

Private Foundation Memberships

Private foundations, family foundations, operating foundations, charitable trust, health conversion foundations, supporting organizations (Type I, II or III), corporate foundations, and other philanthropic entities are eligible for membership with Philanthropy Southwest.

Application Requirements

Applicants for membership are asked to include the following as part of the application process:

- Completed application form
- Current IRS determination letter
- Most recent IRS Form 990 or 990-PF, including all schedules
- A current listing of board members and staff

If your foundation has not yet filed a 990 or 990 PF, but has begun making grants, a statement detailing grant activity will suffice.

Dues are calculated using a three-year average of annual qualifying distributions. The corresponding payment tiers are outlined in the chart below. Upon membership approval, Philanthropy Southwest will invoice the organization for dues payment.

Range of Average Annual Distributions	2026 Annual Dues
< \$500,000	\$675
\$500,000 - \$1M	\$1,395
\$1M - \$2M	\$1,875
\$2M - \$5M	\$2,785
\$5M - \$10M	\$4,695
\$10M - \$15M	\$5,500
\$15M - \$30M	\$6,600
\$30M - \$50M	\$7,260
\$50M and above	\$9,075

Returning Application for Membership

Please return all completed application forms and supporting documents to Amanda Esaena, Vice President, at amanda@philanthropysouthwest.org or mail to--

Philanthropy Southwest
3000 Pegasus Park Drive
Suite 706
Dallas, Texas 75247

All applications are reviewed by the Membership Committee and approved by the Board of Directors. For questions about membership, the application process, or dues structure, please call the Philanthropy Southwest office at 214-740-1787.

Organization Information

Organization Name: _____
 Address: _____
 City, State, Zip Code: _____
 Website address: _____ Employer ID Number (EIN): ____ -- _____
 Year Established: _____ Year IRS Classification Received: _____
 Contact Person: _____ Phone Number _____ Ext: _____
 Title: _____ Email: _____

Membership in Philanthropy Southwest was referred by:

Name: _____ Organization: _____
 Phone number: _____ E-mail: _____

Foundation Type & Assets

Type of foundation/organization:

- Private and Independent Foundation (*Nongovernmental organizations with funds and programs managed by their own trustees or director*)
- Family Foundation (*foundations whose funds are derived from members of a family, who often have a substantial role in the foundation's governance*)
- Operating Foundation (*foundations that use a substantial portion of their income for the direct conduct of programs*)
- Charitable Trust (*organizations governed by trustees and supporting more than one charitable organization*)
- Health Conversion Foundation (*Grantmaking organizations funded by the sale of a hospital or health care system*)
- Supporting Organization (*Organizations that attach to or support other charities and, in effect, acquires the public charity status of the organization it support*)
- Corporate Foundations (*legally separate private foundation funded by a corporation*)
- Other: _____

Is the foundation/organization primarily funded by its own endowment? Yes No

Does the foundation/organization engage in fundraising for its own benefit? Yes No

Source(s) of the organization's funds: _____

Is there an external asset manager? No Yes, contact information: _____

Assets as of last fiscal year:

Fiscal Year Ending	Assets (\$)	Grants
_____	_____	_____

Dues are determined by averaging either your disbursements for charitable purposes (Form 990-PF, Part I, Line 26, Column (d)) or your program service expenses (Form 990, Part IX, Column (B)) over the past three fiscal years. Based on your foundation's annual tax return, please provide the following information for the most recent three years.

\$ _____	+ \$ _____	+ \$ _____	= _____
Year 1	Year 2	Year 3	3 Year Average

Program Activity

Program Focus: _____

Principal activities: _____

Does the foundation provide, participate in, or fund any of the following? (Check all that apply)

- Capital Grants Collaborative Funds Endowment Funds Operational Support
 Research Scholarships Seed Money Other: _____

What is the timeframe of the organizations grantmaking process? (Check all that apply)

- Annual Bi-Annual By- Invite Only Letter of Inquiry/Interest
 On-Going On-line Grant Application Quarterly Other: _____

Funding Region & Categories

Please list state(s) in which the foundation/organization is giving:

Area(s) served: International National State Local , cities or counties: _____

Select grantmaking categories (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Aging
<input type="checkbox"/> Animal Protection & Welfare
<input type="checkbox"/> Arts / Culture / Humanities
<input type="checkbox"/> Civil Rights / Social Action / Advocacy
<input type="checkbox"/> Communications/ Media
<input type="checkbox"/> Community Improvement / Capacity Building
<input type="checkbox"/> Crime / Legal Related / Juvenile or Social Justice
<input type="checkbox"/> Disaster Preparedness / Relief
<input type="checkbox"/> Educational Institutions
<input type="checkbox"/> Education <ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood <input type="checkbox"/> Higher Education <input type="checkbox"/> Kinder – 12 <input type="checkbox"/> After School / Out-of-School Time <input type="checkbox"/> STEM <input type="checkbox"/> Employment / Workforce Development
<input type="checkbox"/> Environmental Quality / Protection / Sustainability
<input type="checkbox"/> Equity & Inclusion: Racial /Ethnic /Gender / LGBTQ
<input type="checkbox"/> Faith-Based Ministries / Spiritual / Religion Related
<input type="checkbox"/> Families & Children
<input type="checkbox"/> Financial Literacy / Asset Building
<input type="checkbox"/> Food / Agriculture / Nutrition
<input type="checkbox"/> Health: Access & Care
<input type="checkbox"/> Health: General & Rehabilitative | <input type="checkbox"/> Health: Disease / Disorders / Medical Disciplines
<input type="checkbox"/> History / Archaeology
<input type="checkbox"/> Housing / Homelessness
<input type="checkbox"/> Human Services <ul style="list-style-type: none"> <input type="checkbox"/> Early Childhood <input type="checkbox"/> Youth <input type="checkbox"/> Adults <input type="checkbox"/> Elderly <input type="checkbox"/> Women & Girls <input type="checkbox"/> Immigration / Refugees
<input type="checkbox"/> International/ Foreign Affairs
<input type="checkbox"/> Libraries / Library Science
<input type="checkbox"/> Medical Research
<input type="checkbox"/> Mental Health / Crisis Intervention
<input type="checkbox"/> Non-Profit Capacity-Building
<input type="checkbox"/> Public Policy Research & Analysis
<input type="checkbox"/> Public Safety / Violence Prevention
<input type="checkbox"/> Recreation / Sports / Leisure / Athletics
<input type="checkbox"/> Rural Development
<input type="checkbox"/> Science & Technology
<input type="checkbox"/> Social Science Research Institutes
<input type="checkbox"/> Urban Planning / Development
<input type="checkbox"/> Veterans
<input type="checkbox"/> Women's Issues
<input type="checkbox"/> Youth Development
<input type="checkbox"/> Other: _____ |
|---|---|

Documentation

Is there any pending or anticipated legal or regulatory action against the organization?

- No Yes (If yes, please describe on a separate sheet of paper.)

Does the organization have a current IRS determination letter?

- No Yes, attached to application form

Does the organization have a recent 990 or 990-PF form?

- No Yes, attached to application form

Is there a list of the organization's officers, trustees, and staff attached to the application?

- No Yes (Please include email addresses for all staff members.)

I certify that the above-listed organization operates in compliance with all applicable local, state and federal laws and regulations. I agree that representatives of this organization will not use their Philanthropy Southwest membership as a vehicle for solicitation of other Philanthropy Southwest members.

Authorized Representative's Name: _____

Title: _____

Date: _____