Form	.990-T	Ех	empt Organization and proxy to	n Busi ax und	ness Ind	come '	Tax Retur	n	OMB No 1545-0047				
	For calendar year 2019 or other tax year beginning $07/01$, 2019, and ending $06/30$, 20								2019				
Departi	ment of the Treasury	L	Open to Bublic Inconstitut for										
Internal	Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public inspection for 501(c)(3) Organizations Only											
A	address changed (Employees' trust, see instructions)												
	mpt under section	- 00 0700000											
\vdash	501(C 10 3)	Print Number, street, and room or suite no. If a P.O. box, see instructions 80-0790222											
\vdash	408(e) 220(e)	Type (See instructions)											
\vdash	170 () 170 ()												
C Book value of all assets DALLAS, TX 75219													
	nd of year	F Gro	up exemption number (See instri	uctions)									
	9,769,663.			01(c) corp		501(c) trust	401(a) t	rust Other trust				
H En	iter the number of		inization's unrelated trades or bus				Describe	the only	(or first) unrelated				
tra	ide or business he	re ▶ <u>A</u>	TCH 1			f only one,	complete Parts I-	V. If more	than one, describe the				
fir	st in the blank spa	ace at the	e end of the previous sentence,	complete P	Parts I and II, c	omplete a S	schedule M for eac	h addition	al				
	ide or business, th												
	•		corporation a subsidiary in an a	-		-subsidiary	controlled group?.		▶ Yes X No				
			identifying number of the parent ORIE PRIDE-WOMACK	corporation		Telephor	ne number ▶ 83	2-264-	3810				
_			or Business Income		(A) Inco		(B) Expens		(C) Net				
1a	Gross receipts or				· · · · · · · · · · · · · · · · · · ·								
b	Less returns and allows		c Balance	1c									
2	Cost of goods so	ld (Sched	lule A, line 7)	. 2									
3	Gross profit Sub	tract line	2 from line 1c	. 3									
4a			attach Schedule D)				RECEIVE						
b	_		Part II, line 17) (attach Form 4797)		/	 		 မွှ					
C	•		trusts			23	JAN 2 6 262						
5 e			or an S corporation (attach statement)	· 6		- 3 -	JAN 2 0 252	; <u>;</u>					
6 7	•	•	ncome (Schedule E)	7 7			CDF	·~ ' -					
8			ents from a controlled organization (Schedul	' - -									
9			01(c)(7), (9), or (17) organization (Schedule										
10	Exploited exempt	activity i	ncome (Schedule I)	. 10									
11	Advertising incor	ne (Sche	dule J)	. 11									
12			ctions, attach schedule)			0.	-						
13			rough 12. /		a for limita		l) oduotic	no must be directly				
Par			he unrelated business inco		is ioi iiiiila	uons on c	Jeductions.) (L	Jeauciic	nis must be directly				
14			directors, and trustees (Schedule					. 14					
15	•		./	•									
16	Repairs and mair	ntenance	/					. 16					
17								1					
18	•		(see instructions)										
19								. 19					
20			4562)					-					
21			on Schedule A and elsewhere o		_			21b					
22 23	,		compensation plans					- 1					
23 24	,		s						_				
25			Schedule I)					ſ					
26	,		Schedule J)					i i					
27	,		schedule)										
28			es 14 through 27										
29	,		ole income before net operati	_									
30			ng loss arising in tax years begin										
31 For F			le income Subtract line 30 from	ijne 29	<u> </u>	<u></u>	<u> </u>	. 31	Farm 990-T (2010)				

If "Yes," see instructions for other forms the organization may have to file 59 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of penjury, 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 taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return Here Managing Director, People & Finance 01/20/2021 the preparer shown below Signature of officer Date Title (see instructions)? X Print/Type preparer's name Preparer's signature Date Paid auette 1 01/12/2021 P00742631 **JEANETTE** VERRELLI self-employed Preparer 44-0160260 ▶ BKD, LLP Firm's EIN Firm's name **Use Only** Phone no 972-702-8262 Firm's address ▶ 14241 DALLAS PARKWAY, SUITE 1100, DALLAS. TX 75254

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Form 990-T (2019)								Page 3		
Schedule A - Cost of G		ter method	of inventory				, , ,			
1 Inventory at beginning of y	Inventory at beginning of year . 1			6 Inventory at end of year 6						
2 Purchases		7	7 Cost of goods sold. Subtract line							
3 Cost of labor	3		_	6 from lin	e 5. Enter	here and in Part				
4a Additional section 263A co	osts			I, line 2			7			
(attach schedule)	4a		8	Do the	rules of	section 263A (v	vith respect to	Yes No		
b Other costs (attach schedu	ile) . <mark>4b</mark>					or acquired for				
5 Total. Add lines 1 through				to the orga	inization? .	<u> </u>	<u></u>	X		
Schedule C - Rent Income	e (From Real P	roperty ar	nd Personal	Property	Leased V	Vith Real Prope	rty)			
(see instructions)						. = =				
I. Description of property										
1)										
2)					_					
3)										
4)						·	·			
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	rom real and per age of rent for pe if the rent is bas	ersonal property	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
1)			-							
2)				**						
3)										
4)										
<u>г</u> оtal		Total								
c) Total income. Add totals of conere and on page 1, Part I, line 6	i, column (A)	<u> ▶</u>				(b) Total deduction Enter here and or Part I, line 6, column	n page 1,			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions	s)		-				
				ome from or ebt-financed	debt-fina		connected with or allocable to need property			
1. Description of desi-instruct property			prop			ht line depreciation ich schedule)	(b) Other deductions (attach schedule)			
1)										
2)										
3)										
4)	_									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Col 4 divi by colu	ided		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)			_	%						
4)				%						
					Enter her Part I, lir	re and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, co			
Totals	tions included in c	olumn 8								

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Schedule F – Interest, Ann	uities, Royalties	, and R	ents Fr	om Contro	lled O	rganizat	ions (se	e instructi	ons)		
·				ontrolled Org							
1. Name of controlled organization	2. Employer identification number 3. Net u					4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross incompanies.		g connected with income	
(1)								_ _ .			
	<u> </u>						<u> </u>				
(3)	•										
(4)											
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8. Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			11. Deductions directly connected with income in column 10		
(1)	- <u>-</u> -		_						<u> </u>		
(2)	<u> </u>								<u> </u>		
(3)									<u> </u>		
(4)			_				columns 5 a				
Totals	ncome of a Sec					Enter Part	here and on , line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B) 5. Total deductions	
1. Description of income	2. Amount of income		3. Deduction directly conn (attach sche		nected			t-asides schedule)		and set-asides (col 3 plus col 4)	
(1)	-		-						\rightarrow		
(2)			_			-	-		\rightarrow	· · · · · · · · · · · · · · · · · · ·	
(3) (4)									\rightarrow		
Totals ▶	Enter here and of Part I, line 9, or empt Activity Inc	olumn (A)	Other Ti	nan Advert	ising Ir	ncome (see instru	ictions)		Enter here and on page 1 Part I, line 9, column (B)	
Description of exploited activity	2. Gross 3. Experimental directions connected connected connected		ectly sted with ction of elated	or business (column 2 minus column 3) If a gain, compute		5. Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				1							
(2)				1							
(3)		_									
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on I, Part I, , col (B)							Enter here and on page 1, Part II, line 25	
Schedule J- Advertising Ir	come (see instri	uctions)	-	4							
Part I Income From Per			Conso	lidated Ba	sis						
1 Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Adver gain or (lo: 2 minus c a gain, co	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		lership its	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	 			1	-	1					
(2)						<u> </u>		_			
(3)		-		 							
(4)	 							1			
· · · · · · · · · · · · · · · · · · ·				1							
Totals (carry to Part II, line (5))								<u> </u>		Form 990-T (2019	

Part II Income From Per 2 through 7 on a l			rate Basis (For e	each periodical	listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		•	•			
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	uctions)		
1. Name		2 Title		3. Percent of time devoted to business	4. Compensation attributable to unrelated business	
(1)	-			%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1, P.	art II, line 14			▶		

Form **990-T** (2019)

ATTACHMENT 1

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.