securities				14	312,548.	
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory				18	-79,132.	
9 Net income or (loss) from special events . . .						
10 Gross profit or (loss) from sales of inventory . .						
11 Other revenue: a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)					233,416.	
13 Total. Add line 12, columns (b), (d), and (e)					13	233,416.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		VANGUARD LONG-TERM PROPERTY TYPE: SECURITIES 79,132.				P	VARIOUS -79,132.	VARIOUS
TOTAL GAIN(LOSS)							----- -79,132. =====	

FORM 990PF, PART I - LEGAL FEES

=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
LEGAL FEES	1,523.	762.		761.
TOTALS	1,523.	762.	NONE	761.
	=====	=====	=====	=====

FORM 990PF, PART I - ACCOUNTING FEES

=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
ACCOUNTING FEES	6,954.	3,477.		3,477.
TOTALS	6,954.	3,477.	NONE	3,477.
	=====	=====	=====	=====

FORM 990PF, PART I - OTHER PROFESSIONAL FEES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
INVESTMENT MANAGEMENT FEES	45,183.	45,183.		
CONTRACT ACCOUNTING & ADMIN	16,706.			16,706.
	-----	-----		-----
TOTALS	61,889.	45,183.		16,706.
	=====	=====		=====

FORM 990PF, PART I - INTEREST EXPENSE
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
INTEREST EXPENSE	28.	28.
	-----	-----
TOTALS	28.	28.
	=====	=====

FORM 990PF, PART I - TAXES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----
EXCISE TAXES	722.

TOTALS	722.
	=====

DRAFT

FORM 990PF, PART I - OTHER EXPENSES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
INFORMATION TECHNOLOGY	3,936.	3,936.
INSURANCE - D&O	3,824.	3,824.
MEETINGS	162.	162.
OTHER COSTS	14,415.	14,415.
OFFICE EXPENSES	159.	159.
	-----	-----
TOTALS	22,496.	22,496.
	=====	=====

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS - INVESTMENT	1,411,379.
PRIOR PERIOD ADJUSTMENT (NO TAX EFFECT)	3,495.

TOTAL	1,414,874.
	=====

DRAFT

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
PATRICK CARRIGAN

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
ROBBI RICE DIETRICH

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
KENNETH HANKS

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
TJ MCCOY

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
C. JEDSON NAU

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
REV. FABIAN VILLALOBOS

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
ANDY WELCH

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

CHRISTOPHER S. AYRES

ADDRESS:

10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:

1.00

COMPENSATION

NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES

NONE

OFFICER NAME:

LANGFORD KEITH

ADDRESS:

10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:

1.00

COMPENSATION

NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
SCOTT HANCOCK

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
BARBARA MCCOLM

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
ELIZABETH TRUPIANO

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
CHARLES MOONEY

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
CRAYTON WEBB

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:
KAM BAKEWELL

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
PAMELA FELLOWS JAMIESON

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
EXECUTIVE DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
GEORGE R. SUMNER

ADDRESS:
5100 ROSS AVE

DALLAS, TX 75206

TITLE:
BISHOP OF EPISCOPAL DIOCESE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
SUE GRAY

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:
JOHN STETTER

ADDRESS:
10000 N CENTRAL EXPRESSWAY STE 400
DALLAS, TX 75231

TITLE:
TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1.00

COMPENSATION NONE

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

TOTAL COMPENSATION: NONE
=====

TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS: NONE
=====

EXPENSE ACCOUNT AND OTHER ALLOWANCES: NONE
=====

FORM 990PF, PART XIV - NAME, ADDRESS, PHONE AND E-MAIL FOR APPLICATIONS
=====

PAMELA FELLOWS JAMIESON
10000 N CENTRAL EXPRESSWAY #400
DALLAS, TX 75231
214-366-9996

DRAFT

990PF, PART XIV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS
=====

APPLICANTS MUST SUBMIT A NARRATIVE DESCRIPTION OF THEIR ORGANIZATION
AND GRANT REQUEST, FINANCIAL STATEMENTS, AND A COPY OF THEIR IRS
DETERMINATION LETTER USING THE ONLINE APPLICATION ACCESSIBLE ON
WWW.EPISCOPALHEALTHDALLAS.ORG

DRAFT

990PF, PART XIV - SUBMISSION DEADLINES
=====

THE ANNUAL DUE DATE IS JULY 31 OR THE NEXT BUSINESS DAY IF JULY 31
FALLS ON A SATURDAY OR SUNDAY.

DRAFT

990PF, PART XIV - RESTRICTIONS OR LIMITATIONS ON AWARDS
=====

APPLICANT MUST BE A 501(C)(3) ORGANIZATION AND OPERATING IN TEXAS.
GRANTS ARE MADE FOR MEDICAL CARE, MEDICAL EDUCATION, MEDICAL
RESEARCH, AND ALSO FOR SUPPORTING THE RELIGIOUS MISSIONS OF THE
PROTESTANT EPISCOPAL CHURCH.

DRAFT

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

DME EXCHANGE OF DALLAS

ADDRESS:

12015 SHILOH ROAD, SUITE 130

DALLAS, TX 75228

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

MEETING THE DME NEED/ MEDICAL EQUIPMENT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 4,000.

RECIPIENT NAME:

EPISCOPAL DIOCESE OF DALLAS

ADDRESS:

5100 ROSS AVE

DALLAS, TX 75206

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

CURATE INSURANCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 50,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID
 =====

RECIPIENT NAME:

GRANT HALLIBURTON FOUNDATION

ADDRESS:

6390 LBJ FREEWAY, SUITE 100

DALLAS, TX 75240

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

MENTAL HEALTH EDUCATION FOR CHILDREN, YOUTH, AND
 ADULTS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

RECIPIENT NAME:

JULIA'S CENTER FOR HEALTHCARE

ADDRESS:

1947 AVE K, SUITE 400

PLANO, TX 75074

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

OPERATING SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 21,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

PROMISE HOUSE

ADDRESS:

224 W. PAGE AVE.

DALLAS, TX 75056

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

PROMISE HOUSE CLINICAL SERVICES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

ST. JOHN'S EPISCOPAL SCHOOL

ADDRESS:

848 HARTER RD

DALLAS, TX 75218

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

ST. JOHN'S EPISCOPAL SCHOOL CLINIC

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 15,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

SUICIDE AND CRISIS CENTER OF NORTH TEXAS

ADDRESS:

2808 SWISS AVENUE

DALLAS, TX 75204

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

SURVIVORS OF SUICIDE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 8,000.

RECIPIENT NAME:

THE BRIDGE BREAST NETWORK

ADDRESS:

4000 JUNIUS STREET

DALLAS, TX 75246

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

BRIDGING BREAST HEALTH ACCESS IN DALLAS COUNTY

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

ABIDE WOMEN'S HEALTH SERVICES

ADDRESS:

2612 MARTIN LUTHER KING JR. BLVD

DALLAS, TX 75215

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

EASY ACCESS PREGNANCY CLINIC

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 20,000.

RECIPIENT NAME:

HEALTH SERVICES OF NORTH TEXAS, INC.

ADDRESS:

4401 N. I-35, SUITE 312

DENTON, TX 76207

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

MEDICAL CARE FOR IMPOVERISHED INDIVIDUALS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
 INCARNATION PLACE
 ADDRESS:
 P.O. BOX 25323

DALLAS, TX 75225
 RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

MENTAL HEALTH AND FAMILY COUNSELING SERVICE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:
 MEN OF NEHEMIAH
 ADDRESS:
 2010 AL LIPSCOMB WAY

DALLAS, TX 75215
 RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

ADDICTION RECOVERY MINISTRY FOR SOUTH DALLAS MEN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 12,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:
THE VITAMIN BRIDGE
ADDRESS:
P.O. BOX 2843

COPPELL, TX 75019
RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

NUTRITION SUPPORT FOR 2,000 DISADVANTAGED
EXPECTANT MOMS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 12,000.

RECIPIENT NAME:
BROTHER BILL'S HELPING HAND
ADDRESS:
P.O. BOX 565846

DALLAS, TX 75356
RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

BBHH COMMUNITY CLINIC

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 12,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:

DENTON COUNTY FRIENDS OF THE FAMILY

ADDRESS:

P.O. BOX 640

DENTON, TX 76202

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

PRESCRIPTION AND MENTAL HEALTH ASSISTANCE

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

NEURO ASSISTANCE FOUNDATION

ADDRESS:

2320 BRIDGEWOOD DRIVE

KELLER, TX 76262

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

IMPROVE QUALITY OF LIFE FOR KIDS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

NEW FRIENDS NEW LIFE

ADDRESS:

P.O. BOX 192378

DALLAS, TX 75219

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

ASSIST PROGRAM FOR TRAFFICKING SURVIVORS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

ROSA ES ROJO, INC.

ADDRESS:

P.O. BOX 250435

PLANO, TX 75025

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

CANCER PREVENTION

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 15,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

TRAFFICK911

ADDRESS:

4575 CLAIRE CHENNAULT

ADDISON, TX 75001

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

CRISIS CARE FOR CHILD SURVIVORS OF SEX

TRAFFICKING

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

WOMEN IN NEED OF GENEROUS SUPPORT

ADDRESS:

2603 INWOOD ROAD

DALLAS, TX 75235

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

NURSE FAMILY PARTNERSHIP

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:
THE EPISCOPAL CHURCH OF THE ANNUNCIATION
ADDRESS:
602 N OLD ORCHARD LN

LEWISVILLE, TX 75077
RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

SACK LUNCHES FOR AT-RISK CHILDREN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 2,500.

RECIPIENT NAME:
HOPE CLINIC OF MCKINNEY
ADDRESS:
103 E. LAMAR STREET

MCKINNEY, TX 75069
RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

ADDICTION RECOVERY FOR LOW-INCOME WOMEN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 12,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:

CHILDREN'S ADVOCACY CENTER FOR NORTH TEXAS, INC.

ADDRESS:

1854 CAIN DR

LEWISVILLE, TX 75077

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

MEDICAL SERVICES SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 17,000.

RECIPIENT NAME:

NEXUS RECOVERY CENTER INCORPORATED

ADDRESS:

8733 LA PRADA DR

DALLAS, TX 75228

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

ADDICTION RECOVERY FOR LOW-INCOME WOMEN

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID
 =====

RECIPIENT NAME:
 SAMARITAN INN, INC.
 ADDRESS:
 1725 N MCDONALD ST

MCKINNEY, TX 75071
 RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

COUNSELING & HEALTHCARE FOR THE HOMELESS

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:
 CORNERSTONE CROSSROADS ACADEMY INC
 ADDRESS:
 PO BOX 151062

DALLAS, TX 75315
 RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

HEALTH CARE FOR AT-RISK YOUTH

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

=====

RECIPIENT NAME:

HOPE CLINIC OF GARLAND INC

ADDRESS:

800 SOUTH SIXTH STREET SUITE 100

GARLAND, TX 75040

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

HOPE CLINIC SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

EPISCOPAL FOUNDATION OF DALLAS

ADDRESS:

10000 N CENTRAL EXPRESSWAY STE 400

DALLAS, TX 75231

RELATIONSHIP:

UNRELATED

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 6,315,341.

TOTAL GRANTS PAID: 6,648,341.

=====

Underpayment of Estimated Tax by Corporations**2022**

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name EPISCOPAL HEALTH FOUNDATION OF DALLAS	Employer identification number 75-1743288
--	---

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	3,657.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty.	3	3,657.
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	10,522.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	3,657.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 <input type="checkbox"/>	The corporation is using the adjusted seasonal installment method.
7 <input type="checkbox"/>	The corporation is using the annualized income installment method.
8 <input type="checkbox"/>	The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	05/15/2022	06/15/2022	09/15/2022	12/15/2022
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	914.	914.	914.	915.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	357.			305.
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				305.
14 Add amounts on lines 16 and 17 of the preceding column		557.	1,471.	2,385.
15 Subtract line 14 from line 13. If zero or less, enter -0-	357.			
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		557.	1,471.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	557.	914.	914.	915.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column.				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19.	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 4\% (0.04)$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 5\% (0.05)$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25	SEE PENALTY COMPUTATION WHITEPAPER DETAIL STATEMENT 1		
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{365} \times 6\% (0.06)$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 7\% (0.07)$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{366} \times \%$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$	140.	

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

PENALTY COMPUTATION DETAIL - FORM 2220

```

=====
DATE PD      UNDERPAYMENT    BEG.DATE    END DATE    DAYS    %      PENALTY
-----
QUARTER 1, RATE PERIOD 1 (05/15/2022 - 06/30/2022)
=====
          557.    05/15/2022    06/30/2022    46      4      3.
                                -----
TOTAL TO FORM 2220, LINE 22, COLUMN A                                3.
=====
QUARTER 1, RATE PERIOD 2 (06/30/2022 - 09/30/2022)
=====
          557.    06/30/2022    09/30/2022    92      5      7.
                                -----
TOTAL TO FORM 2220, LINE 24, COLUMN A                                7.
=====
QUARTER 1, RATE PERIOD 3 (09/30/2022 - 12/31/2022)
=====
10/11/2022    305.    09/30/2022    10/11/2022    11      6      1.
          252.    09/30/2022    12/31/2022    92      6      4.
                                -----
TOTAL TO FORM 2220, LINE 26, COLUMN A                                5.
=====
QUARTER 1, RATE PERIOD 4 (12/31/2022 - 05/15/2023)
=====
          252.    12/31/2022    05/15/2023    135     7      7.
                                -----
TOTAL TO FORM 2220                                7.
=====
QUARTER 2, RATE PERIOD 1 (06/15/2022 - 06/30/2022)
=====
          914.    06/15/2022    06/30/2022    15      4      2.
                                -----
TOTAL TO FORM 2220, LINE 22, COLUMN B                                2.
=====
QUARTER 2, RATE PERIOD 2 (06/30/2022 - 09/30/2022)
=====
          914.    06/30/2022    09/30/2022    92      5     12.
                                -----
TOTAL TO FORM 2220, LINE 24, COLUMN B                                12.
=====
QUARTER 2, RATE PERIOD 3 (09/30/2022 - 12/31/2022)
=====
          914.    09/30/2022    12/31/2022    92      6     14.
                                -----
TOTAL TO FORM 2220, LINE 26, COLUMN B                                14.
=====

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PENALTY COMPUTATION DETAIL - FORM 2220

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=====
DATE PD      UNDERPAYMENT    BEG.DATE    END DATE    DAYS    %      PENALTY
-----
QUARTER 2, RATE PERIOD 4 (12/31/2022 - 05/15/2023)
=====
          914.    12/31/2022    05/15/2023    135      7          24.
                                     -----
TOTAL TO FORM 2220                                     24.
=====
QUARTER 3, RATE PERIOD 2 (09/15/2022 - 09/30/2022)
=====
          914.    09/15/2022    09/30/2022     15      5           2.
                                     -----
TOTAL TO FORM 2220, LINE 24, COLUMN C                 2.
=====
QUARTER 3, RATE PERIOD 3 (09/30/2022 - 12/31/2022)
=====
          914.    09/30/2022    12/31/2022     92      6          14.
                                     -----
TOTAL TO FORM 2220, LINE 26, COLUMN C                 14.
=====
QUARTER 3, RATE PERIOD 4 (12/31/2022 - 05/15/2023)
=====
          914.    12/31/2022    05/15/2023    135      7          24.
                                     -----
TOTAL TO FORM 2220                                     24.
=====
QUARTER 4, RATE PERIOD 3 (12/15/2022 - 12/31/2022)
=====
          915.    12/15/2022    12/31/2022     16      6           2.
                                     -----
TOTAL TO FORM 2220, LINE 26, COLUMN D                 2.
=====
QUARTER 4, RATE PERIOD 4 (12/31/2022 - 05/15/2023)
=====
          915.    12/31/2022    05/15/2023    135      7          24.
                                     -----
TOTAL TO FORM 2220                                     24.
=====

TOTAL UNDERPAYMENT PENALTY                                     140.
=====

```

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1041, Form 5227, or Form 990-T.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

2022

Name of estate or trust

Employer identification number

EPISCOPAL HEALTH FOUNDATION OF DALLAS

75-1743288

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Generally Assets Held 1 Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked.				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked.				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked.				
4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2021 Capital Loss Carryover Worksheet				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on Part III, line 17, column (3).				7

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than 1 Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked.				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked.				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.		79,132.		-79,132.
11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.				12
13 Capital gain distributions.				13
14 Gain from Form 4797, Part I.				14
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2021 Capital Loss Carryover Worksheet				15 ()
16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on Part III, line 18a, column (3).				16 -79,132.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2022

Part III Summary of Parts I and II		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions <i>before</i> completing this part.				
17	Net short-term gain or (loss)	17		
18	Net long-term gain or (loss):			
a	Total for year	18a		-79,132.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet)	18b		
c	28% rate gain	18c		
19	Total net gain or (loss). Combine lines 17 and 18a.	19		-79,132.

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation	
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part I, line 4c, if a trust), the smaller of: a The loss on line 19, column (3) or b \$3,000 20 (3,000.)

Note: If the loss on line 19, column (3), is more than \$3,000, **or** if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates	
Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.	
Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if: • Either line 18b, col. (2), or line 18c, col. (2), is more than zero, or • Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero, or • There are amounts on lines 4e and 4g of Form 4952.	
Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, Part I, line 11, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2), or line 18c, col. (2), is more than zero.	

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, Part I, line 11)	21		
22	Enter the smaller of line 18a or 19 in column (2) but not less than zero.	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-	26		
27	Subtract line 26 from line 21. If zero or less, enter -0-	27		
28	Enter the smaller of the amount on line 21 or \$2,800	28		
29	Enter the smaller of the amount on line 27 or line 28	29		
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%	30		
31	Enter the smaller of line 21 or line 26	31		
32	Subtract line 30 from line 26	32		
33	Enter the smaller of line 21 or \$13,700	33		
34	Add lines 27 and 30	34		
35	Subtract line 34 from line 33. If zero or less, enter -0-	35		
36	Enter the smaller of line 32 or line 35	36		
37	Multiply line 36 by 15% (0.15)	37		
38	Enter the amount from line 31	38		
39	Add lines 30 and 36	39		
40	Subtract line 39 from line 38. If zero or less, enter -0-	40		
41	Multiply line 40 by 20% (0.20)	41		
42	Figure the tax on the amount on line 27. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	42		
43	Add lines 37, 41, and 42	43		
44	Figure the tax on the amount on line 21. Use the 2022 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the Instructions for Form 1041)	44		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, Part II, line 2)	45		

Schedule D (Form 1041) 2022

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

EPISCOPAL HEALTH FOUNDATION OF DALLAS

75-1743288

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VANGUARD LONG-TERM	VARIOUS	VARIOUS		79,132.00			-79,132.00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) . . .					79,132.			-79,132.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2022
Name: Episcopal Health Founda
Return No: E56780Q2

Jurisdiction: Federal
No of Attachments: 1

PDF Attachment Description

PDF File Name

File Size

Form 990PF Part VI-A Line 5 - Liquidation statement

E56780Q2_FE_Liquidation Statement Attachments.pdf

903,813



MEMORANDUM

TO: Episcopal Heath Foundation of Dallas and Episcopal Foundation of Dallas

FROM: Chris Ayres

CC: Pam Jamieson; Jed Nau; All Episcopal Health Foundation of Dallas and Episcopal Foundation of Dallas Board Members

RE: Dissolution of Episcopal Health Foundation of Dallas

DATED: April 28, 2023

Beginning in 2021, some significant discussion arose about the long-term goals associated with both the Episcopal Foundation of Dallas (“EFD”) and the Episcopal Health Foundation of Dallas (“EHFD”). The histories and separate structures of EFD and EHFD are well documented. In essence, the discussion began around some combination of EFD and EHFD for operational efficiency, branding and marketing. For example, EFD and EHFD ran on two separate grant cycles that prove costly and confusing for both the foundations and those seeking to apply for the grants. Secondly, combining resources might afford the foundations the ability to be more impactful in fulfillment for mission and ministry, including potential fundraising opportunities. Given the same board members and staff were utilized for EFD and EHFD, both foundations sought to determine if some more simple structure might facilitate goals.

It was decided that EFD and EHFD seek outside counsel to assist in evaluating options that might be practical and feasible. Polsinelli, P.C. was engaged to provide legal counsel on the issue with Jonathan Blum being the specific lawyer assigned. The current accountants/audit personnel

contracted by both EFD and EHFD were also informed and requested to give any advice or counsel they believed necessary or appropriate.

A series of discussions, primarily with Mr. Blum, occurred from October 3, 2021 through early 2022. The discussions involved Pam Jamieson, as Executive Director for the foundations, and also included Chris Ayres, Jed Nau, and Robbie Dietrich as Board members for EFD and EHFD. Pam Jamieson has compiled her notes from the various meetings with Mr. Blum that pertained to long-term goals associated, and options discussed. The options ranged from merger, creation of new charitable entities, etc. – with consideration of all legal requirements of executing each option and consideration of how the options would operate under the anticipated circumstances of the work and ministry to be performed.

In February of 2022, Mr. Blum provided final counsel and plan of recommended steps to fulfill the goals of EFD and EHFD. In effect, and as set out in Ms. Jamieson's notes, the advice surrounded taking steps to wind-down and dissolve EHFD in a method and manner that complied with all federal law (including IRS requirements) and Texas state law. The steps to be taken would streamline the foundations and meet the goals established by the Boards of EFD and EHFD. Mr. Blum recommended the following steps be taken:

1. Review and amend the bylaws and articles of EFD to fulfill the plan of action, as needed.
2. Once EFD is properly situated, EHFD would reconstitute and reduce the EHFD Board to meet tax law requirements in order to make grants to EFD. All Board members of EHFD other than its Executive Committee would resign. This would eliminate the tax issue of duplicative boards and allow for the orderly conclusion of EHFD.
3. EHFD would then grant/donate both existing income and principal to EFD. A token amount of assets should remain on hand to complete tax returns, wind-up all matters, and prepare a dissolution.

4. Dissolution of EFHD would occur with the remaining nominal assets (not less than \$1000.00) being donated to an appropriate medical institution.
5. Both filings with the Texas Secretary of State and the IRS should occur upon dissolution.

The option, proposals and plan were presented to the Boards of EFD and EHFD throughout late 2021 and throughout 2022. Both EFD and EHFD also alerted its accountants/auditors to the plan and received no objection or additional suggestions. The Boards' actions on the plans and proposals are reflected in their respective minutes and Executive Committees' minutes, including affirmative steps to effectuate the steps and plan, outlined above, by the end of calendar year 2022.

During the course of execution, the newly constituted Board of EHFD held a board meeting on September 6, 2022. In that meeting, the Board voted to proceed with finalizing EHFD's 2022 grant cycle (including payments). The Board likewise plans to reserve more funds than \$1,000.00 to ensure that all costs associated with properly handling final filings will be paid, as well as the final donation to an appropriate medical institution; final figures will follow. Lastly, when it distributes funds to EFD, EHFD plans to transmit the funds with a formal request that EFD enact some policy or other language that institutionally memorializes that EFD should give consideration in its future grant cycles to awarding some portion of its grant funds to health-related matters or causes; doing so would be in the spirit of the funds being sent to EFD and carry forward the ministry that EHFD will no longer provide.



Office of the Secretary of State

CERTIFICATE OF FILING OF

EPISCOPAL HEALTH FOUNDATION OF DALLAS

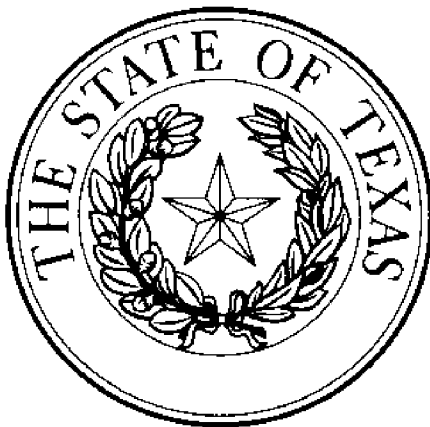
File Number: 54397401

The undersigned, as Deputy Secretary of State of Texas, hereby certifies that the Certificate of Termination for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Deputy Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 12/12/2022

Effective: 12/31/2022



A handwritten signature of Jose A. Esparza, consisting of stylized initials "JE" followed by a long horizontal line.

Jose A. Esparza
Deputy Secretary of State

Form 652

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$5



**Certificate of Termination
of a
Nonprofit Corporation or
a Cooperative Association**

Filed in the Office of the
Secretary of State of Texas
Filing #: 54397401 12/12/2022
Document #: 1205532500003
Image Generated Electronically
for Web Filing

Entity Information

The name of the domestic entity is :

EPISCOPAL HEALTH FOUNDATION OF DALLAS

The date of formation of the entity is: **December 29, 1980**

The file number issued to the entity by the secretary of state is: **54397401**

Governing Persons

4. The names and addresses of each of the filing entity's governing persons are:

NAME OF GOVERNING PERSON :

Christopher S. Ayres

ADDRESS OF GOVERNING PERSON :

10000 N. Central Expwy Suite 400 Dallas TX, USA 75231

NAME OF GOVERNING PERSON :

Patrick S. Carrigan

ADDRESS OF GOVERNING PERSON :

10000 N. Central Expwy Suite 400 Dallas TX, USA 75231

NAME OF GOVERNING PERSON :

Charles Jedson Nau

ADDRESS OF GOVERNING PERSON :

10000 N. Central Expwy Suite 400 Dallas TX, USA 75231

NAME OF GOVERNING PERSON :

Kenneth R. Hanks

ADDRESS OF GOVERNING PERSON :

10000 N. Central Expwy Suite 400 Dallas TX, USA 75231

NAME OF GOVERNING PERSON :

Andrew J. Welch

ADDRESS OF GOVERNING PERSON :

10000 N. Central Expwy Suite 400 Dallas TX, USA 75231

NAME OF GOVERNING PERSON :

Robbi R. Dietrich

ADDRESS OF GOVERNING PERSON :

10000 N. Central Expwy Suite 400 Dallas TX, USA 75231

Event Requiring Winding Up

The nature of the event requiring winding up is:

A voluntary decision to wind up the entity has been approved in the manner

required by the Texas Business Organizations Code and by the governing documents of the entity.

Completion of Winding Up

The filing entity has complied with the provisions of the Texas Business Organizations Code governing its winding up.

Supplemental Information Required For a NonProfit Corporation

The undersigned authorized person acting on behalf of the named nonprofit corporation certifies that:

1. Any property of the nonprofit corporation has been transferred, conveyed, applied, or distributed in accordance with chapter 11 and chapter 22 of the Texas Business Organizations Code.
2. There is no suit pending against the nonprofit corporation or that adequate provision has been made for the satisfaction of any judgment, order or decree that may be entered against the nonprofit corporation in a pending suit.
3. If the nonprofit corporation received and held property permitted to be used only for charitable, religious, eleemosynary, benevolent, educational, or similar purposes, but the nonprofit corporation did not hold the property on a condition requiring return, transfer, or conveyance because of the winding up and termination, that the distribution of that property has been effected in accordance with a plan of distribution adopted in compliance with the BOC for the distribution of that property.

Effectiveness of Filing

☐ A. This document becomes effective when the document is filed by the secretary of state.

OR

☒ B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: **December 31, 2022**

EXECUTION

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: **December 12, 2022**

Charles Jedson Nau

Signature and title of authorized person(s)

FILING OFFICE COPY



Episcopal
Foundation
of Dallas

As indicated by their signature below, the undersigned, current Trustees of the Episcopal Health Foundation of Dallas, hereby resign their role as Trustees of the Episcopal Health Foundation of Dallas for reasons expressed and recorded at the meeting held on June 7, 2022.

Such resignations are being taken with notice to the Episcopal Health Foundation of Dallas, all remaining Trustees, and in accordance with the articles and bylaws (and all amendments of each) of the Episcopal Health Foundation of Dallas. Such resignations are meant to take effect on the date of each signatory's execution. The Episcopal Health Foundation of Dallas shall take all necessary and appropriate action to update its books, records, and filing with such resignations."

Kam Bakewell
Kam Bakewell

6.7.22

Date

Sue Gray
Sue Gray

6-7-22

Date

Scott Hancock
Scott Hancock

7/27/22

Date

Barbara H. McColm
Barbara McColm

6/7/22

Date

TJ McCoy
TJ McCoy

6/7/22

Date

Charles Mooney
Charles Mooney

6/7/22

Date

John Stetter
John Stetter

6/7/22

Date

The Rt. Rev'd Dr. George Sumner
The Rt. Rev'd Dr. George Sumner

8/16/22

Date

Elizabeth Trupiano
Elizabeth Trupiano

6/7/2022

Date

The Rev'd Fabian Villalobos
The Rev'd Fabian Villalobos

7/27/2022

Date

Crayton Webb
Crayton Webb

7/27/22

Date

Episcopal Health Foundation of Dallas
75-1743288

Nature and FMV of Assets Distributed:

Description of asset(s) distributed	Date of distribution	FMV of assets distributed	Method of determining FMV for assets distributed	Name and address of recipient	EIN of recipient	IRC section of recipient(s)
Investments	11/30/2022	6,315,341.00	Book Value	Episcopal Foundation of Dallas 10000 N Central Expressway Ste 400 Dallas, TX 75231	75-6038552	501(c)(3)