

William A. Lawson Institute for Peace and Prosperity, Inc. 5220 Scott Street, Unit 108 Houston, TX 77004

DEAR CLIENT:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

The enclosed return(s) were prepared from your books and records without audit. You should review the return(s) to ensure there are no omissions or misstatements.

Any act of self-dealing, the making or retaining of excess business holdings, or jeopardizing investments, and the making of taxable expenditures may subject the foundation to penalty excise taxes of from 5% to 200% of the amount of prohibited transaction. Please contact us for further information if you have questions concerning any of these prohibited transactions.

The Internal Revenue Service may impose substantial penalties if certain foreign bank accounts or assets are not reported. Please inform us and do not file this return if you have signatory authority or a financial interest in any foreign bank accounts or assets.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Very truly yours,

MELTON & MELTON L.L.P. CERTIFIED PUBLIC ACCOUNTANTS

Melton & Melton, LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2022

Prepared for	William A. Lawson Institute for Peace and Prosperity, Inc. 5220 Scott Street, Unit 108 Houston, TX 77004
Prepared by	MELTON & MELTON, LLP 6002 ROGERDALE RD., SUITE 200 HOUSTON, TX 77072
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023.

Ear 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

			•			
For calendar year 2021, or fiscal year beginning	${\sf JUL}$	1	, 2021, and ending	JUN	30	, 20 2 2

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

WILLIAM A. LAWSON INSTITUTE FOR PEACE

AND PROSPERITY, INC.

76-0496051

EIN or SSN

Name and title of officer or person subject to tax CF

CHERYL LAWSON OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

i iui i oi	io in io ii i art i.		
1a	Form 990 check here X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,692,985</u>
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here ▶	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here >	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here >	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here >	b Tax due (Form 5330, Part II, line 19)	9b
	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that $oxed{X}$	I am an officer of the above entity or I am a person subject to tax with re	espect to (name
of entit	y)	, (EIN) and that I ha	ve examined a copy of the
001 0	lectronic return and accompanying so	pedules and statements, and to the best of my knowledge and belief they are	true correct and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: che	eck one	box	only	,
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X I authorize	MELTON	&	MELTON,	LLP	to enter my PIN	14787
				ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

76648614787

Do not enter all zeros

Date > 12 29 2022

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or WILLIAM A. LAWSON INSTITUTE FOR PEACE print 76-0496051 AND PROSPERITY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 5220 SCOTT STREET, UNIT 108 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 77004 HOUSTON, TX Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CHERYL LAWSON The books are in the care of ► 5220 SCOTT STREET, UNIT 108 - HOUSTON, TX 77004 Telephone No. ► 713-741-3600 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2021 , and ending JUN 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

instructions.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

A For the 2021 cale

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

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

Open to Public Inspection

			enaing U	UN 30, 4044	
В	Check if applicab	C Name of organization WILLIAM A. LAWSON INSTITUTE FOR PEACE		D Employer identifi	cation number
Г	Addre	WILLIAM A. LAWSON INSTITUTE FOR PEACE			
F	Name chang			76-04960	51
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
Ē	Final			713-741-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,692,985.
	Amen return	ded HOUSTON, TX 77004		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer:		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) ol	r 527	If "No," attach a	list. See instructions
		te: ► WWW.WALIPP.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year	of formation: 1996 N	$m{n}$ State of legal domicile; $m{T}m{X}$
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	LE O	
Activities & Governance					
ern	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
Š	3			<u>3</u>	6
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\cdot\cdot}$			6
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			48
₹	6	Total number of volunteers (estimate if necessary)			42
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	······		0.
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 3,534,056.	Current Year 2,878,935.
ne	8	Contributions and grants (Part VIII, line 1h)		407,165.	533,993.
Revenue	9	Program service revenue (Part VIII, line 2g)		72,591.	72,797.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,391.	207,260.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,013,812.	3,692,985.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	13	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,421,267.	1,862,977.
Expenses	162			0.	0.
ben	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 27,55	50.		,
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,388,944.	2,145,527.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,810,211.	4,008,504.
		Revenue less expenses. Subtract line 18 from line 12		1,203,601.	-315,519.
Net Assets or Find Balances	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		12,474,788.	12,461,470.
ASS	21	Total liabilities (Part X, line 26)		2,690,425.	2,973,598.
Feet	22	Net assets or fund balances. Subtract line 21 from line 20		9,784,363.	9,487,872.
	art II	Signature Block			
Unc	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		X			
Sig	ın	Signature of officer		Date	
He	re	OFFICER			
		Type or print name and title			- I - STIN
_		Print/Type preparer's name Preparer's signature	-	Date Check Check	PTIN
Pai		JOHN BJORNGJELD CPA		12 29 2022 self-employ	P01080718
	parer	Firm's name MELTON & MELTON, LIF		Firm's EIN ▶	74-1550819
Use	Only	Firm's address 6002 ROGERDALE RD., SUITE 200			1 750 1100
		HOUSTON, TX 77072		Phone no. 28	1-759-1120
Ма	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

					TUTE FOR PI	EACE		
	990 (2021)		SPERITY,				76-0496051	Page 2
Pa	rt III Statement of	Program Se	rvice Accomp	plishments				
	Check if Schedule	e O contains a re	sponse or note to	any line in this	Part III			X
1	Briefly describe the orga		on:					
2	Did the organization und prior Form 990 or 990-E			-	e year which were n		Yes	X No
	If "Yes," describe these							
3	Did the organization cea			nt changes in ho	w it conducts, any p	orogram services?	Yes	X No
	If "Yes," describe these	-						
4	Describe the organization							
	Section 501(c)(3) and 50		-	I to report the an	nount of grants and	allocations to othe	ers, the total expenses,	and
	revenue, if any, for each		062 001					
4a	(Code:) (Expens	·		including grants of \$) (Revenu)
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	INDIGENT DEF	'ENSE.						
4d	Other program services	(Describe on Sc	hedule O.)					

Form **990** (2021)

Total program service expenses

including grants of \$ 3 , 457 , 328 .

) (Revenue \$

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? See instructions	2	Х	
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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
е	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 liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		.,	
0.4	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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	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			l
	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%			X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"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	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 25
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ _{3,7}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Δ.	<u> </u>
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Should be contained a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form **990** (2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			3,7
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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		l 🕶
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			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		Λ
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
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 6 7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization file of office of the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	17		
	n 100, complete i citi cocci			

Form 990 (2021)

76-0496051

Page 6

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	6									
	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	6									
2											
	officer, director, trustee, or key employee?	. 2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	. 3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X							
6	Did the organization have members or stockholders?	. 6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	. 7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	. 7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	. 8a	X								
b	Each committee with authority to act on behalf of the governing body?		X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?		X								
14	Did the organization have a written document retention and destruction policy?	. 14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	. 15a		X							
b	Other officers or key employees of the organization	. 15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			١							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
<u>Sec</u>	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, and 990-T (section 501(c)	(3)s onl	y) avail	lable							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ancial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	CHERYL LAWSON - 713-741-3600										
	5220 SCOTT STREET, UNIT 108, HOUSTON, TX 77004										

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer P		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CHERYL LAWSON	60.00	4						150 560	_	0
EXECUTIVE DIRECTOR	1 00			Х				152,568.	0.	0
(2) YOLANDA SMITH	1.00	١,,								•
DIRECTOR	1 00	Х						0.	0.	0
(3) CATHERINE MOSBACHER	1.00	Į.,								_
DIRECTOR	1 00	Х						0.	0.	0
(4) MARY RAMOS	1.00	x						0.	0.	0
CHAIR (5) TERENCE FREDERICK	1.00	^						0.	0.	U
DIRECTOR	1.00	x						0.	0.	0
(6) IMOGEN PAPADOPOULOS	1.00	^						0.	0.	0
DIRECTOR	1.00	X						0.	0.	0
(7) CHAVON CARR	1.00	122						0.	•	0
DIRECTOR	1.00	x						0.	0.	0
									•	
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		1								
		1								
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Form	WILLIAM AND PROS					ri?	ľUΊ	ГE	FOR PEACE	76-04	496	051	Р	age 8
	t VII Section A. Officers, Directors, Trus	tees. Kev Fm	nlov	ees	. an	d Hi	iahe	st C	Compensated Employe	es (continued)				
	(A)	(B)	, 	-	(0		9.10	-	(D)	(E)			(F)	
		_			Pos		1					_		
	Name and title	Average		not c	heck	more	than		Reportable	Reportable			timat	
		hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	n	an	nount	of
		week	_	Lei ai	iu a u	liecic	Ji/ii us	iee)	from	from related	a oth		other	
		(list any	cto						the	organization	s	com	pensa	ation
		hours for	r aj				ted		organization	(W-2/1099-MIS	3C/	fr	om th	ie
		related	tee o	stee			an Sa		(W-2/1099-MISC/	1099-NEC)		org	aniza	tion
		organizations	trus	al fr		yee	du de		1099-NEC)			and	d rela	ted
		below	dual	ntion	_	edu Odu	st cc	 -	,			orga	nizat	ions
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ū		
		-	=	=	0	포	工る	ш.			-+			
			1											
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			-				\vdash				\dashv			
1b	Subtotal							•	152,568.		0.			0.
_	Total from continuation sheets to Part V							_	0.		0.			0.
									152,568.		0.			0.
	Total (add lines 1b and 1c)								<u> </u>					<u> </u>
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wł	าo r	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													1
													Yes	No
2	Did the organization list any former officer	director truct	مم ا		ama	مررما		r bio	shoot componented omr	lovos on	ı			
3	Did the organization list any former officer,	•		•		•	•	•		-				v
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0.000? If "Yes.	" co	mple	ete S	Sche	edule	e J i	for such individual			4	Х	
5	Did any person listed on line 1a receive or									dual for convices				
9		-				-			-			_		Х
	rendered to the organization? If "Yes," con	ipiete Scriedui	e J i	or s	ucn	pers	son .					5		Λ
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar v	ear	endi	na v	vith	or w	ithir	n the organization's tax	vear.				
		the calcinating	<u> </u>	oriai	9 1	*****	0	T		, oui.		10	.,	
(A) Name and business address NONE (B) Description of services Com							(C ompe		'n					
	Name and business	audress	1//	ועוכ	<u> </u>			_	Description of s	ervices		ompei	isalic)
								\neg						
								_						
								\neg						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form **990** (2021)

			Check if Schedule O contains a response	or note to any lin	ne in this Part VIII			
			Official in Confedence of Confedence a recoportion	or riote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0. (0.								Sections 512 - 514
nts	1	а	Federated campaigns 1a					
Gra Tou		b	Membership dues 1b					
ß, Aπ		С	Fundraising events1c					
giff lar		d	Related organizations 1d					
ini		е	Government grants (contributions) 1e 2,	640,194.				
rsion		f	All other contributions, gifts, grants, and					
the the			similar amounts not included above 1f	238,741.				
<u> </u>		а	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		•	Total. Add lines 1a-1f	•	2,878,935.			
				Business Code				
Φ	١,	2	RENTAL - SENIOR RESIDE	531120	533,993.	533,993.		
ķ	-	b RENTAL - SENIOR RESIDE		33223	333,3331	333,333		
Ser		ט						
ž ž		C .						
gra Re		d						_
Program Service Revenue		e						
_			All other program service revenue		F22 002			
_			Total. Add lines 2a-2f		533,993.			
	3		Investment income (including dividends, interest		70 707			70 707
			other similar amounts)		72,797.			72,797.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u></u>				
	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 7b					
ven		С	Gain or (loss) 7c					
her Revenue			Net gain or (loss)					
Ē	8		Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b		1			
			Net income or (loss) from fundraising events	<u> </u>				
	۵		Gross income from gaming activities. See					
		u	Part IV, line 19 9a					
		h	Less: direct expenses 9b		-			
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	1	-			
			Less: cost of goods sold 10b					
		С	Net income or (loss) from sales of inventory					
ns	۱		OMUED INCOME	Business Code 611710	207,260.	207 260		
e ue	11		OTHER INCOME	011/10	401,400.	207,260.		
lar Ven		b						
Miscellaneous Revenue		С						
Ξ̈́			All other revenue		207,260.			
	<u> </u>	е	Total. Add lines 11a-11d			7/11 050	0	72 707
	12		Total revenue. See instructions	<u></u>	3,692,985.	741,253.	0.	72,797.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, ,		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	182,568.		182,568.	
6	trustees, and key employees Compensation not included above to disqualified	102,300.		102,300	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		1,499,941.	1,309,744.	190,197.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	+; +JJ;J4+•	±,500,744.	±20,±27•	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	134,089.	133,268.	821.	
10	Payroll taxes	46,379.	27,463.	18,916.	
11	Fees for services (nonemployees):	10/0/50	27,7200	20,3200	
''	Management				
b		461,296.	444,846.	16,450.	
C	Legal Accounting	202,200	222,020	20,1001	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	240,000.	240,000.		
17	Travel	•	•		
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	295,364.	295,364.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,795.	5,795.		
23	Insurance	112,551.	37,725.	74,826.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MATERIAL & SUPPLIES	225,866.	218,564.	3,918.	3,384
b	OTHER OPERATING EXPENSE	153,526.	98,670.	35,399.	19,457
С	FOOD SERVICE	145,129.	145,129.		
d	UTILITIES	138,470.	138,470.		
е	All other expenses	367,530.	362,290.	531.	4,709
25	Total functional expenses. Add lines 1 through 24e	4,008,504.	3,457,328.	523,626.	27,550
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,274,844.	1	944,130.
	2	Savings and temporary cash investments	899,953.	2	655,433.
	3	Pledges and grants receivable, net	110,391.	3	123,803.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	7,222,318.	7	7,243,837.
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 5,575,977			
	b	Less: accumulated depreciation 10b 2,166,974.	2,922,108.	10c	3,409,003.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	28,434.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	45,174.	15	56,830.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,474,788.	16	12,461,470.
	17	Accounts payable and accrued expenses	77,048.	17	12,471.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ě		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	2,583,596.	23	2,931,966.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	29,781.	25	29,161.
	26	Total liabilities. Add lines 17 through 25	2,690,425.	26	2,973,598.
S		Organizations that follow FASB ASC 958, check here ▶ X			
JCe		and complete lines 27, 28, 32, and 33.	0.076.060		4 04 5 544
alaı	27	Net assets without donor restrictions	2,976,863.	27	4,017,511.
Ä	28	Net assets with donor restrictions	6,807,500.	28	5,470,361.
Š		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0.04.262	31	0.405.050
ž	32	Total net assets or fund balances	9,784,363.	32	9,487,872.
	33	Total liabilities and net assets/fund balances	12,474,788.	33	12,461,470.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
		.			
1	Total revenue (must equal Part VIII, column (A), line 12)		3,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2 4	1,00		
3	Revenue less expenses. Subtract line 2 from line 1	3	-31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78,	<u>4,3</u>	<u>63.</u>
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	19,028		
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	,48	7,8	72.
Pa	rt 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 on Schedule	∌ O.			X
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
		· · · · · · · · · · · · · · · · · · ·	Form	990	(2021)

SCHEDULE A

(Form 990)

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 WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY, INC.

Employer identification number 76-0496051

Pa	rt I	Reason for Public (Charity Status. (All organizations must of	omplete th	nis part.) S	See instructions.		
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)			
1	Ŭ.	A church, convention of ch	,	o ,	,	,			
2	一	A school described in secti				•()(-7676-7-		
	П			·		/LV4VAV:	:: \		
3	H	A hospital or a cooperative							
4	ш	A medical research organiz	ation operated in col	njunction with a nospita	i described	ın sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ш	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	'0(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support	from a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	ınction with a land-grant	college	
		or university or a non-land-g				-	-	-	
		university:	, and comege or agine				,,	, 5 5.	
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its sun	nort from (contributio	one membershin fees a	nd gross receipts from	
10									
		activities related to its exen	•	•				-	
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ilred by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor							
11	Н	An organization organized a	· ·	•	-				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	o perform t	the function	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	s 12e, 12f, and 12g.		
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving	
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or management o	•					-	
		organization(s). You mus							
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with	
Ŭ		its supported organization					•	od with,	
4		Type III non-functionally		•				ization(a)	
u			• • • • • • • • • • • • • • • • • • • •					* *	
		that is not functionally int	-	• •	•		•	iveness	
		requirement (see instructi	·	-					
е		Check this box if the orga					a Type I, Type II, Type III		
		functionally integrated, or		nally integrated support	ing organiz	zation.			
f		r the number of supported o							
g		ride the following information		` ' '	(iv) le the orga	nization lieted			
	(1) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
	tion B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		, ,	, ,	, ,	, ,	.,
	Gross income from interest,						
	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						
	Gross receipts from related activities,	etc. (see instructi	ons)	1	•	12	
	First 5 years. If the Form 990 is for th	•				501(c)(3)	_
	organization, check this box and stop	•		•	•		
Sed	tion C. Computation of Publ	c Support Pe	rcentage				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the o					more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not	check a box on lin			
	more, and if the organization meets th	ne facts-and-circur	mstances test, ch	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. T	he organization q	ualifies as a publicl	y supported orgar	nization	>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instructior	ns ▶

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)					
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	(4) = 2 11	(-, : :	(-)	(-,	(-)	(-)	
	membership fees received. (Do not							
	include any "unusual grants.")	4333339.	2747544.	2454824.	3534056.	3086195.	16155958.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	478,966.	481,110.	488,402.	407,165.	533,993.		
3	Gross receipts from activities that	-	-	-	-	-		
	are not an unrelated trade or business 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							
6	Total. Add lines 1 through 5	4812305.	3228654.	2943226.	3941221.	3620188.	18545594.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
k	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						0.	
(Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						18545594.	
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
9	Amounts from line 6	4812305.	3228654.	2943226.	3941221.	3620188.	(f) Total 18545594.	
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	70,317.	73,030.	82,548.	72,591.	72,797.	371,283.	
k	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975			00 510	F0 F04		200	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	70,317.	73,030.	82,548.	72,591.	72,797.	371,283.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	4882622.	3301684.	3025774.	4013812.	3692985.	18916877.	
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,	
	check this box and stop here						>	
Se	ction C. Computation of Publi	ic Support Pe	rcentage					
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	98.04 %	
16	Public support percentage from 2020					16	98.00 %	
Se	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20					17	1.96 %	
	Investment income percentage from 2					18	1.54 %	
19	33 1/3% support tests - 2021. If the							
k	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization		
20	Private foundation. If the organizatio							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
		_	
	1		
	2		
	_		
	3a		
	3b		
	3с		
	00		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	00		
	9c		
	40-		
	10a		
	10b		
مارية	Δ (Forr	n aan	2021

Pai	rt IV Supporting Organi	zations (continued)			.900
		(Continued)		Yes	No
11	Has the organization accepted	a gift or contribution from any of the following persons?		100	140
	- · · · · · · · · · · · · · · · · · · ·	otly controls, either alone or together with persons described on lines 11b and			
u	11c below, the governing body		11a		
h	A family member of a person de	·· •	11b		
	·	rson described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	-115		
·	detail in Part VI.	ison document in the or the above in the term of the internal first promote	11c		
Sec	ction B. Type I Supporting	o Organizations			
	7			Yes	No
1	Did the governing body member	ers of the governing body, officers acting in their official capacity, or membership of one or			110
		nave the power to regularly appoint or elect at least a majority of the organization's officers,			
		s during the tax year? If "No," describe in Part VI how the supported organization(s)			
		l, or controlled the organization's activities. If the organization had more than one supported powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		nat conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		the benefit of any supported organization other than the supported			
	•	upervised, or controlled the supporting organization? If "Yes," explain in			
	• • • • • • • • • • • • • • • • • • • •	refit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the su		2		
Sec	ction C. Type II Supportin				
				Yes	No
1	Were a majority of the organiza	tion's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organ	ization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporti	ng organization was vested in the same persons that controlled or managed			
	the supported organization(s).		1		
Sec	ction D. All Type III Suppo	orting 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 writ	ten notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990	that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing docun	nents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's	officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on	the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a ci	ose and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship de	escribed on line 2, above, did the organization's supported organizations have a			
	significant voice in the organiza	tion's investment policies and in directing the use of the organization's			
		ıring the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played		3		
Sec		ally Integrated Supporting Organizations			
1		od that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		I the Activities Test. Complete line 2 below.			
b	` .	arent of each of its supported organizations. Complete line 3 below.		,	
C	•	ed a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structioi		N
2	Activities Test. Answer lines 2			Yes	No
а		nization's activities during the tax year directly further the exempt purposes of			
	• • • • • • • • • • • • • • • • • •	o which the organization was responsive? If "Yes," then in Part VI identify s and explain how these activities directly furthered their exempt purposes,			
		nsive to those supported organizations, and how the organization determined			
	that these activities constituted		2a		
b		ine 2a, above, constitute activities that, but for the organization's involvement,	Za		
b		's supported organization(s) would have been engaged in? If "Yes," explain in			
	· ·	nization's position that its supported organization(s) would have engaged in			
	these activities but for the organ		2b		
3	_	ons. Answer lines 3a and 3b below.	_~		
		ower to regularly appoint or elect a majority of the officers, directors, or			
-		ed organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		substantial degree of direction over the policies, programs, and activities of each	Ju		
	· ·	If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

132025 01-04-22 Schedule A (Form 990) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete	Sections A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	Net short-term capital gain	1		
2 F	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 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
n	naintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8 <i>A</i>	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a A	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
c F	Fair market value of other non-exempt-use assets	1c		
d T	Total (add lines 1a, 1b, and 1c)	1d		
e [Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 8	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
S	see instructions).	4		
5 N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	Multiply line 5 by 0.035.	6		
7 F	Recoveries of prior-year distributions	7		
8 N	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 E	Enter 0.85 of line 1.	2		
3 1	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5 li	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2021

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions		•		Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3				
4	Amounts paid to acquire exempt-use assets	<u> </u>		4				
5	Qualified set-aside amounts (prior IRS approval required - pro		5					
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
c	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i_	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

WILLIAM A. LAWSON INSTITUTE FOR PEACE

76-0496051 Page 8 AND PROSPERITY, INC. Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Name of the organization

WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY, INC.

Employer identification number

76-0496051

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
	property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\frac{1}{2} \]					
answer "	religious, charitable, etc., contributions totaling \$5,000 or more during the year **Ition: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must wer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization
WILLIAM A. LAWSON INSTITUTE FOR PEACE
AND PROSPERITY, INC.

Employer identification number

76-0496051

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN ROWE 951 COACHLIGHT DRIVE HOUSTON, TX 77077	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PAULA SUTTON 121 NORTH POST OAK LANE #2306 HOUSTON, TX 77024	- - - - - -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MELANIE LAWSON 101 WESTCOTT STREET UNIT #1801 HOUSTON, TX 77007	- - - - 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	HEB 4301 WINDFERN RD HOUSTON, TX 77041	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COMCAST ONE COMCAST CENTER PHILADELPHIA, PA 19103	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
WILLIAM A. LAWSON INSTITUTE FOR PEACE
AND PROSPERITY, INC.

Employer identification number

76-0496051

(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
_			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of Honousti property given	(See instructions.)	Date received
(a) No.	<i>(</i> / ₄)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
(a) No.	<i>I</i> 6)	(c)	(4)
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
		\$	

Employer identification number Name of organization WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY. INC

76-0496051

Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line echaritable, etc., contributions of \$1,000 contributions of	entry For o	01(c)(7), (8), or (10) that total more than \$1,000 for the ye rganizations he year. (Enter this info. once.) \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g		elationship of transferor to transferee
	Transferee's frame, address, an	II ZIF T T	ne	erationship of transfer of to transfer ee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
— 		(e) Transfer of g	ift	
-	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee

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

WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY, INC.

Employer identification number 76-0496051

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliei da lieca la liec	(2)
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	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		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 o	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
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	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	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, d	or Othe	r Simila	ar Asse	ts (contii	nued))
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following tha	t make si	ignificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exer	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes		□ No_
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, oı	r	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included		_		_
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabili	ity?	L	Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i										
		(a) Current year	(b) P	Prior year	(c) Two year	rs back ((d) Three ye	ears back	(e) Four	r year:	s back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Term endowment	<u></u> %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	ne organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	V, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o			or other		cumulate	d	(d) Boo	k valı	ue
		basis (investr	nent)		(other)	dep	reciation				
	Land				8,328.						328.
	Buildings			-	6,214.	1,8	37,85		2,41		
С	Leasehold improvements				2,687.		40,17				511.
	Equipment				5,271.	2	265,46		4	9,8	306.
	Other				3,477.		23,47		2 42	^ ^	0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)				3,40		
							9	Schedule	D (Forn	n 990)) 2021

Schedule D (Form 990) 2021 AND PROSPER	TTY, INC.	76	-0496051 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability	, ,		(b) Book value
(1) Federal income taxes			1
(2) ACCRUED EXPENSES			24,716
			4,276
	ACCRUED TAXES		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED EXPENSES	24,716.
(3)	ACCRUED TAXES	4,276.
(4)	OTHER ACCRUED LIABILITIES	169.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,161.

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

Schedule D (Form 990) 2021

Sche	edule D (Form 990) 2021 AND PROSPERITY, INC.		76-0496051 _{Pag}	e 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
е 3				
	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
3	Subtract line 2e from line 1			
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
3 4 a b	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b	3 4c	
3 4 a b c	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	3 4c	

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

PART X, LINE 2:

WALIPP IS A NON-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. WALIPP CURRENTLY HAS NO TAXABLE UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

WALIPP IS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND CURRENTLY HAS NO TAXABLE UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

MANAGEMENT HAS EVALUATED WALIPPS TAX POSITIONS AND CONCLUDED THAT WALIPP

Part XIII Supplemental Information (continued)							
HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE							
CONSOLIDATED FINANCIAL STATEMENTS. IN 2021, WALIPP HAD NO TAX-RELATED							
INTEREST OR PENALTIES INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES							
AND CHANGES IN NET ASSETS. WITH FEW EXCEPTIONS, WALIPP IS NO LONGER							
SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX							
AUTHORITIES FOR YEARS BEFORE 2018.							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY, INC.

Employer identification number 76-0496051

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
•		4a		х
	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The totally of lines fais, list the persone and provide the appropriate amounts for easily terms.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

EXECUTIVE DIRECTOR (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
EXECUTIVE DIRECTOR (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			compensation	incentive compensation	reportable				on prior Form 990
EXECUTIVE DIRECTOR (i) (ii) (ii) (ii) (iii) ((1) CHERYL LAWSON	(i)	152,568.					152,568.	0.
	EXECUTIVE DIRECTOR		0.	0.	0.	0.	0.	0.	0.
		(i)							
		(i)							
		(ii)							
(ii) (ii) (iii) (i									
(i) (i) (ii) (ii) (ii) (iii) (
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
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(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii)									
(ii) (i) (i)									
(i)									
	-								
		(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY, INC.

Employer identification number 76-0496051

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY TARGETS THREE

SEGMENTS OF THE COMMUNITY WITH SERVICES THAT BRIDGE THE GAP BETWEEN THE

POWERFUL AND THE POWERLESS - CHILDREN, CRIMINAL JUSTICE, AND SENIORS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY TARGETS THREE

SEGMENTS OF THE COMMUNITY WITH SERVICES THAT BRIDGE THE GAP BETWEEN THE

POWERFUL AND THE POWERLESS - CHILDREN, CRIMINAL JUSTICE, AND SENIORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WE ARE NOT JUST MANAGING AN APARTMENT BUILDING, WE HAVE CREATED A

VIABLE AND NURTURING COMMUNITY: ONE WITH MOVIE & GAME NIGHTS, HEALTH

AND WELLNESS EDUCATION, LEGAL DOCUMENT AND TAX PREPARATION, WEEKLY

BIBLE STUDIES, AND COMMUNITY PARTIES THAT ENGAGE THE RESIDENTS IN FUN

AND REWARDING EXPERIENCES.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S REVIEW OF 990 IS CONDUCTED BY EXECUTIVE DIRECTOR AND STAFF

ACCOUNTING SUPPORT PRIOR TO PRESENTATION TO BUDGET AND FINANCE COMMITTEE.

THE BUDGET AND FINANCE COMMITTEE PRESENTS THE 990 TO THE BOARD OF DIRECTORS

FOR APPROVAL. AFTER THE BOARD APPROVAL, THE TAX PREPARER IS AUTHORIZED TO

FILE THE 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY, INC.	Employer identification number 76-0496051
CONFLICTS OF INTEREST ARE MONITORED AND ENFORCED ACCORDIN	IG TO THE TEXAS
EDUCATION AGENCY GOVERNANCE REPORTING.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND OTHER OFFICIAL DOCUMENTAION IS MA	DE AVAILABLE TO
THE PUBLIC UPON REQUEST.	
	_

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Name of the organization

Department of the Treasury Internal Revenue Service

WILLIAM A. LAWSON INSTITUTE FOR PEACE AND PROSPERITY, INC.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 76-0496051

(a)	(b)	(c)	(d)		(e)			(f)			
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o		me	End-of-year	assets					
of disregarded entity	1 milary donvity	foreign country)		,,,,,	Lina or your	acceto	entity				
or allorogarada cristy		loreign country)]				
WALIPP REGENCY LOFTS, LLC - 85-4222556							WILLIAM A. 1	LAWSON			
5220 SCOTT ST APT 108	\exists						INSTITUTE FO	OR PEAC	E AND		
HOUSTON, TX 77004	HOUSING	HOUSING TEXAS		0.		0.	PROSPERITY,	INC.			
							<u> </u>				
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34,	becaus	se it had one	or more	e related tax-exe	empt			
	(b)	(c)	(d)	1	(e)		(f)	1 1	~)		
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Dub	lic charity	Dire	ct controlling		g) 512(b)(13)		
of related organization	1 Tilllary activity	foreign country)	section		tatus (if section 501(c)(3))		entity	controlled entity?			
		Torcigit country)					,	Yes No			
								1	1		

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	, ,		T	1					1	1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportion		Code V-UBI	General or F	or Percentage		
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	partne	ownership		
		foreign country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	lo		
										$\perp \perp$			
										+			
-													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		0. 1.204				Yes	No
									
									<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions wi	ith one or more re	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a				
	Gift, grant, or capital contribution to related organization(s)				1b				
С	Gift, grant, or capital contribution from related organization(s)				1c				
d	Loans or loan guarantees to or for related organization(s)				1d				
	Loans or loan guarantees by related organization(s)				1e				
f	Dividends from related organization(s)				1f				
	Sale of assets to related organization(s)				1g				
h	Purchase of assets from related organization(s)				1h				
i	Exchange of assets with related organization(s)				1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
1	Performance of services or membership or fundraising solicitations for related organizations	ation(s)			11				
	Performance of services or membership or fundraising solicitations by related organiza				1m				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s				1n				
	o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p				
q	Reimbursement paid by related organization(s) for expenses				1q				
•	, , , , , , , , , , , , , , , , , , , ,				·				
r	Other transfer of cash or property to related organization(s)				1r				
	Other transfer of cash or property from related organization(s)				1s				
2	If the answer to any of the above is "Yes," see the instructions for information on who					<u> </u>			
	(a)	(b)	(c)	(d)		-			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved				
		type (a-s)		·					
1)									
2)									
3)									
-									
4)									
-									
5)									
-									
6)									
3216	3 11-17-91	38		Schedule I	R (Form 9	90) 2021			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs.	sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion allocat	opor- nate tions?	Gener mana partr Yes	ral or Faging ner?	(k) Percentage ownership