**990** 

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service 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.

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

Open to Public Inspection

A	For the	2022 calend	dar year, or tax year beginning 01/01/2022 and ending	12/31/2	2022	
В	Check if	applicable:	C Name of organization FERGUSON ROAD INITIATIVE		D Emple	oyer identification number
П	Address	change	Doing business as			75-2797489
П	Name ch		Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite	<b>E</b> Teleph	none number
П	Initial ret		PO Box 570417			214-324-5116
$\Box$	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
$\Box$	Amende	d return	Dallas, TX 75357-0417		<b>G</b> Gross	receipts \$ 221,966
一		on pending	F Name and address of principal officer: Daniel Ortman	H(a) Is this a gro	oup return fo	
			PO Box 570417, Dallas, TX 75357	1 ' '	•	es included? Yes No
<u> </u>	Tax-exer	npt status:	√ 501(c)(3)	<b>⊣</b> `′		ee instructions.
J	Website	: www.ferc	gusonroad.org	H(c) Group ex		
<u>—</u>			Corporation Trust Association Other L Year of formatic	n: <b>1998</b>	M State	of legal domicile: TX
_	art I	Summa				
			cribe the organization's mission or most significant activities: Engage a	nd empower	a comn	nunity of advocates to
ě	'		safe, beautiful, prosperous and proud community in Far East Dallas.			
Governance			out, roopout and production of the second of			
er	2	Check this	box $\square$ if the organization discontinued its operations or disposed of r	nore than 25	% of it	s net assets.
Š			voting members of the governing body (Part VI, line 1a)		3	16
æ	1		independent voting members of the governing body (Part VI, line 1b)		4	16
es	1		per of individuals employed in calendar year 2022 (Part V, line 2a)		5	7
ĬΞ	1		per of volunteers (estimate if necessary)		6	424
Activities &			ated business revenue from Part VIII, column (C), line 12		7a	26,317
-	1		ted business taxable income from Form 990-T, Part I, line 11		7b	0
_	<del>                                     </del>		Prior Year		Current Year	
Revenue	8	Contributio	ons and grants (Part VIII, line 1h)	2	03,392	195,316
	1		ervice revenue (Part VIII, line 2g)		0	0
	1	_	t income (Part VIII, column (A), lines 3, 4, and 7d)		397	333
æ	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,929	26,317
	1		ue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,718	221,966
	+		d similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14		aid to or for members (Part IX, column (A), line 4)		0	0
"	14-		her compensation, employee benefits (Part IX, column (A), lines 5–10)		85,889	141,636
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)		03,003	0
ben	b		raising expenses (Part IX, column (D), line 25) 37,094			
찣	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)	1	02,940	79,240
	1	· · · · · · · · · · · · · · · · · · ·	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		88,829	220,876
	1	-	ess expenses. Subtract line 18 from line 12		34,889	1,090
- S		11070110010	·	ginning of Curre		End of Year
ets (	20	Total asset	rs (Part X, line 16)		91,527	292,576
Ass	21		ties (Part X, line 26)		14,781	14,740
Net Assets or Fund Balances	22		or fund balances. Subtract line 21 from line 20		76,746	277,836
	art II		re Block		70,710	277,000
			, I declare that I have examined this return, including accompanying schedules and statem	ents. and to the	best of	mv knowledge and belief. it is
			ed Declaration of preparer (other than officer) is based on all information of which preparer h			,
		Brian	1, Harry	9/	<del>25/20</del>	23
Sig	gn	Signature of		Date		
He	ere		rper, Treasurer			
		<b>-</b>	name and title			
_	.:	Print/Type	preparer's name Perusianer by:  Date	, , , , , ,	Check	if PTIN
Pa		Downell	arris CPA Darrel Harris 9/2	6/2023	self-emp	<b>─</b> "
	epare	Figure 2 - 10 - 10		Firm's	EIN	
US	se Onl	Firm's add		Phone		214-883-4382
Ma	v the IF		this return with the preparer shown above? See instructions			

Part		vice Accomplishments s a response or note to any line in this l	Part III						
1	Briefly describe the organization's r								
	Engage and empower a community of	of advocates to advance a safe, beautiful, pro	osperous and proud community in	Far East Dallas.					
	Did the exceptation undertake any	significant program convices during the	voor which were not listed on the						
2	prior Form 990 or 990-EZ?	significant program services during the y		yes ☑ No					
3	services?	ucting, or make significant changes in	how it conducts, any program	☐ Yes ☑ No					
4	expenses. Section 501(c)(3) and 50	n Schedule O. m service accomplishments for each of it 01(c)(4) organizations are required to repo any, for each program service reported.							
4a	(Code:) (Expenses \$	129,256 including grants of \$		<u>o</u> )					
		unicates with our 93,000 constituents, 2000							
	30 churches, 40 neighborhoods, 17 schools and more than 20 nonprofit organizations. FRI publishes a semi-annual FRIdays new								
	<del>_</del>	eholds and hand delivered to 52 apartment	· <del>-</del>						
		ship of more than 2000 individuals, we hold							
		mber, and we have a robust presence on so							
		port on the progress of our organization tha							
		host periodic task force meetings to addre regarding crime initiatives and safety prog		•					
	special events, fairs and community	colobrations							
	special events, fairs and community	Celebrations							
4b	(Code: ) (Expenses \$	8,515 including grants of \$	o) (Revenue \$	0 )					
		one participatory organization whose key pro		ng and Coalition					
	Projects. We provide ongoing suppo	rt by guiding vision and strategy, raising fur	nds, convening meetings, supporti	ng aligned					
	activities, establishing shared measu	rements, building public goodwill and trust	, communicating opportunities and	d result to					
	constituents, advancing policy, and r	mobilizing resources. These services are he	lping our area nonprofit partners n	nake a positive					
	"collective impact." FRI works behind	d the scenes to ensure our partners are suc	cessful in fulfilling their missions.	Our core					
	strength is identifying and building c	ivic leaders. We identify, train, and coach th	em so they can work collaborative	ly with their					
	volunteers to solve their own probler	ns.							
A	(Code: \( \( \( \( \) \) \)	47 FOO including quests of A	0 ) /D	- \					
4c		17,520 including grants of \$	<u>0</u> ) (Revenue \$	0)					
		e past 17 years FRI has provided support for							
		ns to over 17,000 individuals and families ar of our families are Hispanic. In 2022, we pre							
	returns to the taxpayers, and our voi	unteers provided over 312 hours of financia	il education and ineracy in the pro-	Less.					
4d	Other program services (Describe o	on Schedule O.) See Schedule O, Statement	: 2						
		ing grants of \$ 0 ) (Revenue							
4e	Total program service expenses	162,661							

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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	<b>✓</b>	
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		✓
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		✓
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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<b>✓</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			_
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			Ť
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
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	<b> </b>	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		·	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<b>/</b>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		·	
	Schedule D, Parts XI and XII	12a	/	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>1</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		✓
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		✓
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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>

Part	Checklist of Required Schedules (continued)			
	5111		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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			<b>-v</b>
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<b>✓</b>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		<b>-</b>
	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		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			•
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		<b>✓</b>
	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		<b>√</b>
b C	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
C	"Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30 31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<b>-</b>
	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		✓
34	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	./	
Part		_ 55	<b>▼</b>	
	Check if Schedule O contains a response or note to any line in this Part V			
	Establish and beautiful and of Establish		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a  7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓	
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)?			
h		4a		<b>V</b>
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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>,                                     </u>
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		1
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).	OB		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		<b>√</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>-</b>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b Section 501(c)(12) organizations.</b> Enter:	-		
ii a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	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		
b	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>√</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		✓
	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?	16		<b>✓</b>
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	<b>Section 501(c)(21) organizations.</b> 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		
	If "Yes," complete Form 6069.	- /		

Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.						
Section	on 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	-								
b 2	Enter the number of voting members included on line 1a, above, who are independent .   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		<b>√</b>						
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		·						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		√ √						
6 7a	6 Did the organization have members or stockholders?									
b	, , , , , , , , , , , , , , , , , , , ,									
8	stockholders, or persons other than the governing body?									
а	The governing body?	8a 8b	<b>√</b>							
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
0	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	/ - \	✓						
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	oae.) Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	<b>√</b>						
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 b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	<b>√</b>							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>							
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12b 12c	<b>√</b>							
13	Did the organization have a written whistleblower policy?	13	√ ✓							
14 15	Did the organization have a written document retention and destruction policy?	14	_							
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>							
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160								
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	16a		<b>✓</b>						
	organization's exempt status with respect to such arrangements?	16b								
	on C. Disclosure									
17 18	List the states with which a copy of this Form 990 is required to be filed <b>None</b> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c)						
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,						
20	State the name, address, and telephone number of the person who possesses the organization's books and re Maria Valenzuela, (214)324-5116	cords								

Form 990 (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . .

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

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

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

Check this box if neither the organization no	•			atio	n c	ompe	nsa	ted any current	officer, director,	or trustee.
				(0	C)					_
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an :ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
Daniel Ortman	4.00									
President	0.00	✓		✓				0	0	0
Christopher Jackson	2.00									
Vice President	0.00	✓		✓				0	0	0
Bill Coleman	4.00									
Secretary	0.00	✓		✓				0	0	0
Becky Reed	4.00									
Treasurer	0.00	✓		✓				0	0	0
Daniel Clayton	1.00									
Board Member	0.00	✓						0	0	0
Matt Nicolette	1.00									
Board Member	0.00	✓						0	0	0
Gary Hasty	1.00									
Board Member	0.00	✓						0	0	0
Christopher Rebuck	1.00									
Board Member	0.00	✓						0	0	0
Shawn Lovelady	1.00									
Board Member	0.00	✓						0	0	0
Jared Greco	1.00									
Board Member	0.00	✓						0	0	0
Carmen Parra	1.00									
Board Member	0.00	✓						0	0	0
Dr Eddie Tealer	1.00									
Board Member	0.00	✓						0	0	0
Karl Zavitkovsky	1.00									_
Board Member	0.00	✓						0	0	0
Austin Endo	1.00									
Board Member	0.00	✓						0	0	0

Part VII	Section A. Officers, Directors, 1	rustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Empl	oyees (continued)
					(0	C)					
	(A)	(B)	(do r	ot ch		ition	e than d	200	(D)	(E)	(F)
	Name and title	Average	box,	unles	ss pe	rson	is both	n an	Reportable	Reportable	Estimated amount
		hours per week	_			_	or/trust	r –	compensation from the	compensation from related	of other compensation
		(list any	Indiv	nstitutional	Officer	ey	High	Former	organization (W-2/	organizations (W-2 1099-MISC/	
		hours for related	dividual t	utio	<u> </u>	emp	est c	₽ĕ	1099-NEC)	1099-MISC/	organization and related organizations
		organizations below	Individual trustee or director	na t		Key employee	ömp				
		dotted line)	stee	trustee		0	Highest compensated employee				
				ŏ			ated				
Sam Down	ey	1.00									
Board Men	nber	0.00	✓						0	(	0
Art Hall		1.00									
Board Men	nber	0.00	<b>✓</b>						0	(	0
			-								
			1								
			1								
-											
			-								
		<u> </u>	-								
-											
			†								
			1								
	ototal	 		٠					0	(	0
	al from continuation sheets to Part al (add lines 1b and 1c)		n A	•	•			•	0		
	al (add lines 15 and 1c)		limite	ed 1	to t	hos	e list	ted		ceived more	
	ortable compensation from the organi								0		+,
											Yes No
	the organization list any former of							mpl	loyee, or highes	st compensate	d
	ployee on line 1a? <i>If "Yes," complete</i> \$										3 ✓
	any individual listed on line 1a, is the										
_	anization and related organizations ividual	greater in	an p	150,	,uuc	) ( )	ı re	S,	complete Sche	dule J for suc	
	any person listed on line 1a receive o	r accrue co	· · omne	nsa	tion	froi	 m.anv	· ·	 related organiza	tion or individu:	4 🗸
	services rendered to the organization?										<sup>~</sup> 5 √
Section E	3. Independent Contractors		•								1 9 1 1 1
1 Cor	mplete this table for your five high										
con	npensation from the organization. Repo	ort comper	satio	1 fo	r the	e ca	lenda	r ye	ear ending with or	within the orga	nization's tax year.
	(A)								(B)		(C)
	Name and business add	ress							Description of sen	/ices	Compensation
None											
	al number of independent contracto						ed to	th	nose listed abov	e) who	
rece	eived more than \$100,000 of compens	ation from	the or	gan	iizat	ion			0		

12

Total revenue. See instructions

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Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		Check if Schedule	0 60	ritairis a re	spon	se or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514				
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaig Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no Noncash contribution lines 1a–1f Total. Add lines 1a-	ns (cont (cont inclination)	ributions) fts, grants, uded above	1a 1b 1c 1d 1e 1f		195,316							
Program Service Revenue	2a b c d e f	All other program se	ervice	revenue		Business Code	0							
	3 4 5	Investment income other similar amoun Income from investr	(incl its) . ment (	uding divi 	dends  npt bo 	s, interest, and ond proceeds	333 0 0	0 0	0 0	333 0 0				
	b c d 7a	Less: rental expenses Rental income or (loss) Net rental income o Gross amount from sales of assets	r (los:	s) (i) Securi		0 (ii) Other								
Other Revenue	b c d 8a	other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income fro events (not including	 m fu			0								
0	С	of contributions rel 1c). See Part IV, line Less: direct expens Net income or (loss) Gross income factivities. See Part I	ported 18 es . from	  I fundraisin gaming	8a 8b g eve	nts								
	c 10a b	Less: direct expens Net income or (loss) Gross sales of ir returns and allowan Less: cost of goods	) from nvento ces sold	n gaming acory, less	9b ctivitie 10a 10b									
Miscellaneous Revenue	11a b c	Net income or (loss)				Business Code	26,317	0	26,317	0				
_	е	Total. Add lines 11a	a–11∩	1			26.317							

221,966

0

26,317

333

#### Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (A) Total expenses **(B)** Program service expenses Do not include amounts reported on lines 6b. 7b. Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, 5 trustees, and key employees . . . . Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 126,983 98,221 11,967 16,795 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 4,499 392 4,091 16 10 Payroll taxes . . . . . . . . 10,154 7,816 975 1,363 11 Fees for services (nonemployees): Management . . . . . . . Legal . . . . . . . . . . . . . . 8,400 3,300 5,100 Lobbying . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 5,400 3,000 200 2,200 12 Advertising and promotion . . . . . 28,958 26,545 329 2,084 13 Office expenses . . . . . . . 16,690 8,184 1,630 6,876 14 Information technology . . . . 8,075 10,104 -2,142 113 15 Royalties . . . . . . . . 16 Occupancy . . . . . . . . 4,452 4,452 17 2,377 1,170 560 647 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1,678 1,678 20 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization . 1,204 872 110 222 23 101 2,006 1,905 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) а b C d All other expenses 25 **Total functional expenses.** Add lines 1 through 24e 220.876 162,661 21,121 37,094 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ if following SOP 98-2 (ASC 958-720)

#### Part X Balance Sheet

(B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . . . . . . . 135,929 1 124,346 2 Savings and temporary cash investments . . . . . . . . . 2 153,923 161,920 3 3 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 8 9 Prepaid expenses and deferred charges . . . . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . | 10a Less: accumulated depreciation . . . . . 10b 1,675 10c 64,563 b 6,310 11 Investments—publicly traded securities 11 . . . . . . . . . . . 12 Investments—other securities. See Part IV, line 11 . 12 Investments - program-related. See Part IV, line 11 . . . . . . . . 13 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . 15 Total assets. Add lines 1 through 15 (must equal line 33) . . . 16 16 291,527 292,576 Accounts payable and accrued expenses . . . . . . . . . . . . 17 10,030 17 12,696 18 18 19 4,751 19 2,044 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 0 **Total liabilities.** Add lines 17 through 25 . . . . . . . . . . . . 26 26 14,781 14,740 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . . . . . 270.079 27 269.336 28 Net assets with donor restrictions . 28 6,667 8,500 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds . . . . . . . . . 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 Retained earnings, endowment, accumulated income, or other funds. 31 32 276,746 32 277,836 Total liabilities and net assets/fund balances . 33 291,527 33 292,576

Form **990** (2022)

Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)		22	1,966				
2	Total expenses (must equal Part IX, column (A), line 25)		220	0,876				
3	Revenue less expenses. Subtract line 2 from line 1		•	1,090				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	276,746						
5	Net unrealized gains (losses) on investments			0				
6	Donated services and use of facilities			0				
7								
8	Prior period adjustments			0				
9	Other changes in net assets or fund balances (explain on Schedule O)			0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))		27	7,836				
Part	XII Financial Statements and Reporting			_				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· ·</u>		Ц_				
			Yes	No				
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_				
	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?	2b	✓					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c						
the audit, review, or compilation of its financial statements and selection of an independent accountant? .								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✓_				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2022)

#### **SCHEDULE A** (Form 990)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

**FERGUSON ROAD INITIATIVE** 75-2797489 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V.

f	Enter the number of supported of						
<u> </u>	Provide the following information  (i) Name of supported organization	n about the supp	(iii) Type of organization (described on lines 1–10 above (see instructions))			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	1						

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

Schedule A (Form 990) 2022 Page **2** 

Part	(Complete only if you checked the						
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	(-) 0040	(I-) 0040	(-) 0000	(-1) 0004	(-) 0000	(6) T-1-1
Calen	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	<b>(e)</b> 2022	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	108,457	140,117	183,150	203,392	195,316	830,432
2	Tax revenues levied for the	100,437	140,117	103,130	203,332	155,510	030,432
	organization's benefit and either paid to						
	or expended on its behalf	o	0	0	0		0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0		0
4	Total. Add lines 1 through 3	108,457	140,117	183,150	203,392	195,316	830,432
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)						
6	Public support. Subtract line 5 from line 4						830,432
Secti	on B. Total Support						·
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
7	Amounts from line 4	108,457	140,117	183,150	203,392	195,316	830,432
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources	699	254	612	397	222	2 200
9	Net income from unrelated business	699	354	613	397	333	2,396
J	activities, whether or not the business						
	is regularly carried on	o	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
11	<b>Total support.</b> Add lines 7 through 10						832,828
12	Gross receipts from related activities, etc	,	•		[	12	= F01(a)(2)
13	<b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop he</b>						
Secti	on C. Computation of Public Suppor			<u> </u>	<u> </u>		· · · <u></u>
14	Public support percentage for 2022 (line 6			11. column (f))		14	99.71 %
15	Public support percentage from 2021 Sch		•			15	99.7 %
16a	331/3% support test—2022. If the organ					1/3% or more,	check this
	box and <b>stop here</b> . The organization qua	lifies as a publi	cly supported	organization			🗸
b	331/3% support test—2021. If the organi						
	this box and <b>stop here</b> . The organization			_			_
17a	10%-facts-and-circumstances test—2	•			•		
	10% or more, and if the organization meats the						
	organization			•	•		
<b>L</b>	10%-facts-and-circumstances test—2						· · · 🖂
b	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the					_	•
	organization			_	=	· · · · · · · · · · · · · · · · · · ·	
18	Private foundation. If the organization	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this bo	x and see

Schedule A (Form 990) 2022 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.)

Secti	on A. Public Support			•	·	,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> 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 8	Add lines 7a and 7b						
Ū	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-,	(-,	(-,	(-,	(-,	(7)
10a	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						
40	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first second	third fourth	or fifth tay ve	l Par as a sectio	n 501(c)(3)
•	organization, check this box and <b>stop he</b>	J	*		•		` '\ '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13, column (f))		15	%
16	Public support percentage from 2021 Sch	, , , , , , , , , , , , , , , , , , , ,	•	, , , , , , , , , , , , , , , , , , , ,			%
	on D. Computation of Investment In						
17	Investment income percentage for 2022 (			oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2021						%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2021. If the organiz						
	line 18 is not more than 331/3%, check this l		_	*	-		
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ctions .

Schedule A (Form 990) 2022 Page 4

#### **Supporting Organizations** Part IV

(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.)

#### Se

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	140
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	41-		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4b		
5а	purposes.  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 <b>Part VI</b> , 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).	4c		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI</i> .	6		
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	8		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	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 <b>Part VI</b> .	9c		
10a	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			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

Schedule A (Form 990) 2022 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described on line 11a above? 11b

A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,

## **Section B. Type I Supporting Organizations**

provide detail in Part VI.

- Yes 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. 1 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. 2
- Section C. Type II Supporting Organizations
  - Yes No 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). 1

#### Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

# Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

Activities Test. Answer lines 2a and 2b below. 2

- 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.
- 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? If "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.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		
/= .		

Yes No

1

2

3

11c

No

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Company of t	gani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	A-Adjusted Net Income (A) Prior Year (B) Current Year (optional)			
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional		ntegrated Type III suppo	rting organization
,	(see instructions).	any I	integrated Type III suppo	ring organization

Page 6

Schedule A (Form 990) 2022 Page **7** 

Part	Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	<b>zations</b> (continued	<u>d)</u>	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	·		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	(:::\
Section E-Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2022			Underdistribution	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required—explain in <b>Part VI</b> ). See				
	instructions.			_	
3	Excess distributions carryover, if any, to 2022			_	
<u>a</u>	From 2017				
b	From 2018				
C	From 2019				
d_	From 2020			-	
<u>e</u> f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			$\dashv$	
<u> </u>	Applied to underdistributions of prior years  Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
ij	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
•	Section D, line 7:				
а	Applied to underdistributions of prior years			$\neg$	
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2022, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the organization		Employer identification number
FERG	USON ROAD INITIATIVE		75-2797489
Par	t I Organizations Maintaining Donor Advis		ds or Accounts.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	advisors in writing that the assets he	ld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, an	•	_ :•• _ ::•
-	only for charitable purposes and not for the benefit		
Par			1es 10
Par		/ac" an Farm 000 Dort IV line 7	
	Complete if the organization answered "Y		
1	Purpose(s) of conservation easements held by the or		
	Preservation of land for public use (for example, recrea	•	· · · · · · · · · · · · · · · · · · ·
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space	de la Propinsi de la Companya de la	and the form of a second of the
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		. <b>2b</b>
С	Number of conservation easements on a certified his		
d	Number of conservation easements included in (c) a	•	
	historic structure listed in the National Register .		·   2d
3	Number of conservation easements modified, transf	ferred, released, extinguished, or tern	ninated by the organization during the
	tax year		
4	Number of states where property subject to conserv		
5	Does the organization have a written policy rega		
	violations, and enforcement of the conservation ease	ements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization repor	ts conservation easements in its re	evenue and expense statement and
	balance sheet, and include, if applicable, the text o		nancial statements that describes the
	organization's accounting for conservation easemen	ts.	
Part	Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Y	es" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASE		ue statement and balance sheet works
	of art, historical treasures, or other similar assets	held for public exhibition, education	, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FASI	B ASC 958, to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held t		
	provide the following amounts relating to these items	-	,
			\$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· · · · Ψ
2	If the organization received or held works of art, I	historical treasures or other similar	assets for financial gain, provide the
_	following amounts required to be reported under FA		according in another gain, provide the
_	· · · · · · · · · · · · · · · · · · ·	<del>-</del>	¢
a b	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		Ф Ф
D	Assets included in Form 330, Fall A		Ф

Schedule D (Form 990) 2022 Page **2** 

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a   Public exhibition   d   Loan or exchange program    b   Scholarly research   e   Other    c   Preservation for future generations    4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No    Part IV   Escrow and Custodial Arrangements.  Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b Is the organization and agent, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X XIII and complete the following table:  1c Beginning balance   1c	Part	•								
b   Scholarly research   e   Other	3	, ,		ner recor	ds, checł	cany of the	e follow	ing that make s	significant use	of its
c   Preservation for future generations   4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   No   Part IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:   Complete if the arrangement in Part XIII and complete the following table:   Complete if the organization and an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No	а	☐ Public exhibition		d	☐ Loan d	or exchange	e progra	am		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	☐ Scholarly research		е	Other					_
XIII   So   During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   No   No   No   No   No   No   N	С	☐ Preservation for future generations	}							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \( \) \(	4		tion's collections a	nd expla	in how th	ney further	the orga	anization's exer	mpt purpose ii	n Part
Rati   V   Scrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 900, Part IV, line 9, or reported an amount on Form 900, Part IV, line 10.    Seginning balance	5									
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?				ined as p	art of the	organizati	on's col	lection?	☐ Yes ☐	No
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance, d Additions during the year e Distributions during the year f Ending balance g Distributions during the year f Ending balance C Tending balance c Tending balance d Distributions during the year f Ending balance f Ending balance C Tendowment Funds C Tendowment Funds C Tendowment Funds C Tendownent Funds C Term endowment	Part		•							
1a   sthe organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 99.0, Part XII and complete the following table:    C   Beginning balance			answered "Yes"	on For	m 990, P	art IV, line	9, or r	eported an ar	nount on For	m
Description										
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Additions during the year	1a									_
Amount									☐ Yes ☐	No
a Beginning balance	b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	ıble:				
Additions during the year   1e   1e   1e   1e   1e   1e   1e   1								A	mount	
e Distributions during the year  f Ending balance  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	9								
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	d						-			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е						-			
Part V   Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	f									
Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.									_	_ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.			art XIII. Check here	if the ex	planation	has been	provide	d on Part XIII .	L	
Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back	Par		1 (() / 1)	_	000 5		40			
1a   Beginning of year balance		Complete if the organization								
b Contributions		B : : : : : : : : : : : : : : : : : : :	(a) Current year	(b) Prid	or year	(c) Two year	s back	(d) Three years bac	k (e) Four years	back
c Net investment earnings, gains, and losses	_									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property   (a) Cost or other basis (cother) bas										
d Grants or scholarships	С									
e Other expenditures for facilities and programs										
## Administrative expenses		•								
g End of year balance	е									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment	f									
Board designated or quasi-endowment		•			<i>(</i> ), 4					
b Permanent endowment		•			e (line 1g,	, column (a)	)) held a	s:		
Term endowment	а	Board designated or quasi-endowmer	nt	6						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a	b		%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	С		0	2007						
Ves   No   Ves   V	20	. •	•		zation tha	t are hold .	and adr	ministered for th	20	
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       0       0       0       0         b Buildings       0       0       0       0         c Leasehold improvements       0       0       0       0         d Equipment       0       70,873       64,563       6,310         e Other       0       0       0       0	Sa		e possession or the	e organi.	zation tha	it are neid a	and adr	ministered for tr		No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land		•								NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		-								-
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  conditions  Leasehold improvements  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	L	, ,								-
Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (other)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         0         70,873         64,563         6,310           e         Other         0         0         0         0	_	• •	_						30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a         Land         0         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0           d         Equipment         0         70,873         64,563         6,310           e         Other         0         0         0         0				n s endo	wment iu	inas.				
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         0         0         0         0           b Buildings         0         0         0         0           c Leasehold improvements         0         0         0         0           d Equipment         0         70,873         64,563         6,310           e Other         0         0         0         0         0	rart			on For	~ 000 B	ort IV line	110	Soo Form 000	Part V line	10
1a         Land         0         0         0           b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         70,873         64,563         6,310           e         Other         0         0         0         0		<u> </u>			•					
1a Land       0       0       0         b Buildings       0       0       0       0         c Leasehold improvements       0       0       0       0         d Equipment       0       70,873       64,563       6,310         e Other       0       0       0       0		Description of property	1 ' '						(a) Book valu	e
b         Buildings         0         0         0         0           c         Leasehold improvements         0         0         0         0         0           d         Equipment         0         70,873         64,563         6,310           e         Other         0         0         0         0	10	Land	,		,	· ·				
c         Leasehold improvements         0         0         0           d         Equipment         0         70,873         64,563         6,310           e         Other         0         0         0         0	_		•	_						
d     Equipment			•							
e Other 0 0 0 0	_		•	_						
		• •	•	_						0,310
				•	( column	_	)c )			6 210

Schedule D (Form 990) 2022 Page **3** 

Part VII	Investments – Other Securities.  Complete if the organization answered "Yes" on Form 990, Part I	V. line 11b. See F	form 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely h	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	mn (b) must equal Form 990, Part X, col. (B) line 12.)   .   .		
Part VIII	Investments—Program Related.		
r are viii	Complete if the organization answered "Yes" on Form 990, Part I	V line 11c See F	orm 990 Part X line 13
	(a) Description of investment	(b) Book value	(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. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See F	orm 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.	<u> </u>	•
I alt X	Complete if the organization answered "Yes" on Form 990, Part I	V line 11e or 11f	See Form 990 Part X
	line 25.	v, 11110 1 10 01 1 111.	ooo i oiiii ooo, i air x,
1.	(a) Description of liability		(b) Book value
(1) Federal ir			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	,
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the organ		
organization'	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	been provided in Part XIII . 🗓

Schedule D (Form 990) 2022 Page **4** 

Part			•	Return.	
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	250,566
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	28,600		
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	28,600
3	Subtract line <b>2e</b> from line <b>1</b>	· · ·		3	221,966
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)		0		
c	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5   Detum	221,966
Part	•			r Keturn	•
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	249,476
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
a	Donated services and use of facilities	2a	28,600		
b	Prior year adjustments	2b	0		
C	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0	0-	
e	Add lines 2a through 2d			2e	28,600
3	Subtract line <b>2e</b> from line <b>1</b>	i		3	220,876
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	10			
a h	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	0		
b	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I).			5	220,876
Part		10 10.) .		<u> </u>	220,676
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4· Par	IV lines 1h and 2h	· Part V li	ne 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
	ule D, Part X, Line 2 - Organization is a not-for-profit organization that is exer				
	Internal Revenue Code as other than a private foundation. The Organization is				
	empt status and is not aware of any activities that are subject to tax on unrela		<del>-</del>		
	ization believes that it has appropriate support for any tax positions taken, a				
	aterial to the financial statements. The organization is subject to filing a 990 Ir				
	pe filed with the Internal Revenue Service for unrelated business income. With				
	9 for the Organization are no longer subject to examination by tax authorities		cptions, i cuciai imoi	madonic	ums med prior
	o for the organization are no longer subject to examination by tax additionities	:			

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

#### 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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number FERGUSON ROAD INITIATIVE** 75-2797489 Form 990, Part VI, Section B, Line 11b - The Executive Director and Treasurer reviews the 990 prior to filing by doing the following: reviewing the yes/no answers given on the 990 form for accuracy, cross referencing the financial numbers to the financial statements, and corroborating other information given on the form based on first-hand knowledge of the organization. The final 990 form is then sent via email to the whole board prior to filing the form electronically with the IRS. Form 990, Part VI, Section B, Line 12c - Each board member and key employee is given a copy of the conflict of interest policy. On an annual basis major business relationships are reviewed for any possible conflicts of interest transactions. Form 990, Part VI, Section B, Line 15 - The governing body reviews and approves compensation package for the Executive Director. Any board member with a conflict of interest with respect to the compensation in question is not allowed to participate in the deliberations. All documents used to justify the compensation package given, notes of discussions conducted, and final decisions made are maintained within the minutes of meetings held. Form 990, Part VI, Section C, Line 19 - Financial statements are available upon request at the Organizations' office and 990s are posted on Guidestar.com.

Schedule O, Statement 1 FERGUSON ROAD INITIATIVE

Form: **Form 990 (2022)** EIN: **75-2797489** 

Page: 1 Header Section

Reasonable Cause Explanations

Explanation
Application for extension was filed.

Schedule O, Statement 2 FERGUSON ROAD INITIATIVE

Form: Form 990 (2022)

Page: 2 Part III, Line 4d
Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	The Ferguson Road Initiative's effort towards COVID recovery continued through the end of the year. FRI's robust communication platforms regularly communicated to our vulnerable neighbors information where kids and families can receive the COVID Booster vaccinations. We also continued to publish our Resource Directory that was mailed to (50) apartment, (17) schools, (30) faith communities, and (20 nonprofits) regarding where families should go in the Far East Dallas service area to receive rental, financial, food, clothing, and work force assistance. We did this by continuing to collaborate not only with our nonprofit partners in Far East Dallas, but we expanded our resource communications to also include more than (40) service providers in the Mesquite, Balch Springs, Garland, and Pleasant Grove communities.	7,370	0	0
Total:		7,370	0	0