Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	APR	1	, 2021, and ending	MAR	31	, 20 2 2

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of filer **EIN or SSN** 81-3052133 DIVINC

PRESTON JAMES, II Name and title of officer or person subject to tax CEO

Part I	Type of Return	n 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.

1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь 2,296,391.
2a	Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	
За	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	
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)	. 7b
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
10a	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 p	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 res	spect to (name
of entity	y)	, (EIN) and that I hav	e examined a copy of the
2021 el	ectronic return and accompanying sch	edules and statements, and, to the best of my knowledge and belief, they are tr	rue, 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 (extilement) date. Lates authorize the financial institutions involved in the processing of the electronic 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.

X I authorize	AVENSON	HAMANN	CPAS,	LLP	to enter my PIN	78721
			El	RO firm name	i	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.

Preston L. James, 19 Date 02 / 15 / 2023

Signature of officer or person subject to tax Certification and Authentication Part III

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

70442010000

Do not enter all zeros

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)

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MARCH 31, 2022

PREPARED FOR:

DIVINC 200 W 6TH STREET 1700 AUSTIN, TX 78701

PREPARED BY:

AVENSON HAMANN CPAS, LLP 7421 BURNET ROAD #522 AUSTIN, TX 78757

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 BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE.

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

AF	or the	2021 calendar year, or tax year beginning A	PR I, ZUZI and	a enaing <u>iy</u>	IAR 31, 2022	
B C	heck if oplicable	C Name of organization			D Employer identifi	cation number
X	Addre chang Name	DIVINC			04 00 00	
	_chang	Doing business as			81-30521	33
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone numbe	
	Final return/	200 W 6TH STREET		1700	512-909-	4499
	termin ated		ZIP or foreign postal code		G Gross receipts \$	2,296,391.
	Ameno return	AUSTIN, TX 78701			H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: F N E	STON JAMES, II		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No
<u> 1 T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()		or 527	If "No," attach a	list. See instructions
J۷	Vebsit	e: ▶ WWW.DIVINC.ORG			H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust As	sociation Other >	L Year	of formation: 2016	M State of legal domicile: $\mathbf{T}\mathbf{X}$
Pa	rt I	Summary				
	1	Briefly describe the organization's mission or most	significant activities: DIVI	NC SER	VES AS A BR	IDGE FOR
Activities & Governance		UNDERREPRESENTED ENTREPREM				
rna	2	Check this box if the organization discor	ntinued its operations or dispo	sed of more	than 25% of its net as	sets.
Ne.	3	Number of voting members of the governing body	(Part VI, line 1a)		3	17
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	17
တ္		Total number of individuals employed in calendar y				19
/itie		Total number of volunteers (estimate if necessary)				100
cţ		Total unrelated business revenue from Part VIII, co			7a	0.
⋖	b	Net unrelated business taxable income from Form				0.
					Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			1,106,438.	2,296,391.
nue		-			0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			0.	0.
		Total revenue - add lines 8 through 11 (must equal			1,106,438.	2,296,391.
		Grants and similar amounts paid (Part IX, column (0.	0.
		Benefits paid to or for members (Part IX, column (A			0.	0.
		Salaries, other compensation, employee benefits (F	, , , , , , , , , , , , , , , , , , , ,		337,876.	984,441.
Expenses		Professional fundraising fees (Part IX, column (A), li			0.	0.
ber	b	Total fundraising expenses (Part IX, column (D), line	e 25) ► 151.7	14.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d,			239,557.	978,169.
		Total expenses. Add lines 13-17 (must equal Part I)			577,433.	1,962,610.
		Revenue less expenses. Subtract line 18 from line			529,005.	333,781.
or es		TOTOLING TO TOTOLING TO TOTAL TO TOTAL TOT			ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)			825,179.	1,242,173.
Ass Ba	21	Total liabilities (Part X, line 26)			109,845.	193,058.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20		715,334.	1,049,115.
Pa	rt II	Signature Block			·	
Unde	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparer	has any knowledge.	,
			,			
Sigr	1	Signature of officer			Date	
Here		▶ PRESTON JAMES, II, CEO				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		CATHERINE AVENSON			if self-employ	P01259734
Prep		Firm's name AVENSON HAMANN C	PAS, LLP	<u> </u>		46-3330935
Use		Firm's address 7421 BURNET ROAD			2	
	•	AUSTIN, TX 78757			Phone no. 51	2-693-9131
Mav	the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
)1 12-0			ons.		Form 990 (2021)

81-3052133 Page **2** DIVINC Form 990 (2021)

Pai	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
'	Briefly describe the organization's mission: DIVINC'S MISSION IS TO GENERATE SOCIAL AND ECONOMIC EQUITY THROUGH
	ENTREPRENEURSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 1,375,839 • including grants of \$) (Revenue \$)
	DIVINC'S PROGRAM INCLUDES AN INTENSIVE 12-WEEK STARTUP ACCELERATOR
	PROGRAM PROVIDING A UNIQUE CULTURE OF SUPPORT THAT EQUIPS PEOPLE OF
	COLOR AND WOMEN ENTREPRENEURS WITH STRATEGIES CRITICAL TO CREATING
	EXCEPTIONAL COMPANIES, DRIVING JOB CREATION, AND CONTRIBUTING TO STRONG
	ECONOMIC GROWTH. PARTICIPANTS RECEIVE WEEKLY WORKSHOPS, ONE-ON-ONE
	PROFESSIONAL COACHING, NETWORKING OPPORTUNITIES, AND OTHER ESSENTIAL
	BUSINESS START-UP RESOURCES. APPROXIMATELY 600 PEOPLE WERE SERVED DURING THE YEAR ENDING 3/31/22.
	DURING THE TEAR ENDING 5/51/22.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
- T U	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,375,839.
	Form 990 (2021)

Form 990 (2021) DIVINC
Part IV Checklist of Required Schedules 81-3052133 Page **3**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
_	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12		13		X
13	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		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

132003 12-09-21

Form 990 (2021) DIVINC
Part IV Checklist of Required Schedules (continued) 81-3052133 Page **4**

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEL		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
ı a	Check if Schoolule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in her 2 of Form 1006. Enter 0, if not and inches		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4 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			
C	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21		990	(2021)

Par	τV	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
						Yes	No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed f	or the calendar year ending with or within the year covered by this return	2a	19			
b		east one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х	
		: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					
За	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?			За		Х
b	If "Ye	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
		y time during the calendar year, did the organization have an interest in, or a signature or other a					
	financ	cial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Ye	s," enter the name of the foreign country					
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccounts	s (FBAR).			
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did a	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?		5b		X
С	If "Ye	s" to line 5a or 5b, did the organization file Form 8886-T?			5с		<u> </u>
6a	Does	the organization have annual gross receipts that are normally greater than $$100,000$, and did the	e organ	ization solicit			
	any c	ontributions that were not tax deductible as charitable contributions?			6a		X
b	If "Ye	s," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
		not tax deductible?			6b		
7	_	nizations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pr	ovided to the payor?	7a		X
					7b	\vdash	├
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			_		3,7
_		Form 8282?	1 1		7c		X
		s," indicate the number of Forms 8282 filed during the year	7d		-		v
e		ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e	\vdash	X
†		ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		0	7f	N/	_
g		organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h	N/	_
н 8		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations usoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711	-11/	Ħ
Ü	-	soring organization have excess business holdings at any time during the year?	-	7AT / 7A	8		
9	-	soring organizations maintaining donor advised funds.					
а	-	ne sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b				N/A	9b		
10		on 501(c)(7) organizations. Enter:					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12 N/A	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Secti	on 501(c)(12) organizations. Enter:					
а	Gross	s income from members or shareholders N/A	11a				
b	Gross	s income from other sources. (Do not net amounts due or paid to other sources against					
		ints due or received from them.)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		_
b		s," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{}$	12b				
13		on 501(c)(29) qualified nonprofit health insurance issuers.		27 / 2			
а		organization licensed to issue qualified health plans in more than one state?		N/A	13a		
		See the instructions for additional information the organization must report on Schedule O.					
b		the amount of reserves the organization is required to maintain by the states in which the	ا یم ا				
		nization is licensed to issue qualified health plans	13b		-		
		the amount of reserves on hand	13c		14-		X
14a		ne organization receive any payments for indoor tanning services during the tax year? s," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b	\vdash	1
b 15		e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			140	\vdash	\vdash
IJ		s parachute payment(s) during the year?			15		X
		is," see the instructions and file Form 4720, Schedule N.			13		
16		e organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		Х
		is," complete Form 4720, Schedule O.					
17		on 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
		ties that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		

If "Yes," complete Form 6069.

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See 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			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
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		X
13	Did the organization have a written whistleblower policy?	13		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?			
а	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			
	taxable entity during the year?	16a		<u> </u>
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	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	financ	cial	
	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			
	THE ORGANIZATION - 512-909-4499			
	200 W 6TH STREET, SUITE 1700, AUSTIN, TX 78701			

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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and title	(B) Average hours per week	box	not cl	Posi heck i ss per id a di	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PRESTON JAMES	1.00								•	
CO-FOUNDER/CEO				Х				93,198.	0.	3,356.
(2) DANA CALLENDER	1.00	ļ								
CO-FOUNDER/COO		Х		Х				0.	0.	0.
(3) EZINNE OJI UDEZUE	1.00	ļ								
TREASURER		Х		Х				0.	0.	0.
(4) DAN GRAHAM	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(5) JOSH JONES-DILWORTH	1.00	ļ								
CHAIR	1 00	Х		Х				0.	0.	0.
(6) MONIQUE MALEY	1.00	ļ							•	
VICE-CHAIR	1 00	Х		Х				0.	0.	0.
(7) JULIE OLIVER	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) GEORGIA THOMSEN	1.00	ļ							•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) KATE WILLIAMS	1.00	ļ							•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) JUAN THURMAN	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) MARK PHILLIP	1.00								•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) HEATH BUTLER	1.00	.,							0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) CHRIS HYAMS	1.00	.,							0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) ELISA SEPULVEDA	1.00	٠,							•	_
BOARD MEMBER	1 00	Х	\vdash		_	-	-	0.	0.	0.
(15) BRANDON MIDDLETON-PRATT	1.00	3,7							•	_
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) ROMAN GONZALEZ	1.00	v							0	_
BOARD MEMBER	1 00	Х	\vdash		<u> </u>	-	_	0.	0.	0.
(17) MERCY WAKWEIKA	1.00	v							0.	_
BOARD MEMBER 132007 12-09-21		Х	İ.		l		l	0.	0.	0 . Form 990 (2021)

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Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			((_		(D)	(E)			(F)	
Name and title	Average		not c		more	than o		Reportable	Reportable			timate	
	hours per week					is both or/trus		compensation	compensatio	- 1		nount (of
	(list any	tor						from the	from related organizations	- 1		other pensat	tion
	hours for	direc				D.		organization	(W-2/1099-MIS			om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		org	anizati	ion
	organizations	al trus	nal tr		loyee	comp		1099-NEC)				d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
(18) BLANCA LESMES	1.00	드	드	JO.	₹ e	물등	요			-+			
BOARD MEMBER	1.00	Х						0.		0.			0.
										-			
		1											
										\longrightarrow			
		-											
						\vdash				\dashv		—	
		1											
		1											
		_											
							L	02 100		$\overline{}$		2 21	
1b Subtotal								93,198.		0.	;	3,35	0.
c Total from continuation sheets to Part VI								93,198.		0.		3,35	
d Total (add lines 1b and 1c)							o re	· · · · · · · · · · · · · · · · · · ·	L NNN of reportable			5 , 5 .	50•
compensation from the organization	or miniou to th	000		u u	,,,,	,		, and the trial of the state of	ood of roportable				0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	•							-	•				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				•			· ·			E		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or st	ich r	oers	on .					5		
Complete this table for your five highest contains the second secon	mpensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	ensat	ion fro		
the organization. Report compensation for										011001			
(A)	•							(B)			(C	;)	
Name and business	address	N	INC	3				Description of s	ervices	C	omper	nsatior	n
							\dashv						
							\dashv						
2 Total number of independent contractors (in		ot lir	nited	d to t		_	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				(<u> </u>						000	202
											Form '	990 ₍₂	2021)

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21)	DIVINC	
	Statement of Revenue	

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
(0, (0	1.0	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts				-			
رج <u>ج</u>				-			
Ţ\$,		Fundraising events 1c		-			
ia g		Related organizations 1d	212 ECO	-			
ns,			312,568.	-			
를 다	f	All other contributions, gifts, grants, and					
Βŧ			<u>983,823.</u>	-			
g	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>8</u>	h	Total. Add lines 1a-1f		2,296,391.			
			Business Code				
e	2 a	l					
Σ̈	b	·					
Program Service Revenue	c	:					
an	c						
P. B.	e						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f	•				
	3	Investment income (including dividends, intere					
	-	other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties	-				
	J	(i) Real	(ii) Personal				
	6 6		(1.)	-			
				-			
				-			
		Rental income or (loss) 6c					
		Net rental income or (loss)	(::\ Other:				
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
	b	Less: cost or other basis					
a l		and sales expenses		-			
Ver	c	Gain or (loss) 7c					
ther Revenue	c	Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	>				
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	>				
			Business Code				
snc	11 a	ı					
ne	b						
Miscellaneous Revenue	c						
isc R	c	All other revenue					
≥	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,296,391.	0.	0.	0.
				· · · · · · · · · · · · · · · · · · ·			

Form 990 (2021) DIVINC Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	/ * 1			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	112,811.	33,843.		78,968.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			212 125	
7	Other salaries and wages	758,160.	547,995.	210,165.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24 627	0.4.04.0	2 511	
9	Other employee benefits	34,627.	24,913. 52,825.	9,714.	
10	Payroll taxes	78,843.	52,825.	19,977.	6,041.
11	Fees for services (nonemployees):	E4 60E		E4 60E	
а	Management	51,607.		51,607. 1,264.	
b	Legal	1,264.		1,264.	
С	Accounting	1,300.		1,300.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	160 240	114 262	E4 070	
	column (A), amount, list line 11g expenses on Sch O.)	169,240. 12,348.	114,262.	54,978. 5,914.	
12	Advertising and promotion	7,474.	6,434. 3,737.	3,737.	
13	Office expenses	7,474.	3,131.	3,131.	
14	Information technology				
15	Royalties	12,274.	2,232.	10,042.	
16	Occupancy	21,628.	10,814.	10,814.	
17	Travel	21,020.	10,014.	10,014.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 502		2 702	
23	Insurance	3,703.		3,703.	
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),				
а	amount, list line 24e expenses on Schedule 0.) ACCELERATOR PROGRAM EXP	289,169.	289,169.		
a b	ALUMNI PROGRAM	215,343.	215,343.		
C	SPECIAL EVENTS	66,110.	2,072.	2,072.	61,966.
d	DUES & SUBSCRIPTIONS	57,040.	28,520.	28,520.	01,500
-	All other expenses	69,669.	43,680.	21,250.	4,739.
25	Total functional expenses. Add lines 1 through 24e	1,962,610.	1,375,839.	435,057.	151,714.
26	Joint costs. Complete this line only if the organization	, = = , = = •	, = = , = = ,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2221)

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet 81-3052133 Page **11** DIVINC

Par	rt X	Balance Sneet			
		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	731,248.	1	1,040,350
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	184,272
	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	
ပ္သ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
۲	9	Prepaid expenses and deferred charges	1 12 167	9	13,362
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	4,189
	16	Total assets. Add lines 1 through 15 (must equal line 33)	825,179.	16	1,242,173
	17	Accounts payable and accrued expenses		17	193,058
	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	
Se	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		23	
	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		25	102 050
	26	Total liabilities. Add lines 17 through 25	109,845.	26	193,058
G		Organizations that follow FASB ASC 958, check here			
Ce		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions		27	
Ř	28	Net assets with donor restrictions		28	
Š		Organizations that do not follow FASB ASC 958, check here			
Υ Τ		and complete lines 29 through 33.			0
ts (29	Capital stock or trust principal, or current funds	_	29	0
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	<u>0</u>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds			1,049,115
ž	32	Total net assets or fund balances	715,334.		1,049,115
	33	Total liabilities and net assets/fund balances	825,179.	33	1,242,173

Form **990** (2021)

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Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>2,29</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,96	<u>2,6</u>	<u> 10.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	33	3,7	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71	5,3	34.
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			
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	1,04	9,1	15.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle 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 require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization 81-3052133 DIVINC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publi					T T	
	Public support percentage for 2021 (li					14	<u>%</u>
	Public support percentage from 2020					15	. %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies a		•				
D	33 1/3% support test - 2020. If the c						
17-	and stop here. The organization quali 10% -facts-and-circumstances test	•	• • •		0.13 162 or 16b		
17a		_					•
	and if the organization meets the facts		•	-	•	· ·	. —
L	meets the facts-and-circumstances test	-			-	17a, and line 15 is	
O	10% -facts-and-circumstances test	_				•	1U70 UI
	more, and if the organization meets the organization meets the facts-and-circu				-		ightharpoonup
10						***************************************	······································
18	Private foundation. If the organization	n did flot check a	DOX OIT III IE 13, 16	a, 100, 17a, 01 171	o, oneok this box a	ina see instructions	·

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	now, picase comp	icte i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	()	, ,	, ,	,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	53,023.	246,379.	278,375.	1106438.	2296037.	3980252.
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	2,000.		6,853.			8,853.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	55,023.	246,379.	285,228.	1106438.	2296037.	3989105.
	a Amounts included on lines 1, 2, and 3 received from disqualified persons	20,250.	7,500.	35,000.	358,500.	651,005.	1072255.
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				61 000		<i>c</i> 1 000
	amount on line 13 for the year	20,250.	7,500.	35,000.	61,802. 420,302.	651,005.	61,802. 1134057.
	Add lines 7a and 7b	20,250.	7,500.	35,000.	420,302.	031,003.	2855048.
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						2033040.
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	55,023.	246,379.	285,228.	1106438.	2296037.	3989105.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,3233					
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	55,023.	246,379.	285,228.	1106438.	2296037.	3989105.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	• •	olumn (f))		15	71.57 %
	Public support percentage from 2020					16	71.93 %
Se	ction D. Computation of Inves						0.0
17	, 0					17	.00 %
	Investment income percentage from 2					18	.00 %
198	a 33 1/3% support tests - 2021. If the						► V
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a l	oox on line 14. 19a	a. or 19b. check th	is box and see inst	ructions	

132023 01-04-22

DIVINC 81-3052133 Page 4

Schedule A (Form 990) 2021 DIV: | 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

- 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		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	IO _b		
Schedule A	(Forn	n 990)	2021

132024 01-04-21

those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a 2b За

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Schedule A (Form 990) 2021

DIVINC

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	Ily integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) 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: \$			
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:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

DIVINC 81-3052133

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
WILD BASIN INVESTMENTS LLC	0.	7,500.	10,000.	25,000.	0.
PRESTON JAMES	20,250.	0.	0.	0.	0.
THE ION	0.	0.	25,000.	0.	0.
BOARD	0.	0.	0.	8,500.	7,505.
BANK OF AMERICA	0.	0.	0.	125,000.	125,000.
VERIZON	0.	0.	0.	200,000.	200,000.
CHEVRON	0.	0.	0.	0.	125,000.
ASCENSION	0.	0.	0.	0.	100,000.
MICROSOFT	0.	0.	0.	0.	93,500.
Total to Schedule A, Part III, Line 7a	20,250.	7,500.	35,000.	358,500.	651,005.

DIVINC 81-3052133

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
APPSUMO	0.	0.	0.	1,436.	0.
AUSTIN TECHNOLOGY INCUBATOR	0.	0.	0.	3,686.	0.
BUMBLE TRADING LLC	0.	0.	0.	13,936.	0.
DELL TECHNOLOGIES	0.	0.	0.	13,936.	0.
KENDRA SCOTT	0.	0.	0.	4,936.	0.
RETAIL ME NOT	0.	0.	0.	9,936.	0.
TEXAS CAPITAL BANK	0.	0.	0.	13,936.	0.
Total to Schedule A, Part III, Line 7b				61,802.	

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

2021

Name of the organization

Employer identification number

81-3052133

Organization type (check one):			
Filers o	f:	Section:	
Form 99	90 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	90-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		s 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.	
Genera	l Rule		
X		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., nplete 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	
answer	"No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).	

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

DIVINC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JP MORGAN CHARITABLE GIVING FUND 165 TOWNSHIP LINE RD, SUITE 1200 JENKINTOWN, PA 19046	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE NOTLEY FUND 1023 SPRINGDALE ROAD AUSTIN, TX 78721	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BAKER BOTTS 98 SAN JACINTO BLVD #1500 AUSTIN, TX 78701	\$5,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No4_	Name, address, and ZIP + 4 DOWNTOWN AUSTIN ALLIANCE 515 CONGRESS AVE #2150 AUSTIN, TX 78701	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	INDEED 6433 CHAMPION GRANDVIEW WAY BUILDING 1 AUSTIN, TX 78750	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	RETAILMENOT 301 CONGRESS AVE #700 AUSTIN, TX 78701	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization Employer identification number

DIVINC 81-3052133

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	TEXAS CAPITAL BANK 98 SAN JACINTO BLVD #150 AUSTIN, TX 78701	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	VELA WOOD 500 W 2ND ST #1900 AUSTIN, TX 78701	\$\$	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
9	BANK OF AMERICA 100 N TRYON ST CHARLOTTE, NC 28202	\$\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 BUMBLE TRADING LLC 1105 WEST 41ST STREET AUSTIN, TX 78756	* 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CAPITAL METRO 209 WEST 9TH STREET AUSTIN, TX 78701	- _ \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	CIRRUS LOGIC, INC. 800 WEST 6TH STREET AUSTIN, TX 78701	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization Employer identification number

DIVINC 81-3052133

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DAN RYAN 5885 LANDERBROOK DRIVE SUITE 200 CLEVELAND, OH 44124	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	DELL TECHNOLOGIES 1 DELL WAY ROUND ROCK, TX 78664	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	GLG 301 CONGRESS AVE #1500 AUSTIN, TX 78701	\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 16	Name, address, and ZIP + 4 REGIONS BANK 1900 FIFTH AVENUE NORTH BIRMINGHAM, AL 35203	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 77005	\$\$	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
18	UJENI FOUNDATION 120 E STATE ST 2ND FLOOR ITHACA, NY 14850	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	VERIZON 1095 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	CHEVRON 1400 SMITH ST HOUSTON, TX 77002	\$ <u>125,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	ASCENSION 1345 PHILOMENA ST AUSTIN, TX 78723	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	MICROSOFT 750 TOWN AND COUNTRY BLVD #1000 HOUSTON, TX 77024	\$ 93,500.	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
23	VISIBLE 1303 CAMPBELL RD HOUSTON, TX 77005	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	GUNDERSON DETTMER 500 WEST 5TH ST, SUITE 1215 AUSTIN, TX 78701	\$\$	Person X Payroll

DIVINC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	INTEL 1300 S MOPAC EXPY AUSTIN, TX 78746	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	SIETE FOODS FOUNDATION 3571 FAR WEST BOULEVARD, NUMBER 200 AUSTIN, TX 78731	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	NAV SOOCH 400 WEST CESAR CHAVEZ STREET AUSTIN, TX 78701	\$\$22,314.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 CITY OF AUSTIN 5202 EAST BEN WHITE BLVD SUITE 300 AUSTIN, TX 78741	\$ 22,250.	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
29	MARK MCCLAIN 301 WEST AVENUE #5603 AUSTIN, TX 78701	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	UNIVERSITY FEDERAL CREDIT UNION 1500 W PARMER LN AUSTIN, TX 78727	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

DIVINC

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31	NOAH SPIRAKUS 501 SILVERSIDE RD. WILMINGTON, DE 19809	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	J. WOOD CAPITAL ADVISORS LLC		Person X Payroll
	1820 CALISTOGA RD	\$8,333.	Noncash
	SANTA ROSA, CA 95404		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	
33	HALP FOUNDATION 902 VALLEY VIEW DR, AUSTIN, TX 78733	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 34	Name, address, and ZIP + 4 BREX 8201 BEAR CREEK DR AUSTIN, TX 78737	Total contributions	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
35	LYNDA RIFE		Person X Payroll
	1608 W 6TH ST AUSTIN, TX 78703	\$ 7,000.	Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
36	ROBERT HOLLINGSWORTH 603 DAVIS STREET, UNIT 1303 AUSTIN, TX 78701	\$5,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	BBVA 10711 BURNET RD AUSTIN, TX 78758	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
38	BLANCA LESMES PO BOX 151796 AUSTIN, TX 78715	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39	ARTICULATE PERSUASION 3709 HUNTINGTON ST NW WASHINGTON, DC 20015	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 40	Name, address, and ZIP + 4 CINDY AND GREG ABELL 2614 RAVELLO RIDGE DR AUSTIN, TX 78735	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	MIGUEL GARZA 3571 FAR WEST BOULEVARD, NUMBER 200 AUSTIN, TX 78731	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 42	Name, address, and ZIP + 4 SCHWAB FOUNDATION 2309 GRACY FARMS LN	\$5,000.	Person X Payroll Noncash (Complete Part II for
	AUSTIN, TX 78758		noncash contributions.)

DIVINC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** DIVINC 81-3052133 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990)

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.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

DIVINC	81-3052133	
FORM 990, PART VI, SECTION B, LINE 11B:		
FORM 990 IS REVIEWED BY STAFF AND PROVIDED TO THE FULL BOARD OF DIRECTORS		
PRIOR TO FILING.		
FORM 990, PART VI, SECTION B, LINE 12:		
BOARD MEMBERS RECEIVE THE CONFLICT OF INTEREST POLICY WITH	THEIR BOARD	
MEMBER CONTRACTS, AND THEY ARE EXPECTED TO RECUSE THEMSELV	ES FROM VOTING ON	
DECISIONS WHICH COULD BENEFIT THEM DIRECTLY.		
FORM 990, PART VI, SECTION C, LINE 19:		
ALL REQUIRED DOCUMENTS ARE AVAILABLE UPON REQUEST.		



Title URGENT: 2021 Taxes

File name 2021 Div Inc 990.pdf

Document ID e68330c815c9aadaea056b973f94d4778bdf3d42

Audit trail date format MM / DD / YYYY

Status • Signed

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