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	Go to www.irs.gov/Form990 for instructions and the latest	-			nspec				
			endar year, or tax year beginning and ending								
			C Name of organization		D Employer	identifica	tion nu	umber			
B c	heck if a	applicable:	NORTH DALLAS SHARED MINISTRIES INC								
	Addre	ess change	Doing business as		75-190	18563					
	+	change		oom/suite	E Telephone number						
	+	return	2875 MERRELL ROAD	(214)3	358-8-	000					
	-	return/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross rec		00				
	Amen	ded return	DALLAS, TX 75229			7,37	5 3	лл			
	Applic	ation pending	F Name and address of principal officer: JUDITH RORRIE	H(a) is th	is a group return fo		Yes	X No			
				subo	rdinates?		Yes				
	Tax a	xempt status:	2875 MERRELL ROAD, DALLAS, TX 75229	``	all subordinates inc						
			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				10115.				
	Webs		W.NDSM.ORG	,	up exemption nu		<u> </u>				
-		of organizatio		f formation: 198	3 M State	of legal do	nicile:	ΤX			
Pa	art I	Summ	-								
	1	•	cribe the organization's mission or most significant activities: <u>NORTH DALLAS</u>		INISTRIE	IS IS	AN				
nce			AITH COMMUNITY OF VOLUNTEERS, PARTNERS AND COLLABO	RATORS							
Governance			ING CHARITABLE ASSISTANCE TO PERSONS IN NEED.								
ove	2	Check this				et assets	3.				
	3		f voting members of the governing body (Part VI, line 1a)					8			
ŝ	4		f independent voting members of the governing body (Part VI, line 1b)					7			
/itie	5		ber of individuals employed in calendar year 2023 (Part V, line 2a)					2			
Activities &	6		ber of volunteers (estimate if necessary)					150			
∢			lated business revenue from Part VIII, column (C), line 12								
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11	<u></u>	7b						
				Prior \	/ear	Curr	ent Ye	ear			
Ð	8	Contribution	ons and grants (Part VIII, line 1h)	9,907.	6,	568	,373.				
enu	9	Program s	ervice revenue (Part VIII, line 2g)	30	02,001.		201	,332.			
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)	21	3,283.	389,557.					
Ľ.	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72.			230			
	12	Total reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,52	25,263.	7,	159	,492.			
	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)	3,09	5,850.	4,	973	,897.			
	14	Benefits p	aid to or for members (Part IX, column (A), line 4)		NONE			NONE			
ŝ	15		ther compensation, employee benefits (Part IX, column (A), lines 5-10)		06,413.		139	,496.			
Expenses	16 a		nal fundraising fees (Part IX, column (A), line 11e)		NONE			NONE			
çpe	b		raising expenses (Part IX, column (D), line 25) 6, 038.								
ш	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	32	23,148.		342	,416.			
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		25,411.	5.		,809.			
	19		ess expenses. Subtract line 18 from line 12		-148.			,683.			
Net Assets or Fund Balances				Beginning of C			of Yea				
ets	20	Total asse	ts (Part X, line 16)		8,886.			,785.			
Ass Bal	21		ities (Part X, line 26)		14,169.			,979.			
Vet	22		s or fund balances. Subtract line 21 from line 20.		34,717.	12		,806.			
	rt II		ure Block	5,50	, _ , , <u>_</u> , •	/	011	,			
			jury, I declare that I have examined this return, including accompanying schedules and stater	nents, and to the	best of my k	nowledae	and be	elief. it is			
true	e, corre	ect, and com	óleté. Declaration of preparer (other than officer) is based on all informátion of which preparer ha	s any knowledge.	,			,			
Sig	n	Signature o	fofficer	Da	ite						
He	re	-									
		Type or prir	it name and title								
			preparer's name Preparer's signature Date		ak P	TIN					
Paic	ł			Che			212				
Pre	parer			/ 2021		201424	343				
Use	Only			Firm's El							
N/		Firm's add		Phone no		4-706					
			ss this return with the preparer shown above? See instructions	<u></u> .		. X Ye		No			
For	Pape	erwork Red	uction Act Notice, see the separate instructions.			Form	1 990	(2023)			

NORTH DALLAS SHARED MINISTRIES INC

For	m 990 (2023) Page
Ρ	art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	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 prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured b
7	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$5,395,288. including grants of \$4,973,897.) (Revenue \$201,562.)
	SEE SCHEDULE O
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5,395,288.
	020 2.000 Form 990 (202

Form 990 (2023)

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	X	
		-	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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			
Ũ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
				3.7
_	"Yes," complete Schedule D, Part I.	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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			
				37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
D		446		37
	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total 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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
120			Λ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10.		
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
	-	140		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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
10		40		
	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?			1
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X
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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt hends?	240		
h	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		v
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		Х
U	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		X
20	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
20	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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 noncash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
e -	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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dorf	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
		•••	Yes	No
12	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			
Ŭ	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 2											
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,											
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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								
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the											
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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										
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
	required to file Form 8282?	7c		Х								
d	If "Yes," indicate the number of Forms 8282 filed during the year											
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х								
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h										
8	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										
9	Sponsoring organizations maintaining donor advised funds.											
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
а	Initiation fees and capital contributions included on Part VIII, line 12											
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b											
	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.)											
12 a	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.											
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											
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ĺ								
	excess parachute payment(s) during the year?	15		Х								
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Х								
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										

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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	, and	for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	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 1a 8					
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?	2	Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х		
6	Did the organization have members or stockholders?	6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?	7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		. <u> </u>		
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give					
	rise to conflicts?	12b	Х	<u> </u>		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done	12c	Х	<u> </u>		
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>		
14	Did the organization have a written document retention and destruction policy?	14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a		Х		
b	Other officers or key employees of the organization	15b		Х		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?	16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
Sect	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Г (sec	tion 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	rest p	olicy,		
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls.				
	KAREN SMITH 2875 MERRELL ROAD DALLAS, TX 75229					
JSA	214-335-5417	Form	990	(2023)		
3E1042	2.000					

Page 7

	Componention	-	Officere	Directore	Tructooo	Kav	Employeee	Linhaat	Componented	Employeee	<u></u>
Part VII	Compensation	01	Onicers,	Directors,	rrustees,	ney	⊏mpioyees,	nignest	Compensated	⊏mpioyees,	and
	Independent Co	ontr	actors								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

• List all of the organization's current key employees, if any. See 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.

(A) Name and title	(B) Average hours per week	box, office	not ch unles	s pe I a d	ition more erson	e than c is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	ormer inghest inploye ey emp cey emp Dfficer nstitutio nstitutio		organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations				
(1) LEONARD M. RIGGS, JR., MD	2.00									
PRESIDENT/DIRECTOR	NONE	Х		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) DOROTHY PIERCE	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) GANESH SHIVARAMAIYER	1.00	-								
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) MARY WALLER	1.00	-								
EX-OFFICIO DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) TRACY KING	1.00	-								
EX-OFFICIO DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) KAREN SMITH	10.00	-								
DIRECTOR OF FINANCE	NONE			Х				NONE	NONE	NONE
(13) JUDY RORRIE	60.00	-								
EXECUTIVE DIRECTOR	NONE			Х				NONE	NONE	NONE
(14)										

NORTH DALLAS SHARED MINISTRIES INC

Form	990 (2023)												Page	8
Ра	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	oyee	es,	and H	ligl	hest Compensat	ed Employ	yees (co	ontinued)		_
	(A) Name and title	(B) (C) Average Position hours per week (list any hours for							(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated m amount of other compensatior		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from organiz and re organiz	the zation elated	
														_
														_
	Sub-total								NONE		NONE		NON	_
	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)		•••	•••	: :				NONE NONE		NONE NONE		NON NON	_
2	Total number of individuals (including but not reportable compensation from the organization	limited to t			d al		e) who	o re						<u> </u>
2	Did the organization list any former offic		or or	tri				mn	lovee or highes	t company	ated	Y	es No	
	employee on line 1a? If "Yes," complete Schedu	ule J for su	ch ind	livid	ual		•••	•••				3	X	<u> </u>
4	For any individual listed on line 1a, is the sorganization and related organizations gra	eater than	\$15	50,0	00?	ו י	"Yes	s," (complete Schedu	le J for	such	4		7
5	<i>individual</i>	accrue co	mpen	sati	on t	from	n any	un	related organization	on or indiv	idual		>	
Se	ction B. Independent Contractors	es, comple	le Sci	ieat	lie J	101	such	per	son			5	X	<u> </u>
	Complete this table for your five highest com compensation from the organization. Report c year.													-
	(A) Name and business add	Iress							(B) Description of se	ervices	Cc	(C) ompensati	ion	_
								+	· ·			•		_
														_
														—

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 (2023)

NORTH DALLAS SHARED MINISTRIES INC

.[

Part VIII	Statement	of Revenue
-----------	-----------	------------

				<u> </u>		<u>,</u>			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ດ ທີ	1a	Federated campaigns		1a	85,000.				
unt		Membership dues	Г						
Contributions, Gifts, Grants, and Other Similar Amounts	b	•	- F	1b					
	c	Fundraising events		1c					
	d	Related organizations	Г	1d	40.000				
s, (imi	е	Government grants (cont	· · ·	1e	40,000.				
r S	f	All other contributions, gi	-						
he		and similar amounts not incl	F	1f	6,443,373.				
ĞŢ	g	Noncash contributions in							
pu		lines 1a-1f	-						
0 @	h	Total. Add lines 1a-1f				6,568,373.			
					Business Code				
ice	2a	UT SOUTHWESTERN CLINIC	SVCS		531120	201,332.	201,332.		
er v	b								
Program Service Revenue	с								
ran	d								
60 R	е								
Ъ	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				201,332.			
	3	Investment income (in	cluding divid	ends,	interest, and				
		other similar amounts).				392,004.			392,004.
	4	Income from investment				NONE			
	5	Royalties	•		· .	NONE			
			(i) Rea		(ii) Personal				
	6a	Gross rents 6	Sa						
	b		6b						
	c	Rental income or (loss) 6		NONE	NONE				
	d	Net rental income or (loss				NONE			
	7a	Gross amount from	(i) Secur		(ii) Other				
		sales of assets							
			a 21	3,405.					
đ	ь	Less: cost or other basis	a	-,					
Revenue			'b 21	5,852.					
9V6	с			2,447.					
Ř	d	Net gain or (loss)	-			-2,447.			-2,447.
her		č		· · · ·					
oth	8a		fundraising						
		events (not including \$							
		of contributions report			NONE				
		1c). See Part IV, line 18			NONE				
	b C	Less: direct expenses Net income or (loss) from				NONE			
			•						
	9a	Gross income from activities. See Part IV, line	0 0		NONE				
					NONE				
	b C	Less: direct expenses Net income or (loss) from				NONE			
	10a	Gross sales of invo returns and allowances			230.				
					NONE				
	b c	Less: cost of goods sold . Net income or (loss) from				230.	230.		
6	-	()		,	Business Code				
Miscellaneous Revenue	11-								
nu	11a b								
ell; sve	-								
R	c d	All other revenue							
Σ	e	Total. Add lines 11a-11d			· · · · · ·	NONE			
	12	Total revenue. See instru				7,159,492.	201,562.		389,557.

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organization	ns must complete colur	nn (A).
Check if Schedule O contains a respo	*			· · ·
Do not include amounts reported on lines 6b, 7b, 8b, 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		0.1000	general expenses	5.peneee
and domestic governments. See Part IV, line 21	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	4,973,897.	4,973,897.		
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			0 51
7 Other salaries and wages	129,581.	104,484.	22,581.	2,516
8 Pension plan accruals and contributions (include	NONE			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	NONE			
10 Payroll taxes	9,915.	7,995.	1,728.	192
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	NONE			
c Accounting	15,074.		15,074.	
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	44.051	1 40 2	2 220
13 Office expenses	49,064.	44,251.	1,483.	3,330
14 Information technology	43,815.	40,308.	3,507.	
15 Royalties	NONE	104 660	1 050	
16 Occupancy	105,727.	104,668.	1,059.	
17 Travel	1,365.	1,161.	204.	
18 Payments of travel or entertainment expenses	NONE			
for any federal, state, or local public officials	NONE NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	NONE			
21 Payments to affiliates.	61,220.	60,608.	612.	
22 Depreciation, depletion, and amortization	50,212.	43,935.	6,277.	
23 Insurance	50,212.	-3,933.	0,211.	
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a MISC	13,493.	11,535.	1,958.	
b ESL	2,446.	2,446.	, <i>, , , , , , , , , , , , , , , , </i>	
	2,110.	2,110.		
c				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,455,809.	5,395,288.	54,483.	6,038
26 Joint costs. Complete this line only if the	5, 133, 003.	5,55,200.	Ji, 40J.	0,030
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)				

JSA 3E1052 2.000

following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Page **11**

	Check if Schedule O contains a response or note to any line in this Pa	(A)	 T	(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	697 , 056.	1	1,052,463
2	Savings and temporary cash investments.	24,388.	2	13,753
3	Pledges and grants receivable, net	62,500.	3	837,167
4	Accounts receivable, net	141,046.	4	99,344
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	6	NON
ະ ຊີ 7	Notes and loans receivable, net	NONE	7	NON
Assets	Inventories for sale or use	153,005.	8	118,311
و ∣⊅	Prepaid expenses and deferred charges	5 , 758.	9	NON
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,023,238.			
	b Less: accumulated depreciation 10b 954, 348.	1,120,349.	10c	1,068,890.
11	Investments - publicly traded securities	7,824,784.	11	9,628,857.
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	NONE	14	NON
15	Other assets. See Part IV, line 11	NONE	15	NON
16	Total assets. Add lines 1 through 15 (must equal line 33)	10,028,886.	16	12,818,785
17	Accounts payable and accrued expenses.	44,169.	17	140,979
18	Grants payable	NONE	18	NON
19	Deferred revenue	NONE	19	NON
20	Tax-exempt bond liabilities	NONE	20	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ທ 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
abi	controlled entity or family member of any of these persons	NONE	22	NON
² 23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties.	NONE		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			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25	44,169.		140,979
lces	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.		_	
	Net assets without donor restrictions	9,906,217.	27	11,840,639.
<u>m</u> 28	Net assets with donor restrictions.	78,500.	28	837,167
Net Assets of Fund balances 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ັ ₂₉	Capital stock or trust principal, or current funds		29	
5 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
a 32	Total net assets or fund balances	9,984,717.	32	12,677,806
z 33	Total liabilities and net assets/fund balances	10,028,886.	33	12,818,785.
		10,020,000.		Form 990 (2023

морти		CUNDED	MINISTRIES	TNC
NOKIH	DALLAS	SUAKED	MINISIKIRS	TINC

Form 99	00 (2023)			Pag	ge 12
Part					_
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			Х
1	Total revenue (must equal Part VIII, column (A), line 12)				<u>492</u> .
2	Total expenses (must equal Part IX, column (A), line 25)				<u>809</u> .
3	Revenue less expenses. Subtract line 2 from line 1	1	,7	03,0	<u>683</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	9	_		<u>717</u> .
5	Net unrealized gains (losses) on investments		9	89,	<u>421</u> .
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments 8				
9	Other changes in net assets or fund balances (explain on Schedule O)			-	<u>-15</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	12	2,6	77,	<u>806</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	••		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain o Schedule O.	- n		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both: X Separate basis Consolidated basis	••• ⊢	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain of the organization changed either its oversight process or selection process during the tax year.	· ·	2c	Х	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	ne	3b		

Form **990** (2023)

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 G

Department of the Treasury Internal Revenue Service				Go to www.irs.gov/Form990 for instructions and the latest information.						
Name	e of the	organization						Employer identifi	cation number	
				STRIES INC					908563	
Pa					-			part.) See instruction	IS.	
	<u> </u>				is: (For lines 1 through	-	•	,		
1					tion of churches desc			70(b)(1)(A)(i).		
2					. (Attach Schedule E	-				
3		-	-		rganization described					
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							d or one	rated by a governme	ental unit described ir	
5		0		Complete Part II.)	a college of universit	ly Owned		aled by a governine		
6					rnmental unit describe	d in sect	ion 170($h(1)(\Delta)(y)$		
7			-				-		om the general public	
•		-		(1)(A)(vi). (Compl		ipport in	om a go		sin the general public	
8					b)(1)(A)(vi). (Complete	e Part II.)				
9		-				-	operated	I in conjunction with a	land-grant college	
		-		-			-	name, city, and state o		
	u	iniversity:								
10	re s a	eceipts from support from g acquired by th	activities rela gross investm le organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete		n 331/3 % of its	
11		•	•		usively to test for publi					
12		-	-		-	-			ry out the purposes of	
		-		-					ction 509(a)(3). Check	
			-					and complete lines 1	-	
а						-		orted organization(s),		
							ajority of	the directors or truste	es of the	
b			•		e Part IV, Sections A		with ite	supported organizati	on(s) by baying	
D			• • • •					is that control or man		
			-		, Sections A and C.	the sam	e persor		age the supported	
с		0	()	•	•	ated in co	onnectio	n with, and functional	lly integrated with	
•					is). You must comple				.,	
d								ection with its suppor	ted organization(s)	
		that is not fu	inctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness	
		requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.		
е		Check this b	oox if the orga	nization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III	
					ionally integrated sup			ion.		
f										
g					orted organization(s).	1				
	(I) Nam	ne of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
					above (see instructions))	docu	ment?	instructions)	instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

Schedule A (Form 990) 2023

75-1908563

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	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,224,824.	5,456,951.	3,468,549.	3,009,907.	6,568,373.	21,728,604.
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	3,224,824.	5,456,951.	3,468,549.	3,009,907.	6,568,373.	21,728,604.
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)						370,883.
6	Public support. Subtract line 5 from line 4						
							21,357,721.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2019 3,224,824.		3,468,549.	(d) 2022 3,009,907.	. ,	
7 8	Amounts from line 4	142,058.	5,456,951. 200,521.	296,841.	223,863.	6,568,373. 392,004.	21,728,604.
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.)	54.	54.	95.	72.	230.	505.
11	Total support. Add lines 7 through 10						22,984,396.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	1,401,459.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	oort Percentag	ge				
14	Public support percentage for 2023 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	92.92 %
15	Public support percentage from 2022 \$					15	93.34 %
16a	33 1/3% support test - 2023. If the org	anization did n	ot check the box	x on line 13, an	nd line 14 is 33	1/3 % or more, ch	eck this
	box and stop here. The organization qu	ialifies as a pub	licly supported of	organization			Х
b	33 1/3% support test - 2022. If the org				•		
	this box and stop here. The organization	on qualifies as a	publicly support	ted organizatior	n		📖
17a	10%-facts-and-circumstances test - 2	023. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and lii	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumsta	ances test, che	eck this box ar	nd stop here. Ex	kplain in
	Part VI how the organization meets t	he facts-and-ci	ircumstances tes	st. The organiz	ation qualifies	as a publicly su	ipported
	organization						📖
b	10%-facts-and-circumstances test - 2	022. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	umstances test,	check this box	and stop here.	Explain
	in Part VI how the organization meets	the facts-and-	circumstances te	est. The organi	zation qualifies	as a publicly su	pported
	organization						📖
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						<u></u>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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.)						
Sec	tion B. Total Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 .			<u></u>		<u></u>	
-	tion C. Computation of Public Supp	•					
15	Public support percentage for 2023 (line 8,	().	•	.,,		15	%
16	Public support percentage from 2022 Sche			<u></u>		16	%
	tion D. Computation of Investment			(0)			0/
17	Investment income percentage for 2023 (lir	•		()) = =		17	<u>%</u>
18	Investment income percentage from 2022 S					18	%
19 a	331/3% support tests - 2023. If the or	-					
	17 is not more than 331/3%, check this	-	•	-			
a	331/3% support tests - 2022. If the orga						
20	line 18 is not more than 331/3%, check Private foundation. If the organization of		•	• •	. ,		
20 JSA		IN HOL CHECK &		17, 19a, UI 19D	, 01005 0115 00		A (Form 990) 2023
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Part IV Supporting Organizations

(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.)

10b | Schedule A (Form 990) 2023

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

75-1908563

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- **a** 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?
 - **b** A family member of a person described on line 11a above?
 - c 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.*

Section B. Type I Supporting Organizations

- 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? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported 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

 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).
 Image: Control organization was vested in the same persons that controlled or managed the support of the support of

Section D. All Type III Supporting Organizations

JSA 3E1230 1.000

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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	ns).			
а	The organization satisfied the Activities Test. Complete line 2 below.		,			
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 (se	e instruc	tions)).		
2	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. <i>Answer lines 3a and 3b below.</i> 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? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
Ň	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h	

Yes No

Yes No

11a

11b

11c

1

2

75-1908563

Schedule A (Form 990) 2023

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.

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or collection			
	gross income or for management, conservation, or maintenance of			
	operty held for production of income (see instructions)	6		
	her expenses (see instructions)	7		
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other factors			
(ex	kplain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	e instructions).	4		
	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Itiply line 5 by 0.035.	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
	ter 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	ter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

Page 6

-	le A (Form 990) 2023				Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2					
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	eses of supported organi	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	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
<u> </u>	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

NORTH DALLAS SHARED MINISTRIES INC		75-1908563			
Organization type (check one):	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.

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 INC

Page **2** Employer identification number 75-1908563

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NORTH TEXAS FOOD BANK 3677 MAPLESHADE LN PLANO, TX 75075	- \$\$1,629,670	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF BEVERLY CUNNINGHAM 8314 BRIDGEWATER DR ROWLETT, TX 75088	_ \$165,000.	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	SARAH AND ROSS JR PEROT FOUNDATION 3000 TURTLECREEK BLVD DALLAS, TX 75219	- _ \$500,000.	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
4	COLIN AND JUDY RORRIE 5328 BOCA RATON DALLAS, TX 75229	- \$\$	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
5	PEGGY AND LEONARD RIGGS JR 3921 SHENANDOAH DALLAS, TX 75205	- _ \$300,000.	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
6	ERIC AND RUTH ANN JANSON 6529 CRESTPOINT DALLAS, TX 75254	- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)
Name of organization

Page Employer identification number

	NORTH DALLAS SHARED MINISTRIES	INC	75-1908563
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KAREN SMITH 9922 LAKEWAY CT	\$150,000.	Person X Payroll Noncash (Complete Part II for
	DALLAS, TX 75230		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.)
(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) (2023)

lame of org	ganization NORTH DALLAS SHARED MINISTRIES INC		Employer identification number 75-1908563		
art II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
1	FOOD				
		\$ 1,629,670.	12/31/2023		
(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		
		\$			

Schedule B (Form 990) (2023)

Name of or	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 th Use duplicate copies of Part III if addit	the year from any or ions completing Part I e year. (Enter this info	ne contributor. Cor II, enter the total of rmation once. See	nplete columns (a) through (e) and exclusively religious, charitable, etc.,			
(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) Transfer and ZIP + 4	-	o 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) Transfer and ZIP + 4		o of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Part I							
	Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship 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) Transfer of gift ss, and ZIP + 4 Relationship of transferor to transfer		o of transferor to transferee			

Schedule B (Form 990) (2023)

Page **4**

SCHEE	DULE 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) 2023

OMB No. 1545-0047

3

Internal Revenue Service	
Name of the organization	

Department of the Treasury

Nam	e of the organization		Employer identification number
NOI	RTH DALLAS SHARED MINISTRIES INC		75-1908563
	art I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds o	
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
י 2	Total number at end of year		
	Aggregate value of contributions to (during year).		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		in demon advised
5	Did the organization inform all donors and donor		
~	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef		
D	conferring impermissible private benefit?		
Pa	art II Conservation Easements Complete if the organization answered	"Ves" on Form 000 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (for example,		of a historically important land area
	Protection of natural habitat		of a historically important land area of a certified historic structure
			of a certified historic structure
^	Preservation of open space	ald a gualified concernation contribution i	a the form of a concernation
2	Complete lines 2a through 2d if the organization he	ad a qualmed 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
C	Number of conservation easements on a certified I		2c
d	Number of conservation easements included on lin		
•	not on a historic structure listed in the National Reg		2d
3	Number of conservation easements modified, tran	nsterred, released, extinguisned, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to conserve		······
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 onforcing o	opportunition opporte during the year
<i>'</i>	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	a 2d above satisfy the requirements of sev	ction $170(h)(4)(B)(i)$
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		
5	sheet, and include, if applicable, the text of the foo		•
	organization's accounting for conservation easement	5	
Pa	art III Organizations Maintaining Collections		er Similar Assets
	Complete if the organization answered		
1a			le statement and balance sheet works
	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		
b	If the organization elected, as permitted under FA		
	art, historical treasures, or other similar assets hel provide the following amounts relating to these iter		search in furtherance of public service,
	(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 ar		
-	following amounts required to be reported under F_{I}		accete for manoial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1.		\$
b	Assets included in Form 990, Part X.		· · · · · · · · · · · · · · · · · · ·

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

JSA 3E1268 1.000

Schee	lule D (Form 990) 2023 NORT	H DALLAS	SHARED MINI	STRIES INC			75-190856	53 F	-age 2
Pa	rt III Organizations Maintainin	g Collection	ns of Art, Histo	rical Treasure	es, or C	Other Similar A	ssets (continu	ed)	
3	Using the organization's acquisition		and other recor	ds, check any o	of the t	following that m	nake significant	use o	of its
	collection items (check all that apply).		٦					
а	Public exhibition		d	Loan or exch	nange p	orogram			
b	Scholarly research		e	Other					
С	Preservation for future genera								
4	Provide a description of the organiz XIII.	zation's colle	ctions and expla	in how they fu	irther t	he organization'	s exempt purpo	se in	Part
5	During the year, did the organization							_	-
_	assets to be sold to raise funds rathe			rt of the organiz	zation's	collection?	🔄 Yes		No
Pa	rt IV Escrow and Custodial Ar						. –		
	Complete if the organizati 990, Part X, line 21.					-		orm	
1a	Is the organization an agent, truste			-					-
	included on Form 990, Part X?						🔄 Yes		No
b	If "Yes," explain the arrangement in	Part XIII and	complete the fol	lowing table.					
							Amount		
С	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance				1f				
	Did the organization include an amo								No
	If "Yes," explain the arrangement in	Part XIII. Ch	eck here if the ex	planation has be	een pro	vided in Part XIII,	<u></u>	••	
Pa	rt V Endowment Funds	ion onouroro	d "Vaa" an Far		line 1	0			
	Complete if the organizati				, III e I wo years				
	_	(a) Current ye	ar (b) Prio	ryear (C) IV	wo years	back (d) Three y	ears back (e) Fou	r years	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 o Board designated or quasi-endowme		year end balance %	e (line 1g, colum	n (a)) h	eld as:			
a h	Permanent endowment	%	70						
b C	Term endowment %	70							
C	The percentages on lines 2a, 2b, an	nd 2c should a	aual 100%						
3a	Are there endowment funds not in th		•	tion that are he	ld and	administered for	the		
ou	organization by:							Yes	No
	(i) Unrelated organizations?								
	(ii) Related organizations?								
h	If "Yes" on line 3a(ii), are the related								
4	Describe in Part XIII the intended us	-	•						
	t VI Land, Buildings, and Equi	pment							
	Complete if the organizat	tion answere)
	Description of property	(a)	Cost or other basis (investment)	(b) Cost or other b (other)	basis	(c) Accumulated depreciation	(d) Book va	alue	
1a	Land		NONE	110,8	79.		1:	10,8	79.
b	Buildings		NONE	1,440,0		557,474.		32,5	
C	Leasehold improvements					,		, ,	
d	Equipment.		NONE	472,3	08.	396,874.		75,4	34.
e	Other			, -					
	I. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part	X, line 10c, colu	ımn (B))) <u></u> .	1,06	58,8	90.

Schedule D (Form 990) 2023

Investments - Other Securities Part VII 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, line 12, col. (B)) **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, line 13, col. (B)) 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, line 15, col. (B)). 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, line 25, col. (B))

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

	Ile D (Form 990) 2023 NORTH DALLAS SHARED MINISTRIES INC			75-	1908563	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, I		per Return	1		
1	Total revenue, gains, and other support per audited financial statements			1	10,068,	161.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	a 98	9,421.			
b	Donated services and use of facilities	b 1,91	9,248.			
с	Recoveries of prior year grants	c				
d	Other (Describe in Part XIII.)	d				
е	Add lines 2a through 2d			2e	2,908,	669.
3	Subtract line 2e from line 1			3	7,159,	492.
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 4	a				
b	Other (Describe in Part XIII.)	b				
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	7,159,	492.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Complete if the organization answered "Yes" on Form 990, Part IV, I		s per Retu	Irn		
Part	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	•	rn 1	7,375,	057.
		ine 12a.	•		7,375,	057.
1	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ine 12a.	•		7,375,	057.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, I 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	ine 12a. a 1,91			7,375,	057.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, I Total expenses and losses per audited financial statements	ine 12a. a 1,91 b			7,375,	057.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I 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	ine 12a. a 1,91 b c			7,375,	057.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, I 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.)	ine 12a. a 1,91 b c c d	9,248.		7,375,	
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, I 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	ine 12a. a 1,91 b c c d	9,248.	1		248.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, I 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.)	ine 12a. a 1,91 b c c d	9,248.	1 2e	1,919,	248.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, I 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	ine 12a. a 1,91 b c d	9,248.	1 2e	1,919,	248.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, I 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	ine 12a. a 1,91 b c d a	9,248.	1 2e	1,919,	248.
1 2 b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, I 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:	ine 12a. a 1,91 b c d a b	9,248.	1 2e	1,919,	248.
1 2 d c 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, I 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.)	ine 12a. a 1,91 b c c a a	9,248.	1 2e 3	1,919,	248. 809.

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, 2023 AND 2022. 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 2020.

SCHEDULE I (Form 990)	GO Compl	rants an /ernmen ete if the org	d Other A ts, and In _{Janization ansv}	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	o Organiza 1 the United orm 990, Part IV,	tions, 1 States ^{line 21 or 22.}	<u> </u>	омв No. 1545-0047 20 23
Department of the Treasury Internal Revenue Service		Go to	Att: www.irs.gov/F	Attach to Form 990. www.irs.gov/Form990 for the latest information.	test information.		•	Open to Public Inspection
Name of the organization							Employer identification number	1 number
	SHARED MINISTRIES INC						75-1908563	
Part General II	General Information on Grants and Assistance	Assistance						
1 Does the organi:	Does the organization maintain records to substantiate the	ostantiate the	amount of the	grants or assistar	ice, the grantees	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
	the selection criteria used to award the grants or assistance?	or assistance						X Yes No
2 Describe in Part	IV the organization's procedu	ires for monit	toring the use c	of grant funds in the	United States.			
Part II Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	mestic Org	anizations an	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Ye	s" on Form 990,
Part IV, III	Part IV, line 21, tor any recipient that received more than \$5,000. Part II can be auplicated if additional space is needed.		nore man \$5,	UUU. Part II can c	e auplicated IT a	additional space is r	leeded.	
1 (a) Name an or	1 (a) Name and address of organization or government	(q)	(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)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment or	ganizations list	ted in the line 1 tab	le			
3 Enter total numb	Enter total number of other organizations listed in the line 1	d in the line	I table					
For Paperwork Reductiv	For Paperwork Reduction Act Notice, see the Instructions for Form 990	ns for Form 99	0.				Sch	Schedule I (Form 990) 2023

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.	stic Individuals ace is needed.	. Complete if th	ie organization	answered "Yes" on F	orm 990, Part IV, line 22.
(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
1 RENT ASSISTANCE	744	743,022.			
2 UTILITIES ASSISTANCE	364	135,370.			
3 FOOD	101,557		3, 339, 989.	EMV	FOOD
4 clothing	2,402		143,850.	EMV	CLOTHING
5 medical and dental clinic	7,489		242,236.	ACTUAL COST	CLINIC SERVICE
6 SCHOOL UNIFORMS	3, 732		84,052.	ACTUAL COST	SCHOOL UNIFORMS
7 SCHOOL SUPPLIES	4,401		132,802.	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.	information re	quired in Part I,	line 2, Part III, c	olumn (b); and any o	ther additional

Page 2

75-1908563

NORTH DALLAS SHARED MINISTRIES INC

Schedule I (Form 990) (2023)

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

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

REVIEWED AND VERIFIED BEFORE ASSISTANCE IS GIVEN. ASSISTANCE IS NOT GIVEN IDENTIFICATION, AND INFORMATION PROVIDED BY THE APPLICANT IS STRINGENTLY THAT ARE DETAILED ON ITS WEBSITE. EACH APPLICANT MUST PROVIDE SUITABLE INCOME INDIVIDUALS. EACH PROGRAM HAS DIFFERENT ELIGIBILITY REQUIREMENTS THE ORGANIZATION PROVIDES MANY DIFFERENT TYPES OF ASSISTANCE TO LOW TO THOSE NOT MEETING REQUIREMENTS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribu		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
Ū	goods	Х		139,489.	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		1,580,045	3,002,086.	NUMBER OF PO	DUNDS	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 (
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for			
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29		
						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 3	years from	the date of the initial contr	ibution, and which isn't re	quired to be		
	used for exempt purposes for the e	ntire holding	period?			a	Х
b	If "Yes," describe the arrangement i	n Part II.					
31	Does the organization have a	gift accept	tance policy that require	es the review of any r	nonstandard		
	contributions?				31	Х	
32a	Does the organization hire or use	e third part	es or related organization	s to solicit, process, or s	ell noncash		
	contributions?					a	X
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 Pa	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) 2023

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

NORTH DALLAS SHARED MINISTRIES INC

BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC

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

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.

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 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

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 Name of the organization

NORTH DALLAS SHARED MINISTRIES INC

Employer identification number 75-1908563

POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PAGE 12, PART XI, LINE 9:

THERE IS A \$15 DIFFERENCE IN THE AUDIT REPORT.

FORM 990, PART III - PROGRAM SERVICE
LINE 4A, PROGRAM SERVICE
NDSM IS THE TRUSTED AND COMPASSIONATE RESOURCE HELPING INDIVIDUALS THROUGH UNEXPECTED LIFE CHALLENGES. NDSM PROVIDES TEMPORARY EMERGENCY ASSISTANCE FOR BASIC NEEDS AND OFFERS SERVICES PROMOTING HEALTH, EDUCATION, AND FINANCIAL INDEPENDENCE TO HELP LOW-INCOME INDIVIDUALS AND FAMILIES ACHIEVE LONG-TERM STABILITY AND ASSUME RESPONSIBILITY FOR THEIR LIVES AS THEY ARE ABLE. NDSM PARTNERS WITH OTHER ORGANIZATIONS TO PROVIDE SERVICES THAT IT ALONE CANNOT OFFER.
NDSM PROVIDES THE FOLLOWING SERVICES AT NO COST TO ITS CLIENTS:
. FOOD . RENT AND UTILITY ASSISTANCE
. MEDICAL CARE
. DENTAL CARE
. MENTAL HEALTH COUNSELING . VISION/GLASSES
. CLOTHING
. SCHOOL SUPPLIES
. SCHOOL UNIFORMS
. ENGLISH-AS-A-SECOND LANGUAGE (ESL) CLASSES
. TAX PREPARATION ASSISTANCE . RENT ADVANCES FOR DISABLED DALLAS COUNTY WELFARE CLIENTS
WITHOUT HOUSEHOLD INCOME.
IN 2023, NDSM PROVIDED THE FOLLOWING HELP:
 5,629 MEDICAL CLINIC VISITS BY 2,047 UNDUPLICATED PATIENTS. THE VALUE OF SERVICE WAS \$916,033, OF WHICH \$577,164 WAS DONATED. 1,860 DENTAL CLINIC PATIENTS RECEIVED CARE VALUED AT \$1,117,083, ALL OF WHICH WAS DONATED.
3. 101,557 CHILDREN AND ADULTS RECEIVED FOOD VALUED AT
\$3,339,989, OF WHICH \$3,002,085 WAS DONATED.
4. RENT ASSISTANCE TOTALING \$743,022 WAS RECEIVED BY 744 HOUSEHOLDS.
5. UTILITY ASSISTANCE OF \$135,370 WAS PROVIDED TO 364
HOUSEHOLDS.
6. 2,402 INDIVIDUALS RECEIVED CLOTHING VALUED AT \$143,850, OF WHICH \$139,488 WAS DONATED.
7. 3,732 SCHOOL CHILDREN RECEIVED TWO NEW UNIFORM SETS AT A
COST OF \$84,052.
8. 4,401 SCHOOL CHILDREN RECEIVED ALL REQUIRED SCHOOL SUPPLIES AT A COST OF \$132,802

Name of the organization

NORTH DALLAS SHARED MINISTRIES INC

Employer identification number 75–1908563