Cumulative e-File History 2022

Federal

Tax Return 1055RF		Return Type 990	
Taxpayer NORTH DALLAS SHARED	MINISTRIES INC	Account 575Y	
Submitted Date	2023-06-27 13:16:4	46	
Acknowledgement Date	2023-06-27 13:29:	14	
Status	Accepted		
Submission ID	809877202317850	00000	

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

G Open to Public

OMB No. 1545-0047

		of the Treasury enue Service	/	irs.gov/Form990 for inst		-		-				Inspect		
			endar year, or tax year beginning		and end							nopec		
	e . ui		C Name of organization			9			D Em	ploye	r identifica	ation nu	umber	
B	heck if a	applicable:	NORTH DALLAS SHARED N	INTSTRIES INC										
	Addres	ss change	Doing business as	75-1908563										
	Name	change	Number and street (or P.O. box if ma	ail is not delivered to street ad	dress)		Room/su	ite			ne number			
	Initial	-	2875 MERRELL ROAD						(21	14)	358-8'	700		
	•	eturn/terminated	City or town, state or province, cour	try, and ZIP or foreign postal	code						ceipts \$	100		
	Ameno	ded return	DALLAS, TX 75229								•	12,8'	71	
	Applic	ation pending	F Name and address of principal office	r: JUDITH RORRII	7			H(a) Is this a		return f		Yes	X No	
L	J		2875 MERRELL ROAD, DA		_			subordi H(b) Are all		inates i	ncluded?	Yes		
1	Tax-ex	xempt status:) (insert no.)	4947(a)(1) or	6	527				list. See inst			
	Webs		W.NDSM.ORG) (incont no.)				H(c) Group						
		of organizatio		Association Other		L Year	of format	tion: 1983	1			micile.	TX	
-	art I	Summ					orronna		<u> </u>		or regarde		1 2 1	
	1		scribe the organization's mission o	r most significant activities	NORTH D	AT.T.A	S SHA	RED MIN	JTST	L.B.L.	ES TS	AN		
e	·	2	AITH COMMUNITY OF VOL	0					1101					
Governance			ING CHARITABLE ASSIST	· · · · · · · · · · · · · · · · · · ·			0101110	110						
ern	2	Check this		discontinued its operati			more t	han 25%	of i	its r	net asset			
Š	3		f voting members of the governing		•					3	101 00001	0.	7	
	4		f independent voting members of t							4			7	
ies	5		ber of individuals employed in cale							5			3	
Activities &	6		ber of volunteers (estimate if neces							6			60	
Act	-		elated business revenue from Part V							7a			00	
			ated business taxable income from I							7b				
			ated business taxable income nom				<u></u>	Prior Yea		10	C	ront V	oar	
	8	Contributi	ons and grants (Part VIII, line 1b)	3,468		a		Current Year 3,009,907						
Revenue	9									52.		-	,001.	
ver	10												,283.	
Re	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							308,625. 95.			<u>, 203.</u> 72	
	12		nue - add lines 8 through 11 (must					4,063			3	525	,263.	
	13							3,199						
	14		Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>3, 1</u> Benefits paid to or for members (Part IX, column (A), line 4)									3,095,850. NONI		
	45		s, other compensation, employee benefits (Part IX, column (A), lines 5-10)							NONE 34,920.			106,413.	
Expenses	16 2		nal fundraising fees (Part IX, column						DNE					
ben	l Ua					• • •	•		INC				NON	
Ě	17		Total fundraising expenses (Part IX, column (D), line 25) 6,078. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)							20	323,148			
	18		enses. Add lines 13-17 (must equal					3,541	,18 95		2		,140. ,411.	
	19	•	less expenses. Subtract line 18 from		· · · · · ·		·		,85			, 525	<u>,411.</u> -148	
so	13	Revenue i	less expenses. Subtract line 10 mon		<u></u>			ning of Curi			Enc	d of Yea		
ets	20	Total acco	ets (Part X, line 16)					11,866					,886.	
Ass Bal	20 21 22		lities (Part X, line 26)				•		,84 1,16				, <u>880.</u> ,169.	
und.	22		s or fund balances. Subtract line 21				•	11,842			9		,717.	
	rt II		ture Block		<u></u>		•	11,012	,00	2.		, , , 0 1	, , _ , ,	
Un	der pe	nalties of pe	riury. I declare that I have examined th	is return, including accompa	anving schedules	and stat	tements. a	and to the b	est of	mv l	knowledae	and be	elief. it is	
true	e, corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all inform	mátion of which p	oreparer	has any k	nowledge.					,	
Sig	n	Signature o	of officer					Date						
Не	re													
		Type or prir	nt name and title											
			e preparer's name	Preparer's signature		Date		Charle	Π	if F	PTIN			
Paic	ł					-		Check self-er			P01424	1313		
Pre	parer		E BERNSTIEN								FUL424	1343		
Use	Only				0 00 75001			Firm's EIN		<u> </u>	1 / 70/		10	
Max	v the	Firm's add	iss this return with the prepare	RESSWAY STE 1040 DALLA				Phone no.			14-706 . x Y			
			uction Act Notice, see the separat							<u> </u>		'es 000	No (2022)	
- or	гаре	work Red	action Activotice, see the separat	e instructions.							For	m 990	(2022)	

NORTH DALLAS SHARED MINISTRIES INC

		Page 2
Pa	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	NORTH DALLAS SHARED MINISTRIES IS AN INTERFAITH COMMUNITY OF	
	VOLUNTEERS, PARTNERS AND COLLABORATORS PROVIDING CHARITABLE	
	ASSISTANCE TO PERSONS IN NEED.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
		No
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3,465,693. including grants of \$ 3,095,850.) (Revenue \$ 302,073.)	
	SEE SCHEDULE O	
<u>4</u> h	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
70		
4.0	(Code:) (Evenence f including grants of f)) (Devenue f	
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,465,693.	(0000)
	20 1.000 Form 990	(2022)

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If</i> "Yes," <i>complete Schedule A</i>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
2	Did the organization required to complete schedule <i>b</i> , schedule of contributors? See instructions	2	A	
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.01		
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
U U	fundraising, business, investment, and program service activities outside the United States, or aggregate			ĺ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?]	_	
	If "Yes," complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		v
24 0	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		_X
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception.	240		
U	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
•••	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34		24		v
25 2	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	554		
, N	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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NORTH	DALLAS	SHARED	MINISTRIES	INC

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
	and services provided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?	7c		X			
d	d If "Yes," indicate the number of Forms 8282 filed during the year						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		L			
9	Sponsoring organizations maintaining donor advised funds.						
а	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	-					
	Enter the amount of reserves on hand	140		v			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	140		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v			
	excess parachute payment(s) during the year?	15		X			
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		X			
47							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		ĺ			
	If "Yes," complete Form 6069.	.,					

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Part	t VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below			
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A.	Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year			
	If the	e are material differences in voting rights among members of the governing body, or			
		governing body delegated broad authority to an executive committee or similar ittee, explain on Schedule O.			
b		the number of voting members included on line 1a, above, who are independent			
2	Did a	ny officer, director, trustee, or key employee have a family relationship or a business relationship with			
		her officer, director, trustee, or key employee?	2	Х	
3	Did th	e organization delegate control over management duties customarily performed by or under the direct			
		vision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the	e organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did th	e organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did th	e organization have members or stockholders?	6	Х	
7a	Did th	e organization have members, stockholders, or other persons who had the power to elect or appoint			
	one o	r more members of the governing body?	7a		X
b	Are a	iny governance decisions of the organization reserved to (or subject to approval by) members,			
	stock	nolders, or persons other than the governing body?	7b	Х	
8	Did th	e organization contemporaneously document the meetings held or written actions undertaken during			
	the ye	ar by the following:			
а	The g	overning body?	8a	Х	
b	Each	committee with authority to act on behalf of the governing body?	8b		X
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		ganization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Secti	ion B.	Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
				Yes	No
10a		e organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes	s," did the organization have written policies and procedures governing the activities of such chapters,			
		es, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Descr	ibe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		e organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give			
		conflicts?	12b	X	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	4.0		
		be on Schedule O how this was done	12c	X	
13		e organization have a written whistleblower policy?	13	X	
14		e organization have a written document retention and destruction policy?	14	Х	
15		ne process for determining compensation of the following persons include a review and approval by			
	-	endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		37
а		rganization's CEO, Executive Director, or top management official	15a		X
b		officers or key employees of the organization	15b		X
		s" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		v
-		taxable entity during the year?	16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the ization's exempt status with respect to such arrangements?	16b		
Secti		Disclosure	100		
17		e states with which a copy of this Form 990 is required to be filed			04(-)
18		n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 nly) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	100 5	UI(C)
		Dwn website X Another's website X Upon request Other (explain on Schedule O)			
40			£ 1	0.54	al'
19		ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	i intei	est p	olicy,
20		nancial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and record N_SMITH_2875_MERRELL_ROAD_DALLAS, TX_75229	5		
		335-5417	Form	990	(2022)
JSA 2E1042			. 000		(2022)

Page 7

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

*(***_**)

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

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

		(C)								
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours per week	box, unless person is both officer and a director/trust						compensation from the	compensation from related	of other compensation
	(list any						, ,	organization (W-2/	organizations (W-2/	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Former	1099-MISC/	1099-MISC/	organization and
	related	recto	tutio	ër	due	est o	ler	1099-NEC)	1099-NEC)	related organizations
	organizations below	or tru	nalt		loye	e				
	dotted line)	stee	rust		e	bens				
	,		ee			Highest compensated employee				
						<u>u</u>				
(1) LEONARD M. RIGGS, JR., MD	1.00									
PRESIDENT/DIRECTOR	NONE	X		Х				NONE	NONE	NONE
(2) DANE HARDY	10.00									
VICE PRESIDNT/DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(3) COLIN C. RORRIE, JR., PHD	30.00									
SECRETARY/DIRECTOR	NONE	Х		Х				NONE	NONE	NONE
(4) J. KENNETH MENGES JR.	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) NELSON S. JAEGGLI, MD	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) TAUANE ARAUJO CRUZ	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) ERIC JANSON	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) KAREN SMITH	10.00									
DIRECTOR OF FINANCE	NONE			Х				NONE	NONE	NONE
(9) JUDY RORRIE	60.00	-								
EXECUTIVE DIRECTOR	NONE			Х				NONE	NONE	NONE
<u>(10)</u>		-								
<u>(11)</u>										
(12)										
<u>(13)</u>										
(14)										

NORTH DALLAS SHARED MINISTRIES INC

Page	8
I aye	•

Form 990 (2022) Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	ove	es. a	and H	lia	hest Compensat	ed Employe	es (co	Page Intinued)
(A) Name and title				(C) Position not check more than on k, unless person is both a			one an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other
	hours for related organizations below dotted line)	of director	a Institutional trustee	d Officer	te Key employee	bi Highest compensated employee	ee) Former	- the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		compensation from the organization and related organizations
		_									
		_									
		_									
		-									
		_									
		_									
		_									
		_									
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				· ·			NONE NONE NONE		NONE NONE NONE	NOI NOI NOI
 2 Total number of individuals (including but not reportable compensation from the organizatio 	limited to t			d al		e) who	o re			-	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched				uste	e, I	key e					Yes No 3
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	lf If	"Yes	5,"	nd other compension complete Schedu	sation from t le J for su	the uch	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5
 Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. 											
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Form 990 (2022)

Form 990 (2022)

NORTH DALLAS SHARED MINISTRIES INC

Pa	t VII	Statement of Revenue						
		Check if Schedule O contains a res	spon	se or note to any	line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its,	1a	Federated campaigns	a	85,000.				
ran	b	Membership dues 1	b					
ŪĔ	с	Fundraising events 1	с					
ifts ar∕	d	Related organizations 1	d					
<u>O</u>	е	Government grants (contributions) 1	е	60,000.				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants,						
er ici		and similar amounts not included above . 1f		2,864,907.				
ēĐ	g	Noncash contributions included in						
but		lines 1a-1f	g	1,540,299.				
<u>ה</u> כ	h	Total. Add lines 1a-1f			3,009,907.			
				Business Code				
Program Service Revenue	2a	UT SOUTHWESTERN CLINIC SVCS		531120	302,001.	302,001.		
le v	b							
n S ent	c							
ran Rev	d							
<u>60</u>	е							
5	f	All other program service revenue						
	g	Total. Add lines 2a-2f			302,001.			
	3	Investment income (including dividen	ds,	interest, and				
		other similar amounts)			223,863.			223,863
	4	Income from investment of tax-exempt b	ond	proceeds .	NONE			
	5	Royalties	• •		NONE			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	с	Rental income or (loss) 6c	NONE	NONE				
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from (i) Securitie	s	(ii) Other				
		sales of assets						
		other than inventory 7a 677,	028.					
ue	b	Less: cost or other basis						
enue		and sales expenses 7b 687,	608.					
Sev	c	Gain or (loss) 7c -10,	580.					
Other Re	d	Net gain or (loss)			-10,580.			-10,580
th	8a	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	NONE				
	b		8b	NONE				
	c	Net income or (loss) from fundraising eve	ents		NONE			
	9a	Gross income from gaming						
		activities. See Part IV, line 19		NONE				
	b		9b	NONE				
	с	Net income or (loss) from gaming activit	ies.		NONE			
	10a	Gross sales of inventory, less						
		returns and allowances		72.				
	b	Less: cost of goods sold	10b	NONE				
	C	Net income or (loss) from sales of inventor	y		72.	72.		
sn				Business Code				
oer ue	11a		_					
/en	b		_					
Miscellaneous Revenue	c							
Ĭ	d	All other revenue						
		Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instructions			3,525,263.	302,073.		213,283

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NORTH DALLAS SHARED MINISTRIES INC

Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a respo		in this Part IX		
Do not include amounts reported on lines 6b, 7b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	3,095,850.	3,095,850.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,				
trustees, and key employees	NONE			
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
	98,851.	72,346.	24,704.	1,80
7 Other salaries and wages	NONE	/2,340.	24,704.	1,00
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	INCINE			
	NONE			
9 Other employee benefits	7,562.	5,445.	1,889.	22
1 Fees for services (nonemployees):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,115.	1,0001	
a Management	NONE			
b Legal	NONE			
c Accounting	15,142.		15,142.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	NONE			
13 Office expenses	51,315.	45,720.	1,546.	4,04
14 Information technology	13,631.	12,539.	1,092.	
15 Royalties	NONE			
I6 Occupancy	108,112.	107,030.	1,082.	
17 Travel	574.	489.	85.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	70,914.	70,205.	709.	
23 Insurance	44,690.	39,104.	5,586.	
4 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
	17 140	15 225	1 005	
a MISC	17,140.	15,335.	1,805.	
b ESL	1,630.	1,630.		
c				
d				
e All other expenses	3 525 /11	3 465 602	53 640	6,07
25 I otal functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the	3,525,411.	3,465,693.	53,640.	0,07
organization reported in column (B) joint costs from a combined educational campaign_and				
fundraising solicitation. Check here if				

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following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Page	1	1	
r aue			

	Check if Schedule O contains a response or note to any line in this Pa	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	657,442.	1	697,056
2	Savings and temporary cash investments.	16,214.	2	24,388
3	Pledges and grants receivable, net	58,000.		62,500
4	Accounts receivable, net	109,330.	4	141,046
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	controlled entity or family member of any of these persons	NONE	5	NON
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE		NON
ASSetS 8 8 9	Notes and loans receivable, net	NONE		NON
8	Inventories for sale or use	110,633.		153,005
9	Prepaid expenses and deferred charges	5,758.	9	5,758
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,051,809.			
	Less: accumulated depreciation	1,191,263.		1,120,349
11	Investments - publicly traded securities.	9,718,208.		7,824,784
12	Investments - other securities. See Part IV, line 11	NONE		NON
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	NONE		NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	11,866,848.		10,028,886
17	Accounts payable and accrued expenses	24,166.		44,169
18	Grants payable	NONE		NON
19	Deferred revenue	NONE		NON
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
se 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE		NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X		~-	
		NONE	-	NON
26	Total liabilities. Add lines 17 through 25	24,166.	26	44,169
s	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
	•	11 854 000		0.006.015
	Net assets without donor restrictions	11,754,282.	27	9,906,217
28 2	Net assets with donor restrictions.	88,400.	28	78,500
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Net Assets of Fund Balances 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			00	
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
₩ 31	Retained earnings, endowment, accumulated income, or other funds	11 040 600	31	0.004.815
5 32 Z 22		11,842,682.	32	9,984,717.
- 33	Total liabilities and net assets/fund balances	11,866,848.	33	10,028,886. Form 990 (2022)

Form 9	00 (2022)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,5	25,	263
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,5	25,	411
3	Revenue less expenses. Subtract line 2 from line 1	3			148
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,8		
5	Net unrealized gains (losses) on investments	5	-1,8	57,	<u>817</u>
6		6			
7		7			
8		B			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0	9,9	84,	717
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explanation of accounting from acco	ain on			
	Schedule O.				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were complete the indicate the second statements for the year were complete the second statement of the second s	led or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		24	37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a			
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs		2c	x	
	the audit, review, or compilation of its financial statements and selection of an independent accountant		20	Λ	
	If the organization changed either its oversight process or selection process during the tax year, expl	ain on			
0	Schedule O.	الم الم ال			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth		3a		Х
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		- Uu		
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	-	3b		

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2022)

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20

Department of the Treasury Internal Revenue Service				Go to www.irs.gov/Form990 for instructions and the latest information.								
Name	e of t	he organization						Employer ident	ification number			
NOF	тн	DALLAS SH	ARED MINI:	STRIES INC					1908563			
Pa					organizations must	comple	ete this i					
		anization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, con	vention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).				
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
hospital's name, city, and state:												
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit de												
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170((b)(1)(A)(v).				
7	X	An organizatio	on that norma	ally receives a sub	ostantial part of its su	upport fro	om a go	vernmental unit or f	from the general public			
		described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)							
8		A community	trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)						
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	d in conjunction with	a land-grant college			
		or university o	r a non-land-	grant college of ag	griculture (see instruct	tions). Ei	nter the	name, city, and state	of the college or			
		university:										
10		receipts from support from acquired by th	activities rela gross investme ne organizatio	ited to its exempt f nent income and u on after June 30, 1	pre than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509	ertain e> able inco (a)(2). (0	ceptions me (les Complete	s; and (2) no more th s section 511 tax) fro e Part III.)	an 331/3 % of its			
11		U U	0		usively to test for publi	2						
12		-	-	-	-	-			arry out the purposes o			
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
	_	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
			-		regularly appoint or e		ajority of	f the directors or trus	tees of the			
					e Part IV, Sections A							
b					ed or controlled in co							
			-		organization vested in	the sam	e persor	ns that control or ma	inage the supported			
	Г				, Sections A and C.							
С			-		ng organization opera				ally integrated with,			
	Г		•	. , .	ns). You must comple							
d		•••			porting organization o	•			• • • • •			
			-		nization generally mus	-			nd an attentiveness			
_	Г				omplete Part IV, Sect							
е			-		a written determinatio				яп, туре ш			
f	Fn				ionally integrated sup							
g				-	orted organization(s).							
		lame of supported of	-	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
	(., .		- g	(.,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see			
					above (see instructions))	Yes	ment? No	instructions)	instructions)			
						103						
(A)												
(B)												
(C)												
(D)	_											
(E)												
Tota	ıl											

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1210 1.000

Schedule A (Form 990) 2022

Page **2**

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

Sec	tion A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,083,488.	3,224,824.	5,456,951.	3,468,549.	3,009,907.	18,243,719.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE				
4	Total. Add lines 1 through 3	3,083,488.	3,224,824.	5,456,951.	3,468,549.	3,009,907.	18,243,719.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount										
~	shown on line 11, column (f)						196,646.				
$\frac{6}{800}$	Public support. Subtract line 5 from line 4						18,047,073.				
	tion B. Total Support endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
		3,083,488.	3,224,824.	5,456,951.	3,468,549.	3,009,907.	18,243,719.				
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	225,433.	142,058.	200,521.	296,841.	223,863.	1,088,716.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,124.	54.	54.	95.	72.	1,399.				
11	Total support. Add lines 7 through 10						19,333,834.				
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	1,205,380.				
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>	<u> </u>								
Sec	tion C. Computation of Public Sup	port Percenta	ge								
14	Public support percentage for 2022 (lin					14	93.34 %				
15	Public support percentage from 2021						94.36 %				
16a	331/3% support test - 2022. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c					
	box and stop here. The organization qu		• • •	•							
b	331/3% support test - 2021. If the org										
	this box and stop here. The organization	•		•							
17a	10%-facts-and-circumstances test - 2	-									
		10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in									
	Part VI how the organization meets t			•	•						
h	organization										
b	15 is 10% or more, and if the organiz	-									
	in Part VI how the organization meets						-				
	organization			-	-						
18	Private foundation. If the organizatio										
	instructions										
							<u> </u>				

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		1	1	I	1	1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here .						• • • • • •
	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,					15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2022 (lin					17	<u>%</u>
18	Investment income percentage from 2021 S					18	%
19 a	331/3% support tests - 2022. If the or						
_	17 is not more than 331/3%, check this	-	-	-			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20 JSA	Private foundation. If the organization of	aid not check a	a box on line 1	14, 19a, or 19b	, check this bo		
	1 1.000					Schedule	A (Form 990) 2022

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		

Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	ctions)	<i>.</i>			
	Y	/es	No			
2	Activities Test Answer lines 2a and 2b below.					

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or " <i>No</i> ," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part V the role played by the organization in this regard	3h	

2

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Schedule A (Form 990) 2022 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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

6

Schedu	le A (Form 990) 2022				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in Part VI)</i> . See				
	instructions.				
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 3e				
<u> </u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				
	<i>Part VI.</i> See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
1	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

NORTH DALLAS SHARED MI	NORTH DALLAS SHARED MINISTRIES INC 75-1908563					
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion				
	501(c)(3) taxable private foundation					

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

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

General Rule

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

Special Rules

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

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

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

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

	NORTH DALLAS SHARED MINISTRIES	·	75-1908563
Part I (a) No.	Contributors (see instructions). Use duplicate cop (b) Name, address, and ZIP + 4	ies of Part I if additional space is not find the space is not fin	eeded. (d) Type of contribution
1	NORTH TEXAS FOOD BANK 3677 MAPLESHADE LN PLANO, TX 75075	\$1,349,216.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY METROPOLITAN DALLAS 1800 N LAMAR ST DALLAS, TX 75202	\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ESTATE OF JOSEPH G ROACH 2650 COMMERCE WAY KAUFMAN, TX 75142	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

	(Form 990) (2022)		Page
Name of o	rganization NORTH DALLAS SHARED MINISTRIES INC		entification number
Part II	Noncash Property (see instructions). Use duplicate copies	•	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1_	FOOD	\$1,349,216.	12/31/2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		\$	

	(Form 990) (2022)			Page 4
Name of o	rganization			Employer identification number
	NORTH DALLAS SHARED M			75-1908563
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this ir	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Part I				
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
	Transferee's name, address, a	and ZIP + 4	Relations	ship of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee
	1		1	

SCHEDULE	D
(Form 990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2 **Open to Public** Inspection

Schedule D (Form 990) 2022

OMB No. 1545-0047

Department of the Treasury

Internal Revenue Service

Nam	e of the organization		Employer identification number		
NO	RTH DALLAS SHARED MINISTRIES INC		75-1908563		
	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or			
	Complete if the organization answered				
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
23	Aggregate value of grants from (during year)				
3 4					
	Aggregate value at end of year	advisors in writing that the appate hold	in denor advised		
5	-	-			
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, a				
0	only for charitable purposes and not for the benef				
Ð	conferring impermissible private benefit?				
Pa	Complete if the organization answered	"Vos" on Form 990 Part IV/ line 7			
1	Purpose(s) of conservation easements held by the				
•			of a historically important land area		
	Preservation of land for public use (for example, Protection of natural habitat		of a historically important land area		
			of a certified historic structure		
~	Preservation of open space		the form of a concernation		
2	Complete lines 2a through 2d if the organization he	a qualified conservation contribution in	Held at the End of the Tax Year		
	easement on the last day of the tax year.				
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified l		2c		
d	Number of conservation easements included in (c)				
	a historic structure listed in the National Register		2d		
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or term	inated by the organization during the		
	tax year				
4	Number of states where property subject to conse				
5	Does the organization have a written policy reg		-		
	violations, and enforcement of the conservation eas				
6	Staff and volunteer hours devoted to monitoring, inspe-	ecting, handling of violations, and enforcing	conservation easements during the year		
_	· · · · · · · · · · · · · · · · ·				
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing c	conservation easements during the year		
_					
8	Does each conservation easement reported on line 2				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization rep				
	balance sheet, and include, if applicable, the text		nancial statements that describes the		
D.	organization's accounting for conservation easement art III Organizations Maintaining Collections		r Similar Accots		
	Complete if the organization answered		i Siinia Assets.		
4 -					
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asset	s held for public exhibition, education.	or research in furtherance of public		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describes t	hese items.		
b	If the organization elected, as permitted under FA				
	art, historical treasures, or other similar assets hel		search in furtherance of public service,		
	provide the following amounts relating to these iter		¢		
	(i) Revenue included on Form 990, Part VIII, line 1				
_	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of an		assets for financial gain, provide the		
	following amounts required to be reported under F/		<u>^</u>		
a L	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X.		· · · · · · · · · \$		
b	Assels Included III FUTH 390, Parl A		Ψ		

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				RED MINI							908563	Page 2
Ра	rt III Organizations Maintaini	ing Colle	ections of	f Art, Histo	rical Tre	easure	s, or	Other	Similar A	Assets (C	ontinued	1)
3	Using the organization's acquisition		sion, and	other recor	ds, checl	k any c	of the	follow	ing that n	nake sign	ificant us	e of its
	collection items (check all that app	ly):		_	_							
а	Public exhibition			d		or exch	ange	progra	m			
b	Scholarly research			e	Other							
С	Preservation for future gene											
4	Provide a description of the organ	nization's	collection	is and expla	ain how 1	they fu	rther	the or	ganization'	s exempt	purpose	in Part
_	XIII.											
5	During the year, did the organization									_	_	—
	assets to be sold to raise funds rath			tained as pa	art of the o	organiz	ation	s colle			Yes	No
Pa	rt IV Escrow and Custodial A Complete if the organiza	•		oc" on For	m 000 E	Dart IV/	lino	0 or r	oportod a	nomour	t on For	m
	990, Part X, line 21.	alion ans	wereu r		ш 990, г	all IV,	me	9, 01 1	eponeu a	n amour		111
12	Is the organization an agent, trus		odian or (other intern	odiary fo	or cont	ributi	one or	other ass	ote not		
īa	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement i	n Part XII	l and com	inlete the fo	llowing tak	nle [.]	• • •		• • • • •			
					lio ming tai					Amount		
с	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am	nount on F	- orm 990,	Part X, line	21, for e	scrow	or cu	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement i	n Part XII	I. Check h	nere if the e	xplanation	has be	en pr	ovided	on Part XII	I		
Ра	rt V Endowment Funds.											
	Complete if the organiza	ation ans	wered "Y	es" on For	m 990, F							
		(a) Cur	rrent year	(b) Pric	or year	(c) ⊺w	o year	s back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage Board designated or quasi-endown		rrent year	end balanc %	e (line 1g,	columr	n (a))	held as	:			
a b	Permanent endowment	%		70								
c	Term endowment %											
U	The percentages on lines 2a, 2b, a		ould equal	100%								
3a	Are there endowment funds not in		-		ation that	are hel	d and	l admir	nistered for	the		
ou	organization by:			ino organiza			a and	aanni			Y	es No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organi	zations list	ed as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended u	uses of th	e organiza	ation's endo	wment fui	nds.					·i	· ·
Pa	rt VI Land, Buildings, and Equ	uipment.	wored "\	/aa" an Fa	rm 000		line	110.0		000 00	rt V line	10
	Complete if the organize Description of property	alion ans		or other basis	(b) Cost				cumulated		Book valu	
				stment)	(0	ther)			eciation	(u)	, 	
1a	Land	1				10,8						,879.
b	Buildings	1			1,4	36,35	51.	5	19,914.		916	,437.
c	Leasehold improvements											0.05
d	Equipment	1			4	166,24			73,214.		93	,033.
e Toto	Other		Loguel Fr	m 000 D- "	V colum	38,33			38,332.		1 1 0 0	NONE
l ota	I. Add lines 1a through 1e. (Column	i (a) must	t equal ⊢or	111 990, Part	х, coium	п (В), Ш	ne 100	U.)			I,120	,349.

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Х

	INORTH DALLAS SHARED MINISTRIES INC	75	-1908563 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	3,841,629.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	316,366.
3	Subtract line 2e from line 1	3	3,525,263.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,525,263.
Part		urn.	
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Part			5,699,594.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		5,699,594.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2,174,183.		5,699,594.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		5,699,594.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		5,699,594.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		5,699,594.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1 2e	2,174,183.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1 2e	2,174,183.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	2,174,183.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 2,174,183. Prior year adjustments 2b 2c Other losses 2c 2d Add lines 2a through 2d 2d 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1	1 2e	2,174,183.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	1 2e 3 4c	2,174,183.
1 2 d c 3 4 a 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a4b	1 2e 3 4c	2,174,183.

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

SEE SUPPLEMENTAL PAGE

FEDERAL INCOME TAXES

FORM 990, SCHEDULE D, PART X, LINE 2:

NDSM IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. NDSM HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS RESULTING FROM THE CURRENT OR PRIOR PERIOD TAX POSITIONS. ACCORDINGLY, NO ADDITIONAL DISCLOSURES HAVE BEEN MADE ON THE FINANCIAL STATEMENTS REGARDING ASC 740, INCOME TAXES. NDSM DOES NOT HAVE ANY OUTSTANDING INTEREST OR PENALTIES, AND NONE HAVE BEEN RECORDED IN THE STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021. NDSM'S INFORMATIONAL RETURNS FILED ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS AFTER THE LATER OF THE DUE DATE OR DATE OF FILING. AS A RESULT, NDSM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2019.

SCHEDULE I (Form 990)		Grants ar		OMB No. 1545-0047 എ റ്ററ				
. ,			•	wered "Yes" on F				2022
Department of the Treasury	·		-	ach to Form 990.	· · ·			Open to Public
Internal Revenue Service		Go te	o www.irs.gov/l	Form990 for the la	test information.			Inspection
Name of the organization							Employer identificat	ion number
NORTH DALLAS SH	ARED MINISTRIES INC	r					75-1908563	}
Part I General I	nformation on Grants and	d Assistanc	e					
the selection crit 2 Describe in Part	zation maintain records to su eria used to award the grant IV the organization's proced	s or assistanc dures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants an	d Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	rernments. Com	plete if the organiz	ation answered "	es" on Form 990,
Part IV, lir	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	needed.	
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)		_						
(2)		-						
(3)		_						
(4)		_						
(5)		_						
(6)		_						
_(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		-						
(12)		_						
	er of section 501(c)(3) and er of other organizations list	-	-					

NORTH DALLAS SHARED MINISTRIES INC

75-1908563

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_					
RENT ASSISTANCE	842	787,130.			
2 UTILITIES ASSISTANCE	371	138,559.			
3 FOOD	67,369		1,618,715.	FMV	FOOD
4 CLOTHING	1,264		92,076.	FMV	CLOTHING
5 MEDICAL AND DENTAL CLINIC	8,482		274,915.	ACTUAL COST	CLINIC SERVICE
6 SCHOOL UNIFORMS	2,983		81,327.	ACTUAL COST	SCHOOL UNIFORMS
7 SCHOOL SUPPLIES	3,648		103,128.	ACTUAL COST	SCHOOL SUPPLIES

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

THE PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE US

SCHEDULE I, PAGE 1, PART I, LINE 2:

THE ORGANIZATION PROVIDES MANY DIFFERENT TYPES OF ASSISTANCE TO LOW

INCOME INDIVIDUALS. EACH PROGRAM HAS DIFFERENT ELIGIBILITY REQUIREMENTS

THAT ARE DETAILED ON ITS WEBSITE. EACH APPLICANT MUST PROVIDE SUITABLE

IDENTIFICATION, AND INFORMATION PROVIDED BY THE APPLICANT IS STRINGENTLY

REVIEWED AND VERIFIED BEFORE ASSISTANCE IS GIVEN. ASSISTANCE IS NOT GIVEN

TO THOSE NOT MEETING REQUIREMENTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

2

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

NORTH DALLAS SHARED MINISTRIES INC

75-1908563

Par	I I I I I I I I I I I I I I I I I I I							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods	Х		65,816.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		776,044	1,474,483.	NUMBER OF	POU	NDS	CON
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(
26	Other ►(
27	Other ►(
28	Other ►() Other ►() Other ►() Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F				29			
	Ç î		, j				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least th	nree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		Х
b	If "Yes," describe the arrangement in							
31	Does the organization have a	gift accept	ance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use							
	contributions?		•	· · ·		32a		Х
b	If "Yes," describe in Part II.	_			_			
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							

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

JSA 2E1298 1.000 **Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PAGE 2, PART I, LINE 19

COLOUMN B VALUE IS NUMBER OF POUNDS CONTRIBUTED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC

FORM 990, PAGE 6, PART VI, LINE 2:

NORTH DALLAS SHARED MINISTRIES INC

JUDITH RORRIE EXECUTIVE DIRECTOR. COLIN RORRIE, JR. DIRECTOR. FAMILY

RELATIONSHIP.

MEMBERS OR STOCKHOLDERS

FORM 990, PAGE 6, PART VI, LINE 6:

THE ORGANIZATION'S ONLY CLASS OF MEMBERS IS OPEN ONLY TO ORGANIZATIONS

QUALIFYING AS PUBLIC CHARITABLE AND RELIGIOUS ORGANIZATIONS CLASSIFIED AS

IRC SECTION 501 (C)(3) ORGANIZATIONS. MEMBER ORGANIZATIONS MUST MEET

QUALIFICATIONS AS ESTABLISHED BY THE GOVERNING BOARD.

GOVERNANCE DECISIONS OF THE ORGANIZATION RESERVED TO MEMBERS OR STOCKHOLDE

FORM 990, PAGE 6, PART VI, LINE 7B:

THE GOVERNING BOARD HAS THE DISCRETION TO DECIDE WHICH, IF ANY, MATTERS SHALL BE SUBMITTED TO THE MEMBER ORGANIZATIONS, EXCEPT THAT THE FOLLOWING MATTERS MUST BE SUBMITTED TO THE MEMBER ORGANIZATIONS FOR A VOTE: DISSOLUTION OF THE CORPORATION, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, SALE OF SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS AND AMENDMENTS TO THE CORPORATION'S ARTICLES OF INCORPORATION.

FORM 990 REVIEW PROCESS

THE FORM 990 IS PREPARED BY AN OUTSIDE CPA FIRM. THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE FINANCE DIRECTOR. A COPY OF THE FORM 990 IS SENT TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS.

DESCRIBE THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

FORM 990, PAGE 6, PART VI, LINE 12C:

THE CONFLICT OF INTEREST STATEMENTS ARE REQUIRED IN THE ANNUAL STAFF

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

Internal Revenue Service	s.gov/form990. Inspection	
Name of the organization		Employer identification number
NORTH DALLAS SHAR	ED MINISTRIES INC	75-1908563

PERFORMANCE REVIEW PROCESS. ALSO, ANNUALLY, BOARD MEMBERS ARE REQUIRED TO

FILE CONFLICT OF INTEREST STATEMENTS TO THE INDEPENDENT AUDITOR AS A

REQUIREMENT OF THE ANNUAL AUDIT. BOARD MEMBERS ARE REQUIRED TO RECUSE

THEMSELVES FROM VOTES WHERE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST

EXISTS.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PAGE 6, PART VI, LINE 19:

THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2022		Page
Name of the organization	Employer identification number	
NORTH DALLAS SHARED MINISTRIES INC	75-1908563	

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

NORTH DALLAS SHARED MINISTRIES (NDSM) PROVIDES AID TO LOW-INCOME PEOPLE BY PROVIDING EMERGENCY ASSISTANCE, HELPING THEM ACCESS ENTITLEMENT, HEALTH AND COMMUNITY PROGRAMS DESIGNED TO HELP THEM ACHIEVE LONGTERM STABILITY, PROMOTING WELLNESS AND FINANCIAL INDEPENDENCE, AND BY DEVELOPING RESOURCE MATERIALS THAT CAN LEAD THEM TO ADDITIONAL SERVICES AND SUPPORT. THE ORGANIZATION PROVIDES THE FOLLOWING SERVICES AND PROGRAMS AT NO COST TO ELIGIBLE INDIVIDUALS; FOOD PROGRAMS, RENT ASSISTANCE, UTILITY ASSISTANCE, MEDICAL CARE, DENTAL CARE, MENTAL HEALTH COUNSELING, CLOTHING, TAX PREPARATION ASSISTANCE, VISION ASSISTANCE, ESL CLASSES, SCHOOL SUPPLIES AND UNIFORMS, ACCESS TO ENTITLEMENT PROGRAMS, AND RENT ADVANCES FOR DISABLED DALLAS COUNTY WELFARE CLIENTS WITHOUT HOUSEHOLD INCOME. IN 2022, NDSM PROVIDED MEDICAL CARE OF 2,234,098, OF WHICH 1,959,183 WAS RELATED TO DONATED SERVICES. THE MEDICAL, DENTAL AND COUNSELING CLINICS SERVED 8,482 PATIENTS. NDSM ALSO PROVIDED FOOD VALUED AT 1,618,715 OF WHICH 1,474,483 WAS DONATED FOOD AND THIS SERVED 67,369 CLIENTS. NDSM PROVIDED FINANCIAL ASSISTANCE, SERVING 842 INDIVIDUALS FOR RENT AND 371 INDIVIDUALS FOR UTILITIES. FINANCIAL ASSISTANCE RELATED TO THIS WAS 787,130 AND 138,559, RESPECTIVELY. THE ORGANIZATION ALSO DISTRIBUTED CLOTHING VALUED AT 92,076 TO 1,264 INDIVIDUALS AND SCHOOL UNIFORMS AND SUPPLIES VALUED AT 184,455 TO 6,631 INDIVIDUALS.

06/28/2023 14:47:46

JSA 2E1228 1.000