(Rev. January 2020) Department of the Treasury Internal Revenue Service

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	
Open to Public	
Inspection	

OMB No. 1545-0047

<u>A</u> I	For the	e 2019 calendar year, or tax year beginning and	ending		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
Г	Addre	DSC FOUNDATION, INC			
	Name chang			47-53737	16
	∏Initial ∐return ∏Fiṇal	13709 CAMMA POAD	Room/suite	E Telephone numbe 972-980-	
	⊥return. termin ated			G Gross receipts \$	2,195,382.
Г	Amen			H(a) Is this a group re	
F	return Applic tion			for subordinates	
	pendi	13709 GAMMA ROAD, DALLAS, TX 75244		H(b) Are all subordinates in	
$\overline{}$	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	-	list. (see instructions)
		te: \triangleright N/A	<u>, </u>	H(c) Group exemption	
		organization: X Corporation	L Year		M State of legal domicile: TX
Pa	art I	Summary	1 = 100.	or remained.	otato or logar dominoro,
_	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$	SOLE M	ISSION OF T	HE DSC
Activities & Governance		FOUNDATION IS TO SERVE THE MISSION AND VI	SION (OF THE DALLA	S SAFARI
naı	2	Check this box if the organization discontinued its operations or dispos	ed of more	e than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
م ن	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			1
itie	6	Total number of volunteers (estimate if necessary)			0
ċį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ ⋖	b	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		1,817,329.	2,142,407.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,015.	1,975.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		42,281.	50,283.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,862,625.	2,194,665.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,098,725.	1,384,960.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ű	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	122,389.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	. b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		753,307.	514,399.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,852,032.	2,021,748.
	19	Revenue less expenses. Subtract line 18 from line 12		10,593.	172,917.
Net Assets or	9		В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		703,575.	1,378,364.
A	21	Total liabilities (Part X, line 26)		99,543.	597,601.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		604,032.	780,763.
	art II	Signature Block			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparei	r nas any knowledge.	
0:		Signature of officer		I Date	
Sig		RICHARD CHEATHAM, EXECUTIVE DIRECTOR		Duto	
Her	е	Type or print name and title			
				Date Check C	PTIN
Paid	1	Print/Type preparer's name PAUL D. KNUTSON Preparer's signature		11/15/20 of self-employ	
	parer	Firm's name HOWARD, LLP	-		20-2257536
	Only	Firm's address 7557 RAMBLER ROAD, SUITE 600		I IIIII 3 LIIV	
200	Jy	DALLAS, TX 75231		Phone no. (2	14) 346-0750
Mar	v the II	RS discuss this return with the preparer shown above? (see instructions)		Ti nono no. (=	X Yes No
	,				

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending		
or calendar year 2019, or ilscar year beginning	, 20 19, and ending	,	,

Department of the Treasury	Do not send to the IRS. Keep for your records.		2013
ternal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information.		
ame of exempt organization		Employer i	dentification number
SC FOUNDATION	, inc	47-53	373716
ame and title of officer			
ICHARD CHEATI			
XECUTIVE DIRI	Return and Return Information (Whole Dollars Only)		
	, , , , , , , , , , , , , , , , , , , ,	m the veture	. If you shook the hav
n line 1a, 2a, 3a, 4a, or 5	on for which you are using this Form 8879-EO and enter the applicable amount, if any, from the amount on that line for the return being filed with this form was blank, the land (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable and (do not enter -0-).	then leave lii	ne 1b, 2b, 3b, 4b, or 5b,
a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,194,665.
a Form 990-EZ check he			
Form 1120-POL check	. \square		
Form 990-PF check he			
a Form 8868 check here			
Part II Declarat	on and Signature Authorization of Officer		
ebit) entry to the financial sturn, and the financial ins 888-353-4537 no later the occessing of the electronical ayment. I have selected a ganization's consent to e	oplicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an expension in the institution account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the U.S. an 2 business days prior to the payment (settlement) date. I also authorize the financial incomparation taxes to receive confidential information necessary to answer inquiries and personal identification number (PIN) as my signature for the organization's electronic reference funds withdrawal.	ition's federa Treasury Fir nstitutions in resolve issu	al taxes owed on this nancial Agent at ovolved in the ues related to the
officer's PIN: check one	-		75020
X I authorize HO		to enter my	
	ERO firm name		Enter five numbers, b do not enter all zeros
is being filed with enter my PIN on As an officer of the indicated within	on the organization's tax year 2019 electronically filed return. If I have indicated within the a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autithe return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization's tax year 2019 of this return that a copy of the return is being filed with a state agency(ies) regulating chariter my PIN on the return's disclosure consent screen.	norize the af electronically	orementioned ERO to
fficer's signature		November 3	16, 2020
Part III Certifica	tion and Authentication		
	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN. 75476275231 Do not enter all zeros		
onfirm that I am submitting file Providers for Busines		-	
RO's signature Paux	Digitally signed by Paul Knutson, CPA Date: 2020.11.15 16:52:13 -06'00' Date 11/	15/20	
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE SOLE MISSION OF THE DSC FOUNDATION IS TO SERVE THE MISSION .	AND
	VISION OF THE DALLAS SAFARI CLUB AND TO PROMOTE, ESTABLISH AND	CONDUCT
	SCIENCE BASED RESEARCH SUPPORTING SUSTAINABLE USE WILDLIFE	
	CONSERVATION AND THE ROLE OF WELL REGULATED HUNTING. TO CREATE	AND
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	103110
3	, , , , , , , , , , , , , , , , , , ,	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1 es NO
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by organization is program services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 489, 960. including grants of \$1, 384, 960.) (Revenue \$)
	GAVE 39 GRANTS IN SUPPORT OF THE MISSION OF THE DALLAS SAFARI C	TOB-IO
	INSURE THE CONSERVATION OF WILDLIFE THROUGH PUBLIC ENGAGEMENT,	
	EDUCATION AND ADVOCACY FOR WELL-REGULATED HUNTING AND SUSTAINAB	
	THE GRANTS FUNDED PROJECTS THAT INCLUDED ANTI-POACHING CAMPAIGN	S, YOUTH
	HUNTING AND SHOOTING INITIATIVES, SCIENTIFIC RESEARCH AND DATA	
	GATHERING STUDIES, WILDLIFE REHABILITATION EFFORTS AND CONSERVA	TION.
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 1,489,960.	
	, , , , , , , , , , , , , , , , , , , ,	Form 990 (2019)

Form 990 (2019) DSC FOUNDATION, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6		٦		
O	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
b	•	12b		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
4-	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		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3 7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	and the second s	20a		X
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	X	

Form	1 990 (2019) DSC FOUNDATION, INC 47-53	73716	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	- 1		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
00	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	. 30		<u></u>
5,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<u> </u>	
55	Note: All Form 900 filers are required to complete Schodule O	38	х	
Pa		30		
	Check if Schedule O contains a response or note to any line in this Part V			
-	555 55666.6 6 Gordanio a rospones er nete to any mio in uno i art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8	1.03	10

932004 01-20-20

(gambling) winnings to prize winners?

11451115 759901 JE0059.000

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form **990** (2019)

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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	710	<u>_</u>	age •
	Continued)		Voc	No
20	Enter the number of employees reported on Form W.2. Transmittel of Wage and Tay Statements		Yes	No
Za	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 1			
h	med for the edicinal year chang with a warm the year covered by the retain	2b	Х	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		Х
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b 4a	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	4.		X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
Ь	If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCFN Form 114. Beneat of Foreign Bank and Financial Associate (FRAR)			
E-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
L	any contributions that were not tax deductible as charitable contributions?	6a_		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	70		х
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		<u> </u>
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	7.		x
الم	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	Ů		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	90		
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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		Х

Form **990** (2019)

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X						
Sec	tion A. Governing Body and Management												
				_		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7									
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b	Enter the number of voting members included on line 1a, above, who are independent	1b		7									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other												
	officer, director, trustee, or key employee?												
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?												
4													
5													
6	Did the organization have members or stockholders?			L	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximation of the power to elect ore	point o	one or										
	more members of the governing body?			L	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or										
	persons other than the governing body?				7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year												
а	The governing body?				Ва	Х							
b	Each committee with authority to act on behalf of the governing body?			L	Bb	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			.	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)										
	, , , , , , , , , , , , , , , , , , , ,		,			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			1	0a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. 1	0b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	_1	1a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.												
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe										
	in Schedule O how this was done			1	2c	Х							
13	Did the organization have a written whistleblower policy?			Ŀ	13	Х							
14	Did the organization have a written document retention and destruction policy?			Ŀ	14	Х							
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
а	The organization's CEO, Executive Director, or top management official			1	5a		X						
	Other officers or key employees of the organization				5b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a										
	taxable entity during the year?			1	6a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ												
	exempt status with respect to such arrangements?			1	6b								
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)(3)s o	nly) a	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.		. , ,										
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fir	nanc	ial							
	statements available to the public during the tax year.		. ,,										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records		_								
	RICHARD CHEATHAM - 214-923-3950												
	13709 GAMMA ROAD, DALLAS, TX 75244												

Form **990** (2019)

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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

Check this box if neither the organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(40	not o	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more th box, unless person is l officer and a director/s				n an	compensation	compensation	amount of
	week	_	cer an	id a di	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	99			sated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		99	ubeus		(W-2/1099-MISC)		organization and related
	below	dual tr	tiona		nploy	st cor	<u>_</u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM TOLSON	1.00									
DIRECTOR		Х						0.	0.	0.
(2) RICHARD CHEATHAM	5.00									
EXECUTIVE DIRECTOR		Х		Х				113,692.	0.	0 .
(3) KARL EVANS	1.00									
DIRECTOR		Х						0.	0.	0 .
(4) JOHN EADS	5.00									
TREASURER		Х		Х				0.	0.	0 .
(5) TORI NAYFA	1.00								_	_
SECRETARY		Х		Х				0.	0.	0 .
(6) SCOTT TOBERMANN	1.00	4								_
DIRECTOR		Х		<u> </u>		_		0.	0.	0.
(7) DAVE FULSON	1.00	┨								
DIRECTOR	1 22	Х		_		_		0.	0.	0.
(8) MATT BOGUSLAWSKI	1.00								•	•
DIRECTOR		Х	_	<u> </u>	_	┝		0.	0.	0 .
		-								
		₩		H		-				
		1								
		\vdash				\vdash				
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Form 990 (2019)

Part	VII Section A. Officers, Directors, Trus		oloy	ees,	anc	d Hig	ghes	st C	compensated Employee	s (continued)				
	(A)	(B)	(C)				(D)	(E)			(F)			
	Name and title	Average		Position (do not check more than one					Reportable	Reportable			timate	
		hours per week					is both or/trus		compensation from	compensation from related	ן י		nount o other)†
		(list any	tor						the	organizations			oti lei pensa	tion
		hours for	direc				9		organization	(W-2/1099-MIS			om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(** = *********************************			anizati	
		organizations	trust	nal tru		эуее	ompe "					and	d relate	ed
		below	Individual trustee or director	Institutional trustee	l cer	Key employee	Highest compensated employee	Former				orga	ınizatio	ons
		line)	Pu	lust	Officer	Key	en Ei	For						
			-											
			-											
			1											
											_			
			1											
								L	112 602					
	Subtotal								113,692.		0.			0.
	Total from continuation sheets to Part VI								113,692.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but n							P	·		0.			<u> </u>
	compensation from the organization	ot illilited to tri	ose	IISLE	u al	ove	<i>*)</i> WII	0 16	eceived more than \$100,	000 of reportable				1
	on por location north and or guillians.												Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
1	line 1a? If "Yes," complete Schedule J for s	uch individual									[3		X
	For any individual listed on line 1a, is the su													
;	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4		Х
	Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes." com on B. Independent Contractors	plete Schedul	e J f	or su	ıch ı	oers	on					5		X
	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100.000 of compe	ensat	ion fro	m	
	the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·				
	(A)				_				(B)		0	(C		_
	Name and business	address	N	ONE	<u> </u>				Description of s	ervices		ompei	nsation	1
								-						
2	Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
;	\$100,000 of compensation from the organiz	zation				()						200	
												Form !	990 (2	2019)

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			Check if Schodula O contains a response of	or noto to any lin	o in this Dart VIII			
			Check if Schedule O contains a response of	or Hote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
					Total Tovolido	function revenue	business revenue	from tax under
								sections 512 - 514
ıts ts	1	а	Federated campaigns 1a					
ran Sun		b	Membership dues1b					
G,		С	Fundraising events 1c					
ifts ar A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
utio		•		142,407.				
rib		_		142,407.	-			
on		-			2,142,407.			
<u>C</u>		n	Total. Add lines 1a-1f		2,142,407.			
				Business Code				
ce	2	а						
∌rvi e		b						
Se		С						
am		d						
Program Service Revenue		е						
P		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interes					
	_		other similar amounts)		1,975.			1,975.
	4		Income from investment of tax-exempt bond pr					
	5							
	3	'	Royalties (i) Real	(ii) Personal				
	_	_		(ii) i crooriai	-			
	О		Gross rents 6a		-			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)					
er	8		Gross income from fundraising events (not					
oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	51,000.				
		h	Less: direct expenses 8b	717.				
				>	50,283.			50,283.
	0		Gross income from gaming activities. See		30,2031			3072031
	9	а						
			Part IV, line 19 9a Less: direct expenses 9b		-			
			Net income or (loss) from gaming activities	·····				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
s				Business Code				
o o	11	а						
ane		b						
Miscellaneous Revenue		С						
lisc R		d	All other revenue					
2			Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions	>	2,194,665.	0.	0.	52,258.
$\overline{}$	_	_						

Form 990 (2019) DSC FOUNDATIO Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(O)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	660 000	550 000		
	and domestic governments. See Part IV, line 21	668,000.	668,000.		
2	Grants and other assistance to domestic				
	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	716,960.	716,960.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	113,692.		113,692.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10		8,697.		8,697.	
11	Payroll taxes	0,037.		0,0571	
	Fees for services (nonemployees):				
a		1,600.		1,600.	
b	<u> </u>	25,678.		25,678.	
_	Accounting	25,070.		23,070.	
d	, , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	412,960.	105,000.	307,960.	
2	Advertising and promotion	4,016.		4,016.	
3	Office expenses	2,277.		2,277.	
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,320.		2,320.	
3	Insurance	2,443.		2,443.	
ა 4	Other expenses. Itemize expenses not covered	_,,		=, ==0	
•	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 0.)	22 701		22 701	
а	OFFICER / DIRECTOR	33,784.		33,784.	
b	SOFTWARE	10,934.		10,934.	
С	WEBSITE	7,735.		7,735.	
d	PRINTING	3,332.		3,332.	
е		7,320.	4 400 555	7,320.	
5_	Total functional expenses. Add lines 1 through 24e	2,021,748.	1,489,960.	531,788.	0
6	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)				

Form 990 (2019)

Part X | Balance Sheet

Paı	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			652,859.	1	1,360,947
	2				2		
	3	Pledges and grants receivable, net			50,000.	3	7,750
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ä	9	Prepaid expenses and deferred charges			716.	9	345
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	12,229. 2,907.			
	b	Less: accumulated depreciation			0.	10c	9,322
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	4 252 264
	16	Total assets. Add lines 1 through 15 (must e			703,575.	16	1,378,364
	17	Accounts payable and accrued expenses			4,543.	17	96,741
	18	Grants payable	95,000.	18	500,860		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su		·			
<u> </u>		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on line				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			99,543.	25 26	597,601
	20	Organizations that follow FASB ASC 958, or	heck her	a X	JJ , J 1 3 5	20	337,001
Se		and complete lines 27, 28, 32, and 33.	TICCK TICI				
ĕ	27				443,499.	27	469,103
3ala	28				160,533.	28	311,660
<u> </u>		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.	, 000, 0				
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		· · · · · · · · · · · · · · · · · · ·		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			604,032.	32	780,763
Z	33	Total liabilities and net assets/fund balances		·····	703,575.	33	1,378,364
_				I	,		Form 990 (201

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,19	<u>4,6</u>	<u>65.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,02		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60	4,0	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		3,8	<u>14.</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	78	0,7	<u>63.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** DSC FOUNDATION, 47-5373716 INC Part I 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 An organization that normally receives: (1) more than 33 1/3% 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 1/3% 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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) 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) DALLAS SAFARI CLUB 51-0157792 X 0

11451115 759901 JE0059.000

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Total

0

0

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 DSC FOUNDATION, INC 47-5373 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2013	(b) 2010	(6) 2017	(u) 2018	(e) 2019	(i) Total
	Gross income from interest,						
0							
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	· ·	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
0	organization, check this box and stop	here					.
	ction C. Computation of Publi						
	Public support percentage for 2019 (I	, ,,	•	.,,		14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	: - 2019. If the org	ganization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop I	here. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	l organization		>
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	nization	▶□
18	Private foundation. If the organization						s ▶ □
						dule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	<u> </u>	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			504()(2)	<u></u>
14	First five years. If the Form 990 is for	-			•		
500	check this box and stop here ction C. Computation of Publi						>
	Public support percentage for 2019 (l			actions (f)		45	0/
			•	.,,		15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					10	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
18	Investment income percentage from					18	
	33 1/3% support tests - 2019. If the						-
.00	more than 33 1/3%, check this box ar						`
ŀ	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	Х	
2		Х
За		X
3b		
3c		
4-		X
4a		
4b		
4c		
5a		X
5b		
5c		
6		X
7		X
8		X
9a		X
9b		X
		X
9c		
10-		X
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	, , ,	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions			
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		$ldsymbol{ldsymbol{ldsymbol{eta}}}$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.	
Sect	on 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	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Distributable Amount. 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	ally integrated	d Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D -	Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exer			
2	Amour	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		utions to attentive supported organizations to which th	e organization is responsive		
		de details in Part VI). See instructions.			
9		utable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	utable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able ca	ause required- explain in Part VI). See instructions.			
3	Excess	s distributions carryover, if any, to 2019			
а	From 2	2014			
b	From 2	2015			
С	From 2	2016			
d	From 2	2017			
е	From 2	2018			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2019 distributable amount			
i	Carryo	over from 2014 not applied (see instructions)			
i		nder. Subtract lines 3g, 3h, and 3i from 3f.			
4		utions for 2019 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		nder. Subtract lines 4a and 4b from 4.			
5		ning underdistributions for years prior to 2019, if			
		ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ning underdistributions for 2019. Subtract lines 3h			
-		o from line 1. For result greater than zero, explain in			
		1. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
•	and 4d	- I			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			
е	EVC62	3 110111 40 13			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

DSC FOUNDATION, INC

Employer identification number 47-5373716

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	•		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.	lote to the organization's infancial statemen	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
			. .
LHA	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

932051 10-02-19

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

	t III Organizations Maintaining Co	ollections of Art		reasures, o	r Othe	r Simila	ar Assets	S (conti	o Pa	age Z	
3	Using the organization's acquisition, accessio							(COTTE	rucu,		
	collection items (check all that apply):	.,	-,,,	- · · · · · · · · · · · · · · · · · · ·		· •					
а	Public exhibition	d	☐ Loan or e	kchange progra	am						
b											
4	c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part VIII										
5											
3											
Par	t IV Escrow and Custodial Arrang									No	
ı uı	reported an amount on Form 990, Part		te ii trie organiza	ion answered	res on	roiiii 98	o, Part IV,	iii le 9, oi			
12	Is the organization an agent, trustee, custodia		any for contribution	ne or other as	eats not i	included					
Ia								Yes		No	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							_ 1es] NO	
D	ir "Yes," explain the arrangement in Part XIII a	ina complete the foll	lowing table:					A			
	5					-		Amour	Ι		
	Beginning balance										
d	Additions during the year										
е	Distributions during the year					- 1					
f	Ending balance										
	Did the organization include an amount on Fo					ity?	L	Yes	<u> </u>	No	
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes" on	Form 990, Part	: IV, line 1	10.					
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back	
1a	Beginning of year balance	155,533.	89,37	2.							
b	Contributions	149,960.	65,35	5.							
С	Net investment earnings, gains, and losses	1,167.	806	5.							
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
	End of year balance	306,660.	155,533	3 -							
g 2	Provide the estimated percentage of the curre		· · · · · · · · · · · · · · · · · · ·		1						
2	Board designated or quasi-endowment	ent year end balance	%	(a)) Helu as.							
a	Permanent endowment > 99.22	0/									
D		%									
С	· · · · · · · · · · · · · · · · · · ·										
	The percentages on lines 2a, 2b, and 2c shou	•									
за	Are there endowment funds not in the posses	sion of the organiza	tion that are held	and administer	red for th	ne organi	zation				
	by:								Yes	No	
	(i) Unrelated organizations							3a(i)		X	
	(ii) Related organizations							3a(ii)		<u>X</u>	
b	If "Yes" on line 3a(ii), are the related organizat			?				3b			
4	Describe in Part XIII the intended uses of the		wment funds.								
Pai	t VI Land, Buildings, and Equipme										
	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 of	, ,	st or other	(c) A	ccumula	ted	(d) Boo	k valu	е	
		basis (investm	nent) bas	s (other)	de	preciatio	n				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment	I									
	Other			12,229.		2,9	07.		9,3	22.	
	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990 Part 3	X. column (R) line				. •		9,3		
							Schedule				

	11 6 7 4	other Elabilities	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.		(a) Description of liability	(b) Book value
	(1) Fed	deral income taxes	
	(2)		
	(3)		
	(4)		
	(5)		
	(6)		

(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2019

(7)(8)

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

osc	FOUNDATION,	TNC				47-537371	16				
Par	t I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organi	zation answered "	Yes" on				
	Form 990, Part IV			30	o.ga						
1			maintain record	ds to substantiate the amount of its grai	nts and other a	ssistance,					
				the selection criteria used to award the			Yes No				
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.										
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)						
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region				
3 a	Subtotal	0	0				0.				
b	Total from continuation sheets to Part I	0	0				0.				
С	Totals (add lines 3a and 3b)	0	0				0.				

932071 10-12-19

Schedule F (Form 990) 2019

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			FUND DANDE					
		SUB-SAHARAN	ANTI-POACHING UNIT					
		AFRICA	EQUIPMENT.	25,000.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN	FUND ANIT-POACHING					
		AFRICA	AERIAL SURVEYS.	40,000.	WIRE TRANSFER	0.		FMV
			HOD GONGEDIA HION					
		SUB-SAHARAN	FOR CONSERVATION, EDUCATION AND					
		AFRICA	ANTI-POACHING EFFORTS	140 000	WIRE TRANSFER	0.		FMV
			Internation of the state of the	110,000.	THE THINGS IN	•		1117
			FOR CONSERVATION,					
		SUB-SAHARAN	EDUCATION AND					
		AFRICA	ANTI-POACHING EFFORTS	50,000.	WIRE TRANSFER	0.		FMV
			FUND TUITION,					
		SUB-SAHARAN	ACCOMODATION &	105 000				
		AFRICA	TRAINING FOR STUDENTS	125,000.	WIRE TRANSFER	0.		FMV
			FUNDING OF					
		SUB-SAHARAN	ANTI-POACHING IN					
		AFRICA	MOZAMBIQUE	100,000.	WIRE TRANSFER	0.		FMV
			FOR CONSERVATION,					
		SUB-SAHARAN	EDUCATION AND					
		AFRICA	ANTI-POACHING EFFORTS	20,000.	WIRE TRANSFER	0.		FMV
			FOR CONSERVATION,					
		SUB-SAHARAN	EDUCATION AND					
		AFRICA	ANTI-POACHING EFFORTS	6 600	WIRE TRANSFER	0.		FMV

2	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recogn	ized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or enti	entities
---	----------

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	FOR CONSERVATION, EDUCATION AND ANTI-POACHING EFFORTS	30,000.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN	FOR CONSERVATION, EDUCATION AND ANTI-POACHING EFFORTS	3,000.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN	FOR CONSERVATION, EDUCATION AND ANTI-POACHING EFFORTS	95,000.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN	FOR CONSERVATION, EDUCATION AND ANTI-POACHING EFFORTS	32,360.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN	FOR CONSERVATION, EDUCATION AND ANTI-POACHING EFFORTS	50,000.	WIRE TRANSFER	0.		FMV

Schedule F (Form 990) 2019 D	SC FOUNDATION	ON, INC		4	1 7-5373716		Page :
Part III Grants and Other Assistance			ites. Complete i	f the organization answered "Yes	" on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede		•				-
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							L I. F (F 000) 004

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: GRANT APPLICATIONS, WHICH INCLUDE FINANCIAL STATEMENTS, REASONS AND NEEDS FOR THE GRANT AND HOW MONEY IS BEING SPENT, ENTITY QUESTIONNAIRE, INCLUDING TAX STATUS (NON-PROFIT) ARE REVIEWED BY THE GRANT COMMITTEE, RECOMMENDATIONS ARE TAKEN TO THE BOARD AND APPROVED. GRANT RECIPIENTS APPROVED FOR FUNDS MUST HAVE PERIODIC REPORTS RENDERED WITH PICTURES AND A NARRATIVE REPORT UPDATE OR PROGRESS COVERING THE USE OF THE GRANT MONEY ON THE IDENTIFIED PROJECTS FUNDED.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

」No

Yes

Name of th	ne organization	Employer identification number								
	DSC FOUNDATION	47-5373716								
Part I	7. Form 990-EZ filers are not									
	required to complete this part.									
1 Indica	ate whether the organization raised funds th	rough any of the	e following activities. Check all that apply.							
a	Mail solicitations	е 🔙	Solicitation of non-government grants							
b	Internet and email solicitations	f	Solicitation of government grants							
с	Phone solicitations	g 🗀	Special fundraising events							
d	In-person solicitations									
2 a Did t	2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or									

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be

compensated at least \$5,000 by the	compensated at least \$5,000 by the organization.																																									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No																																							
Total			•																																							

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Pa	art I	Fundraising Events. Complete if t of fundraising event contributions and gr								
		o, rundialong oront contributions and g	(a) Event #1 AUCTION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through				
ø.			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	51,000.			51,000.				
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)	51,000.			51,000.				
	4	Cash prizes								
S	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs								
rect E	7	Food and beverages	717.			717.				
Ӓ	8	EntertainmentOther direct expenses								
	10	Direct expense summary. Add lines 4 throug	gh 9 in column (d)		>	717.				
11 Net income summary. Subtract line 10 from line 3, column (d) 50, 283 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than										
		\$15,000 on Form 990-EZ, line 6a.	ranoworea 105 on 1011	000,1 4111, 1110 10, 011	oported more than					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Rev		Grass rayanua								
	Ė	Gross revenue								
ses	2	Cash prizes								
Expenses	3	Noncash prizes								
Direct E	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % No					
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		>					
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>					
9	9 Enter the state(s) in which the organization conducts gaming activities:									
	a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:									
40			and a second	and the standard stan						
		ere any of the organization's gaming licenses r Yes," explain:	•			Yes No				
	_									

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 DSC FOUNDATION, INC	<u>47-5.</u>	<u> 373</u>	<u>/16</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
-	to administer charitable gaming?		<u></u> П,	Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	ا ۔مد		0/
	The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	unt			
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quadratic}}\$				
_	If "Yes," enter name and address of the third party:				
·	The root, officer frame and address of the time party.				
	Name				
	Address				
16	Gaming manager information:				
16	Garning manager information.				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ш,	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year ▶ \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G	i (Form 990 or 990-EZ)	DSC	FOUNDATION,	INC	47-5373716	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	mation	(continued)			.,
			Continuedy			
		<u></u>				
-						
-						

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public

Inspection

Schedule I (Form 990) (2019)

Name of the organization **Employer identification number** DSC FOUNDATION, INC 47-5373716 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CONSERVATION FORCE TO SUPPORT THE OPERATIONS PO BOX 278 OF A SIMILAR ORGANIZATION 72-1364493 501(C)(3) METAIRIE, LA 70004 160,000. 0.FMV IN CONSERVATION. DALLAS SAFART CLUB NEW MEXICO PO BOX 5307 SUPPORT NEW MEXICO BRANCH 82-0728536 501(C)(3) FARMINGTON, NM 87499 20,000. 0.FMV OF DSC SUPPORT OF CARE FOR RHINO ORPHANAGE AND ON BEHALF IVAN CARTER WILDLIFE CONSERVATION OF GIRAFFE CONSERVATION ALLIANCE INC - 17 S. MAGNOLIA AVE - ORLANDO, FL 32801 81-2327448 501(C)(3) 60,000 0.FMV FOUNDATION NRA FOUNDATION 11250 WAPLES MILL ROAD STREGTHEN AND EXPAND THE FAIRFAX VA 22030 52-1710886 501(C)(3) 50 000 0.FMV YHEC PROGRAMS SCHOLASTIC SHOOTING SPORTS FUND INTRODUCTION OF FOUNDATION - 5931 ROFT ROAD - SAN YOUTH TO SHOOTING SPORTS 20-8484121 501(C)(3) 0.FMV ANTONIO, TX 78253 25 000 AND COMPETITION. TEXAS A&M FOUNDATION 401 GEORGE BUSH DRIVE LION GENETIC DIVERSITY COLLEGE STATION, TX 77840 74-2245072 501(C)(3) 25 000 0.FMV PROJECT 17. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 3

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WILDLIFE SOCIETY INC 425 BARLOW PLACE, SUITE 200 BETHESDA, MD 20814	52-0788946	501(C)(3)	16,000.	0.	FMV		FUND THE LEADERSHIP
WILD SHEEP FOUNDATION 412 PRONGHORN TRAIL BOZEMAN, MT 59718	42-1109229	501(C)(3)	28,500.	0.	FMV		SUPPORT EFFORTS TO CONSERVE SHEEP AROUND TH WORLD
EL CARMEN LAND & CONSERVATION CO (TEXAN BY NATURE) - 3500 JEFFERSON ST., SUITE 301 - AUSTIN, TX 78731	45-1864591	501(C)(3)	22,500.	0.	FMV		TO PROMOTE CONSERVATION
TEXAS CONSERVATION ALLIANCE P.O. BOX 822554 DALLAS, TX 75382	23-7112618	501(C)(3)	6,000.	0.	₽MV		TO ADVOCATE FOR WILDLIFE AND WILD PLACES IN TEXAS
KIDS OUTDOOR ZONE 9508 CHISHOLM TRAIL AUSTIN, TX 78748	26-2314956	501(C)(3)	10,000.	0.	FMV		TO PROVIDE FAITH-BASED CAMPS AND MENTORING TO AT-RISK YOUTH
OUTDOORS TOMORROW FOUNDATION P.O. BOX 543305 DALLAS, TX 75354	75-1761481	501(C)(3)	100,000.	0.	FMV		TO PROMOTE AND FUND CONSERVATION WILDLIFE WORLDWIDE.
CONGRESSIONAL SPORTSMEN'S FOUNDATION - 110 NORTH CAROLINA AVENUE, SE - WASHINGTON, DC 20003	52-1686163	501(C)(3)	35,000.	0.	FMV		TO PROTECT AND ADVANCE HUNTING, ANGLING, RECREATIONAL SHOOTING AN TRAPPING.
FEEDING TEXAS 1524 S IH 35 FRONTAGE RD #342 AUSTIN, TX 78704	74-2762542	501(C)(3)	20,000.	0.	₽MV		TO LEAD A UNIFIED EFFORT FOR A HUNGER-FREE TEXAS.
IOWA WEST FOUNDATION 4201 RIVER'S EDGE PARKWAY SUITE 400 COUNCIL BLUFFS, IA 51501	42-1391990	501(C)(3)	10,000.	0.	FMV		TO PROMOTE ECONOMIC DEVELOPMENT, EDUCATION, HEALTHY FAMILIES, AND PLACEMAKING.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TANZANIA LION ILLUMINATION PROJECT							TO PURCHASE FLASHING
6010 OLD BERWICK RD							SOLAR LIGHTS TO CONTROL
BLOOMSBURG, PA 17815	47-3562921	501(C)(3)	30,000.	0.	FMV		WILDLIFE IN MAASAI BOMOS.
			, .				
LUWIRE WILDLIFE CONSERVANCY							
FOUNDATION - 708 3RD AVE, STE 34 -							TO PROMOTE WILDLIFE
NEW YORK, NY 10017	83-1655474	501(C)(3)	50,000.	0.	FMV		BIODIVERSITY
-							
	•				•	•	•

Page 2

DSC FOUNDATION, INC

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
GRANT RECIPIENTS MUST HAVE PERIODIC	C REPORTS	RENDERED	WITH PICTU	RES AND	
NARRATIVE UPDATES OR PROGRESS COVER	RING THE	USE OF THE	GRANT MON	EY ON THE	
IDENTIFIED PROJECTS.					

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DSC FOUNDATION, INC **Employer identification number** 47-5373716

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CLUB AND TO PROMOTE, ESTABLISH AND CONDUCT SCIENCE BASED RESEARCH
SUPPORTING SUSTAINABLE USE WILDLIFE CONSERVATION AND THE ROLE OF WELL
REGULATED HUNTING. TO CREATE AND MAINTAIN A LIBRARY OF PRIMARY AND
SECONDARY RESEARCH RELATING TO WILDLIFE CONSERVATION MADE AVAILABLE TO
THE PUBLIC. TO DEVELOP EDUCATIONAL PROGRAMS THAT PROMOTE THE CONCEPT
AND BENEFITS OF SUSTAINABLE USE WILDLIFE CONSERVATION AND WELL
REGULATED HUNTING GLOBALLY AND TO PROVIDE GRANTS OR OTHERWISE PARTNER
WITH OTHER CHARITABLE, EDUCATIONAL AND GOVERNMENTAL ORGANZIATIONS
PURSUING THE SAME OR SIMILAR GOAS AS THE DALLAS SAFARI CLUB.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MAINTAIN A LIBRARY OF PRIMARY AND SECONDARY RESEARCH RELATING TO
WILDLIFE CONSERVATION MADE AVAILABLE TO THE PUBLIC. TO DEVELOP
EDUCATIONAL PROGRAMS THAT PROMOTE THE CONCEPT AND BENEFITS OF
SUSTAINABLE USE WILDLIFE CONSERVATION AND WELL REGULATED HUNTING
GLOBALLY AND TO PROVIDE GRANTS OR OTHERWISE PARTNER WITH OTHER
CHARITABLE, EDUCATIONAL AND GOVERNMENTAL ORGANZIATIONS PURSUING THE
SAME OR SIMILAR GOALS AS THE DALLAS SAFARI CLUB.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT IS PROVIDED TO THE BOARD PRIOR TO FILING OF THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
NO LESS THAN ANNUAL REVIEW.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization DSC FOUNDATION, INC	Employer identification number 47-5373716
FORM 000 DARW VIT CECUTON C IINE 19.	
UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	105,000.
MANAGEMENT AND GENERAL EXPENSES	307,960.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	412,960.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	412,960.
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