Form **990**

Department of the

Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

2019

DLN: 93493318116110 OMB No. 1545-0047

> Open to Public Inspection

		nue Service			- 40 01	2016				
			alendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization				D Employe	D Employer identification number		
B Check if applicable: ☐ Address change			PHILANTHROPY SOUTHWEST							
☐ Name change			Deine havings			51-0163	3529			
☐ Initial return			Doing business as							
☐ Final return/terminated☐ Amended return☐ Application pending			Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1910 PACIFIC AVENUE NO 13500			E Telephon	E Telephone number			
							(214) 740-1787			
			City or town, state or province, country, and ZIP or foreign postal code							
			DALLAS, TX 75201				G Gross receipts \$ 1,352,813			
			F Name and address of principal officer: MATTHEW CARPENTER 1910 PACIFIC AVENUE NO 13500			H(a) Is	this a group ret	turn for		
						rest > Are all subordinates			□Yes 🗹 No	
							included?			
I Tax-exempt status:			✓ 501(c)(3)			If	"No," attach a l	ist. (see	instructions)	
J W	ebsit	te:► WV	VW.PHILANTHROPYSOUTHWEST.C	RG		H(c) G	roup exemption	number	>	
						L Year of fe	ormation: 1975	M State (of legal domicile: TX	
K Forn	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation 🔲 Other 🟲		L rear or i	omiadon. 1975	I-I State (or regar dofffiche. TX	
Pa	ırt I	Sum	ımary							
	1	1 Briefly describe the organization's mission or most significant activities:								
e.	PROVIDE A FORUM FOR GRANTMAKING FOUNDATIONS AND THE EXCHANGE OF INFORMATION ON GIVING PROGRAM									
ance ance										
Ĕ										
Governance		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.								
	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			•	3	17	
20 ဟု								4	17	
Ę		Total number of individuals employed in calendar year 2019 (Part V, line 2a)					5		6	
Activities &			mber of volunteers (estimate if ne	* *				6	65	
⋖			related business revenue from Par					7a	0	
	b	Net unre	Net unrelated business taxable income from Form 990-T, line 39			· · · ·		7b	0	
	_						Prior Year		Current Year	
Ravenue		Contributions and grants (Part VIII, line 1h)			•		968,607		1,005,848	
		Program service revenue (Part VIII, line 2g)				238,420			312,131	
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)					· · · · · · · · · · · · · · · · · · ·		30,443	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							3,264 1,351,686	
···		Grants and similar amounts paid (Part IX, column (A), lines 1–3)					0		1,331,000	
			Benefits paid to or for members (Part IX, column (A), line 4)				0		0	
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				608,6		636,388	
Se		Professional fundraising fees (Part IX, column (A), line 11e)					0		030,300	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ▶122,485						1		
		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)					559,9	971	860,148	
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)				· ·		1,496,536		
		Revenue less expenses. Subtract line 18 from line 12					83,307		-144,850	
Net Assets or Fund Balances						Beginn	ning of Current Y		End of Year	
									_	
	20 Total as		ets (Part X, line 16)				1,302,0	99	1,232,820	
			oilities (Part X, line 26)		•		74,3	-	35,151	
		2 Net assets or fund balances. Subtract line 21 from line 20						740	1,197,669	
Pa			l ature Block perjury, I declare that I have exam	sined this return, including accomp	oonving s	chadulac	and statements	d + -	the best of my	
			ef, it is true, correct, and complete							
any k	nowle	edge.								
		****	*				2020-11-13			
Sign		Signat	nature of officer Date							
Here		MATTI	TTHEW CARPENTER CHAIR							
			or print name and title						_	
Paid Preparer Use Only		1'	Print/Type preparer's name	Preparer's signature	Da			TIN		
					20	20-11-13	Check L if F self-employed	00895728	<u> </u>	
		er 🗀					rm's EIN ► 41-0746749			
		H	Firm's address ▶ 801 CHERRY ST SUITE 1400				Phone no. (817) 877-5000			
						1 Hone Ho. (017) (577-3 00 0			
			FORT WORTH, TX 76:							
			this return with the preparer sho			· · ·		⊻ Y	es No	
ror P	aper	work Re	duction Act Notice, see the se	parate instructions.		Cat. N	o. 11282Y		Form 990 (2019)	