# **Return of Organization Exempt From Income Tax**

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

A F	or the	201	9 calendar year, or tax year begin	ning	, 2019,	, and endin	g			, 20		
<b>B</b> 0			C Name of organization					D Employer ide	entific	ation numl	er	
D Che	ck if appl		TEXAS 2036									
	Address change		Doing Business As					81-3063	3099	)		
	Name c	change	Number and street (or P.O. box if mail is	E Telephone no	umber							
	Initial re	eturn	3963 MAPLE AVENUE			290		(469) 38	4 – 2	036		
	Termina	ated	City or town, state or province, country, a	and ZIP or foreign postal code								
	Amende return	ed	DALLAS, TX 75219					<b>G</b> Gross receipt	ts \$	9,	151,	,696.
	Applica		F Name and address of principal officer:			H(a) Is this a grou		n for	Yes	X No		
		,	3963 MAPLE AVENUE, ST	E 290, DALLAS, TX	75219	9		H(b) Are all subord		cluded?	Yes	No
I T	ax-exer	mpt sta	atus: X 501(c)(3) 501(c) (	) <b>◀</b> (insert no.) 4	.947(a)(1) d	or 527	7	If "No," attac	h a list	. (see instruct	ions)	
JV	Vebsite	e: <b>&gt;</b>	TEXAS2036.ORG					H(c) Group exemp	otion nu	umber		
K F	orm of	f organ	ization: X Corporation Trust	Association Other >		L Year of	formati	on: 2016 <b>M</b>	State	of legal dor	nicile:	TX
Pa	rt I	Sur	mmary			'		•				
			describe the organization's mission or	most significant activities:	TEXAS	2036 EM	POWE	RS TEXANS	ТО	MAKE		
æ			ORMED DECISIONS USING DA									
Governance	_	SUS	TAIN TEXAS AS THE BEST P	LACE TO LIVE AND	DO BU	JSINESS.						
ern	2	 Check	this box	scontinued its operations	 or dispose	d of more tha	n 25%	of its net assets	 S.			
g မ			er of voting members of the governing	•	•				3			34.
∞ಶ	<b>4</b> N	Numb	er of independent voting members of the	he governing body (Part VI,	line 1b)				4			34.
ties			number of individuals employed in cale						5			20.
Activities			number of volunteers (estimate if necess						6			100.
Ac			unrelated business revenue from Part VI						7a			0
			nrelated business taxable income from I						7b			0
				,				Prior Year		Curr	ent Ye	ear
	8 (	Contri	butions and grants (Part VIII, line 1h)	Г				6,521,65	4.	9 ,	151	,696
une	9 F	⊃roara	am service revenue (Part VIII, line 2g)			Y FOR			0.			
Revenue			ment income (Part VIII, column (A), line		PUBLIC IN	ISPECTION			0.			0
			revenue (Part VIII, column (A), lines 5,						0.			
			revenue - add lines 8 through 11 (must					6,521,65	4.	9	151	,696
$\overline{}$			s and similar amounts paid (Part IX, colu						0.			
			its paid to or for members (Part IX, colui						0.			
s			es, other compensation, employee bene		581,91	.8.	1,	993	,174			
Expenses			ssional fundraising fees (Part IX, column			0.			0			
be	bΤ	Total f	fundraising expenses (Part IX, column (I	O), line 25) ► 45	59,666							
ώ			expenses (Part IX, column (A), lines 11:					2,341,97	7.	2 ,	683	,315.
			expenses. Add lines 13-17 (must equal					2,923,89	5.	4 ,	676	,489
			nue less expenses. Subtract line 18 from					3,597,75	9.	4 ,	475	,207
o s							Beginr	ning of Current Y	'ear	End	of Yea	r
land	<b>20</b> T	Total a	assets (Part X, line 16)					3,763,63	7.	8 ,	324	,022
20.00		Total I	liabilities (Part X, line 26)					165,87	8.		251	,056
- Net			ssets or fund balances. Subtract line 21	from line 20				3,597,75	9.	8 ,	072	,966
Par			gnature Block									
Unde	er pena		of perjury, I_declare that I have examined thi						my k	nowledge	and be	lief, it is
true,	correc	t, and	complete. Declaration of preparer (other than	officer) is based on all informa	ition of whice	ch preparer has	s any kn	owledge.				
Sigr			Signature of officer					Date				
Her	<b>e</b>											
			Type or print name and title									
		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN		
Paid		KEV:	IN ENSMINGER			self-employe	ed	P01310	558			
Prep		Firm's	name ▶ BKD, LLP					Firm's EIN	44-	016026	0	
Use	Only ⊢		address ► 14241 DALLAS PARKWAY, SU	JITE 1100 DALLAS, TX 752	254				972	-702-8	262	
May			cuss this return with the preparer shown							X Ye	s	No
For F	aperv	work	Reduction Act Notice, see the separate	e instructions.								(2019)

TEXAS 2036 81-3063099 Form 990 (2019) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO ENABLE TEXANS TO MAKE POLICY DECISIONS THROUGH ACCESSIBLE DATA, LONG-TERM PLANNING AND STATEWIDE ENGAGEMENT. 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?..... 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. 4a (Code: ) (Expenses \$ 1,896,416. including grants of \$ ATTACHMENT 4b (Code: ) (Expenses \$ 583,091. including grants of \$ ATTACHMENT ) (Revenue \$ 4c (Code: ) (Expenses \$ 995,332. including grants of \$ ATTACHMENT 3 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

**4e** Total program service expenses ▶ 3,474,839.

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) (Revenue \$

Form 990 (2019)
Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		Х
	Schedule D, Parts XI and XII.	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		Х
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 41
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	148		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ

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	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	
24 a	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			Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Δ
	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	240		
A	to defease any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enterthe number recented in Day 2 of Francisco Fister 0 Wasternally 11		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	THE TRE GREENIZATION COMPINE WITH PROBLEM WITHHOLDING FULCE FOR CONCRETABLE ROYMONTE TO MONDORE AND			
		4		
	reportable gaming (gambling) winnings to prize winners?	1c	990	/C -

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Part V S Page 5

Par	t V 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 for the calendar year ending with or within the year covered by this return. 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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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
Sect	ion 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			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	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
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
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 in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			. ,
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy.
	and financial 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 record TEXAS 2036 3963 MAPLE AVE, STE 290 DALLAS, TX 75219	s 🕨		

Form **990** (2019)

JSA

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (I) Reportable compensation From the organization (W-2/1099-MISC)		Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1)MARGARET SPELLINGS	40.00							
PRESIDENT/CEO	0.	-	Х			319,121.	0.	2,677.
(2) AMY MUELLER	40.00							
GENERAL COUNSEL	0.			Х		172,414.	0.	22,828.
(3) JUSTIN COPPEDGE	40.00							
C00	0.		Х			161,525.	0.	24,618.
(4)KATHARINE TELEKI	40.00							
DIRECTOR - POLICY/PLANNING	0.			X		154,229.	0.	13,488.
(5) SARAH KIRKLE	40.00							
DIRECTOR - POLICY/PLANNING	0.			Х		154,246.	0.	12,298.
(6) ANNE DAVIES	40.00							
CDO	0.		X			135,129.	0.	7,268.
(7) EMILY ZALKOVSKY	40.00							
DIRECTOR - POLICY/PLANNING	0.			Х		130,635.	0.	8,514.
(8) PETER ALTABEF	1.00							
DIRECTOR, END: 06/19	0.	Х				0.	0.	0.
(9) JOHN CASTLE	1.00					_	_	_
DIRECTOR, END: 06/19	0.	X				0.	0.	0.
(10) DEL WILLIAMS	1.00					_	_	_
DIRECTOR, END: 06/19	0.	Х				0.	0.	0.
(11) TOM LUCE	20.00							
CHAIR OF THE BOARD	0.	Х				0.	0.	0.
(12) ALINE BASS	1.00							
DIRECTOR	0.	X				0.	0.	0.
(13) AMY CHRONIS	1.00						2	
DIRECTOR	0.	X				0.	0.	0.
(14) ROBERTO CORONADO	1.00	37					0	
DIRECTOR	0.	X				0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) JULIET GARCIA DIRECTOR	1.00	X				ed		0	0.	0
16) YVONNE HO DIRECTOR	1.00	X						0	0.	0
17) MAYNARD HOLT DIRECTOR	1.00	Х						0	0.	O
18) MARY KIPP DIRECTOR, END: 06/19	1.00	Х						0	0.	O
19) RON KIRK DIRECTOR 20) KYLE MILLER	1.00 0. 1.00	Х						0	0.	0
DIRECTOR 21) TRENT MCKNIGHT	0.	Х						0	0.	С
DIRECTOR 22) JEANNE PHILLIPS	0.	Х						0	0.	C
DIRECTOR 23) MATT ROSE	0. 1.00	Х						0	0.	C
DIRECTOR 24) WYNN ROSSER	1.00	X						0	0.	C
DIRECTOR 25) SAM L. SUSSER DIRECTOR	0. 1.00 0.	X						0	0.	0
1b Sub-total c Total from continuation sheets to Part VII, S							<b>&gt;</b>	1,227,299.	0.	91,691.
d Total (add lines 1b and 1c)	limited to t	hose	liste	d al	bove	e) who	o re	1,227,299. eceived more than	0. \$100,000 of	91,691.
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the organization and related organizations greater</li> </ul>	er, directoule J for suc sum of repeater than	or, or ch ind oortab	lividu de c 50,0	ual com 00?	per	ısatioı "Yes	n a	nd other compens	sation from the le J for such	Yes No
<ul> <li>individual</li> <li>Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors</li> </ul>	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5 X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (c	ontinu	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	<b> </b> ,.		Pos				Reportable	Reportable		stimated	
	hours per	,				e than o		compensation	compensation from	ar	nount o	f
	week (list any hours for					or/truste		from the	related organizations	com	other pensati	on
	related	or a	Ins	Off	ē.	Hig	Fo	organization	(W-2/1099-MISC)		om the	
	organizations	livid	i ii l	Officer	Key employee	hes	Former	(W-2/1099-MISC)		_	anizatio	
	below dotted line)	ual t	ione		old	t co	•				d relateo anization	
	,	Individual trustee or director	<b>a</b>		/ee	npe				3		
		ee	Institutional trustee			Highest compensated employee						
26) MARC WATTS	1.00					ed.						
DIRECTOR	1.00	X						0	] 0.			0
27) TUCKER BRIDWELL	1.00							0				
DIRECTOR	1.00	X						0	] 0.			0
28) GRAHAM WESTON	1.00	_ ^						0	. 0.			
DIRECTOR	1.00	X						0	] 0.			0
29) NICOLE SMALL	1.00	Λ						0	. 0.			
DIRECTOR	1.00	X						0	] 0.			0
30) SCOTT MCCLELLAND	1.00	Λ						0	. 0.			
DIRECTOR	1.00	X						0	] 0.			0
31) HUNTER HUNT	1.00							0	. 0.			
	+	3,7										0
DIRECTOR 32) PAT AVERY	0.	X						0	0.			0
	1.00	37										0
DIRECTOR 33) ANN BARNES	1.00	X						0	0.			0
DIRECTOR	1.00							0				0
34) TRACEE BENTLEY	1.00	X						0	0.			
DIRECTOR	1.00							0				0
35) BOB CAMPBELL	1.00	X						0	0.			0
	+	3,7										0
DIRECTOR 36) ABEL CASTRO	1.00	X						0	0.			0
DIRECTOR	1.00	3,7										0
	0.	X						0	0.			0.
1b Sub-total							<b>&gt;</b>	0.	. 0.			0.
c Total from continuation sheets to Part VII, S	-											
d Total (add lines 1b and 1c)							<u> </u>		<u></u>			
2 Total number of individuals (including but not reportable compensation from the organizatio				d at	OOV	e) who	re	ceived more than	\$100,000 of			
Teportable compensation from the organization											Yes	No
O Did the considering Peterson Conservation	Passets							Lancas and Distance			162	NO
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3		Х
										3		21
4 For any individual listed on line 1a, is the												
organization and related organizations gr											Х	
individual										4	^	
5 Did any person listed on line 1a receive or												v
for services rendered to the organization? If "Y	es," comple	te Sci	nedu	iie J	tor	such	per	son		5		X
Section B. Independent Contractors		l	1					hat manabord or				
1 Complete this table for your five highest com	ipensated ii	naepe	ende	ent (	con:	tractor	rs t	nar received more	e inan \$100.000 o	T		

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	s per	tion more son i	than or s both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director		-		Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
7) TONY CUCOLO	1.00									
DIRECTOR	0.	X						0 .	0.	(
8) ED ESCUDERO	1.00									
DIRECTOR	0.	X						0 .	0.	(
9) SHANNON FLETCHER	1.00							_	_	
DIRECTOR	0.	X						0 .	0.	(
0) VAL LAMANTIA PEISEN	1.00									
DIRECTOR	0.	X						0 .	0.	(
1) PETER RODRIGUEZ	1.00	37								,
DIRECTOR	0.	X						0 .	0.	(
2) ZEYNEP YOUNG	1.00	77							0.	
DIRECTOR	1.00	X						0 .	0.	(
3) ANDREW HALL DIRECTOR	$\frac{1.00}{0.}$	Х						0.	0.	(
4) WALLACE JEFFERSON	1.00	Λ						0.	0.	
DIRECTOR		Х						0.	0.	(
5) CYNTHIA MARSHALL	1.00	- 21						0.	0.	
DIRECTOR		Х						0.	0.	(
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>A A A</b>	0.	0.	0
2 Total number of individuals (including but no reportable compensation from the organizat			listed 7	d ab	ove	) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual.	greater than	\$15	50,00	00?	If	"Yes,	," (	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? If										5 X
Section B. Independent Contractors										

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

<sup>2</sup> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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# Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants,	2 171 606				
Contribu and Othe	g h	And similar amounts not included above Noncash contributions included in lines 1a-1f 1g  Total. Add lines 1a-1f 1g	9,151,696. \$	9,151,696.			
			Business Code				
<u>8</u>	2a						
e ≧	b						
S Z	С						
ameve	d						
PS	e						
Program Service Revenue	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b>•</b>	0.			
	3	Investment income (including dividends,					
	"	other similar amounts)	interest, and	0.			
		•	d nuccoods	0.			
	4   5	Income from investment of tax-exempt bon Royalties	•	0.			
	"	(i) Real	(ii) Personal	0.			
			(ii) i diddiidii				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c		_			
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
<del>ار</del> ج	d	Net gain or (loss)	<u></u>	0.			
Other	8a	Gross income from fundraising					
Ó		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events	s <b>&gt;</b>	0.			
	9a	Gross income from gaming					
	"	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b					
	C	Net income or (loss) from gaming activities		0.			
		` ' '					
	10a	Gross sales of inventory, less returns and allowances	0.				
	L		`-				
		Less: cost of goods sold  Net income or (loss) from sales of inventory		0.			
	Ť		Business Code	0.			
Miscellaneous Revenue			Duoi 1000 Oode				
ne	11a						
la Ver	b						
Re	C						
Ĭ	d	All other revenue					
	e_	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions	<u> </u>	9,151,696.		1	

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# Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a response or note to any line in this Part IX						
Do	not include amounts reported on lines 6b, 7b,		(B)				
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
	Grants and other assistance to domestic organizations		о.pолосо	general expenses	жүстоос		
-	and domestic governments. See Part IV, line 21	0.					
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	0.					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign	_					
	individuals. See Part IV, lines 15 and 16	0.					
4	Benefits paid to or for members	0.					
5	Compensation of current officers, directors,	650,339.	314,419.	230,073.	105,847.		
_	trustees, and key employees	030,337.	314,419.	230,073.	103,047.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.					
7	Other salaries and wages	1,147,236.	869,970.	88,886.	188,380.		
	Pension plan accruals and contributions (include	·	·		<u> </u>		
J	section 401(k) and 403(b) employer contributions)	9,282.	6,094.		3,188.		
9	Other employee benefits	54,898.	42,862.	892.	11,144.		
10	Payroll taxes	131,419.	87,060.	22,578.	21,781.		
11	Fees for services (nonemployees):						
а	Management	0.					
b	Legal	21,905.		21,905.			
	Accounting	97,785.		97,785.			
	Lobbying	0.					
	Professional fundraising services. See Part IV, line 17.	0.					
	Investment management fees	0.					
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 5	1,589,378.	1,404,460.	154,268.	30,650.		
12	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	103,383.	101,408.	. ,	1,975.		
13	Office expenses	105,948.	63,828.	23,046.	19,074.		
14	Information technology	171,395.	151,410.	10,252.	9,733.		
15	Royalties	0.					
16	Occupancy	320,532.	195,881.	71,229.	53,422.		
17	Travel	133,483.	120,135.		13,348.		
18	Payments of travel or entertainment expenses	_					
	for any federal, state, or local public officials	0.	100 106				
19	Conferences, conventions, and meetings	102,196.	102,196.				
20	Interest	0.					
21	Payments to affiliates	3,018.	1,844.	671.	503.		
22	Depreciation, depletion, and amortization	4,536.	2,277.	1,638.	621.		
23 24	Insurance Other expenses Itemize expenses not covered	1,330.	2,2,7,	1,050.	021.		
24	above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	DUES & SUBSCRIPTIONS	10,995.	10,995.				
b	•						
c	· <u> </u>						
d	·	10 861		10 861			
	All other expenses	18,761.	2 474 020	18,761.	150 666		
_	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	4,676,489.	3,474,839.	741,984.	459,666.		
-0	organization reported in column (B) joint costs						
	from a combined educational campaign and fundraising solicitation. Check here						
	following SOP 98-2 (ASC 958-720)	0.					
_		- 1			Form <b>990</b> (2010)		

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,273,637.	1	3,814,228.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	4,445,112.
	4	Accounts receivable, net	2,490,000.	4	0.
	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	0.	5	0.
	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)	0.	6	0.
sts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ř	9	Prepaid expenses and deferred charges	0.	9	35,713.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	28,969.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,763,637.	16	8,324,022.
	17	Accounts payable and accrued expenses	165,878.	17	251,056.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	165,878.	26	251,056.
Sec		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
a a	27	Net assets without donor restrictions	3,597,759.	27	3,627,854.
Ä	28	Net assets with donor restrictions	0.	28	4,445,112.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	3,597,759.	32	8,072,966.
ž	33	Total liabilities and net assets/fund balances	3,763,637.	33	8,324,022.
_					Form <b>990</b> (2019)

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Part	XI Reconciliation of Net Assets				-	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,5	97,7	
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
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		8,0	72,9	66.
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII				<sub>.</sub>	
					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," e.	kplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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 audit	ed o	n 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 over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			37
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	idits .		3b	200	
				Form	99U (	(2019)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 81-3063099

TEX	EXAS 2036 81-3063099							
Pai	t I	Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	) <u>.</u>
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universi	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		·				
8		A community trust describe	-		-			
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	nent income and u on after June 30, 19	nrelated business tax 975. See <b>section 509</b>	able incc <b>(a)(2).</b> (0	ome (less Complete	s section 511 tax) from Part III.)	nip fees, and gross n 331/3% of its businesses
11		An organization organized			-			
12		An organization organized	•	-	-			
		of one or more publicly su						. , , ,
		Check the box in lines 12a t	=			_	•	_
а		Type I. A supporting orga	•	•	•		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization. `						(-) hh:
b	L	Type II. A supporting org	-					
		control or management of		=	the sam	e persor	is that control of man	lage the supported
_		organization(s). You must	=		stad in a	onnoctio	n with and functions	lly intograted with
С		_ Type III functionally integ _ its supported organization						ily ilitegrated with,
d		Type III non-functionally		· ·				ted organization(s)
u	_	that is not functionally into			•			• , ,
		requirement (see instruct	-	<del>-</del>	-		· ·	a an attorniveness
е		Check this box if the orga	•	-				I. Type III
		functionally integrated, or						, ,,
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,	,
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	6,521,654.	9,151,696.	15,673,350.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3				6,521,654.	9,151,696.	15,673,350.
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)						2,069,198.
6	Public support. Subtract line 5 from line 4						13,604,152.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4				6,521,654.	9,151,696.	15,673,350.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						15,673,350.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (li		•			14	<u>%</u>
15	Public support percentage from 2018					15	<u>%</u>
16a	331/3% support test - 2019. If the org	-					
	box and <b>stop here.</b> The organization q						
b	<b>33</b> 1/3 % <b>support test - 2018.</b> If the org						
	this box and <b>stop here.</b> The organization	•		•			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				•	•	
10	supported organization						
18	3				•		
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

	tion A. Public Support				T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
c	organization without charge						
6	ı F						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	•					` ` ` `
	organization, check this box and stop here .						▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Sche					16	<u>%</u>
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	-					
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga						. $\square$
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization d	lia not check a	a box on line 1	4, 19a, or 19b,	cneck this box	and see instruc	ctions

Schedule A (Form 990 or 990-EZ) 2019 Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng by			
	1		
us ed	2		
er			
nd he			
D)	3b		
В)	3с		
If	4a		
gn o <i>n</i>	4b		
on ed B)			
	4c		
s," IN n; on			
	5a		
yk	5b		
	5с		
to ed or			
	6		
or ty	7		
7?			
re ed	8		
	9a		
ch	9b		
fit	9с		
on ed	4.5		
to	10a 10b		
	מטו		

TEXAS 2036 81-3063099 Schedule A (Form 990 or 990-EZ) 2019 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) 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? *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.* 

2b

3a

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex					
2	Amounts paid to perform activity that directly furthers exer	ed				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
_1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2019					
a	From 2014					
b	From 2015					
c	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from					
	Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е	Excess from 2019					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 8

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

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

2019

**Employer identification number** 

TEXAS 2036 81-3063099 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization TEXAS 2036

Employer identification number 81-3063099

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_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization TEXAS 2036

Employer identification number 81-3063099

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person   X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 250,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization TEXAS 2036

Employer identification number 81-3063099

Part II	Noncash Property	(see instructions).	Use duplicate	copies of Part II if	additional space is need	ded.

(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization TEXAS 2036 **Employer identification number** 81-3063099 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 information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. 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 (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Part I Questions Regarding Compensation

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 81-3063099 TEXAS 2036

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
b	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4.		X
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4C		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
а	The organization?	5a		X
b b	Any related organization?	5b		
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARGARET SPELLINGS	(i)	316,580.	0.	2,541.	0.	2,677.	321,798.	
1 PRESIDENT/CEO	(ii)	0.	0.	0.				
JUSTIN COPPEDGE	(i)	160,277.	1,000.	248.	16,610.	8,008.	186,143.	
<b>2</b> <sup>COO</sup>	(ii)	0.	0.	0.				
AMY MUELLER	(i)	171,666.	500.	248.	22,828.	0.	195,242.	
3 GENERAL COUNSEL	(ii)	0.	0.	0.				
SARAH KIRKLE	(i)	154,003.	0.	243.	9,713.	2,585.	166,544.	
DIRECTOR - POLICY/PLANNING	(ii)	0.	0.	0.				
KATHARINE TELEKI	(i)	153,986.	0.	243.	10,903.	2,585.	167,717.	
5DIRECTOR - POLICY/PLANNING	(ii)	0.	0.	0.				
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii) (i)							
44	(ii)							
14	(i)							
45	(ii)							
15	(i)							
46	(ii)							
16	(II)							<u> </u>

Schedule J (Form 990) 2019

### Part | Supplemental Information

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

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 81-3063099

Name of the organization TEXAS 2036

FORM 990, PART VI, SECTION A, LINE 4
SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:

THE BYLAWS WERE AMENDED JUNE AND SEPTEMBER 2019. CHANGES INCLUDED

INCREASING THE NUMBER OF BOARD MEMBERS, MODIFYING THE REQUIREMENTS TO

NOMINATE AND ELECT THEM TO THEIR POSITIONS, AND UPDATING OFFICER

DEFINITIONS AND THE TERMS OF THEIR POSITIONS. THE AMENDED BYLAWS ALSO

PROVIDED FOR THE ADDITION OF NON-VOTING MEMBERSHIP CLASSES AT THE BOARD'S

DISCRETION. THE AMENDED BYLAWS ALSO PROVIDED MORE CLEARLY DEFINED

COMMITTEE DESCRIPTIONS AND POWERS.

FORM 990, PART VI, SECTION B, LINE 11B PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED IN DETAIL BY
THE CHIEF OPERATING OFFICER WHO THEN PROVIDES IT TO THE PRESIDENT AND
CEO, BOARD CHAIR, AND BUDGET AND AUDIT COMMITTEE OF THE BOARD FOR THEIR
REVIEW. THE RETURN IS THEN PROVIDED TO THE FULL BOARD FOR REVIEW AND
APPROVAL BEFORE FILING WITH THE IRS.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY WITH PERIODIC ANNUALLY SIGNED STATEMENTS BY ALL EMPLOYEES

AND BOARD MEMBERS WHICH ARE THEN REVIEWED BY THE GENERAL COUNSEL TO

IDENTIFY ANY POTENTIAL ISSUES. IF AN ISSUE IS IDENTIFIED, THE GENERAL

Name of the organization

TEXAS 2036

Employer identification number
81–3063099

COUNSEL REPORTS IT TO THE CEO AND THE BUDGET AND AUDIT COMMITTEE FOR

THEIR CONSIDERATION. BOARD MEMBERS RECUSE THEMSELVES FROM VOTES RELATED

TO THEIR EMPLOYERS, COMPANIES, OR ANY OTHER RELATED ENTITY.

FORM 990, PART VI, SECTION B, LINE 15A & 15B COMPENSATION REVIEW:

THE ORGANIZATION CONTRACTED FREDERIC W. COOK & CO TO PERFORM A COMPENSATION REVIEW IN 2019. THE REPORT WAS TAKEN TO THE BOARD FOR APPROVAL AS PART OF AN EXECUTIVE SESSION TO DETERMINE HIRING AND COMPENSATION FOR THE CEO.

ADDITIONALLY, THE CONTRACTED FIRM COMPLETED STUDIES FOR THE OTHER OFFICERS AND EMPLOYEES. THE STUDY RELIED ON COMPARABILITY DATA FROM SIMILARLY SITUATED ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

POLICY DEVELOPMENT:

THE DEVELOPMENT OF PRAGMATIC, FUTURE-ORIENTED POLICY IS THE CORE
OF THE WORK OF TEXAS 2036. DURING 2019, TEXAS 2036 HEAVILY
INVESTED TIME AND RESOURCES IN CONTINUING OUR EFFORTS TO ASSESS,
ACROSS ALL SIX OF OUR CORE POLICY AREAS OF EDUCATION AND
WORKFORCE, HEALTH, INFRASTRUCTURE, NATURAL RESOURCES, JUSTICE AND

Employer identification number 81-3063099

ATTACHMENT 1 (CONT'D)

SAFETY, AND GOVERNMENT PERFORMANCE, WHERE TEXAS HAS BEEN, WHERE IT IS TODAY, THE CHALLENGES THAT IT WILL LIKELY FACE IN THE FUTURE, POTENTIAL MEANINGFUL POLICY SOLUTIONS TO THOSE CHALLENGES, AND THE APPROPRIATE WAYS TO MEASURE TEXAS' PROGRESS OVER TIME. TO THIS END, TEXAS 2036 ENGAGED IN A NUMBER OF RESEARCH PROJECTS ACROSS THESE POLICY AREAS, CONDUCTED MORE THAN 125 SUBJECT MATTER EXPERT INTERVIEWS, PERFORMED BACKGROUND RESEARCH AND DATA ANALYSIS, AND HOSTED WORK SESSIONS WITH MORE THAN 100 EXPERIENCED PUBLIC POLICY PROFESSIONALS BOTH INSIDE AND OUTSIDE OF GOVERNMENT. THIS WORK CULMINATED IN INTERNAL WORK PRODUCTS THAT FORMED THE FOUNDATIONAL COMPONENTS OF THE STRATEGIC POLICY FRAMEWORK THAT TEXAS 2036 RELEASED IN 2020.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

DATA COLLECTION & DISSEMINATION:

THE WORK OF TEXAS 2036 IS ROOTED IN A DEEP COMMITMENT TO USING DATA TO INFORM AND SHAPE POLICY DECISIONS. IN 2019, TEXAS 2036 SIGNIFICANTLY GREW ITS DATA EFFORTS, INCLUDING THE EXPANSION AND REVISION OF ITS EDUCATION TO WORKFORCE REPORTING TOOL BUILT ON A LONGITUDINAL DATASET CREATED BY THE LINKING OF K-12, HIGHER EDUCATION, AND WORKFORCE DATA IN TEXAS. TEXAS 2036 ALSO RELEASED "COME AND MAKE IT" AN ONLINE DIGITAL INTERACTIVE THAT EXPLORES THE HISTORY, PRESENT, AND FUTURE OF TEXAS WITH DATA AND PROVIDING AN EASY TO USE DATA EXPLORER FOR THE PUBLIC TO USE. ADDITIONALLY,

ATTACHMENT 2 (CONT'D)

TEXAS 2036 CONTINUED TO EXPAND AND ENHANCE THE TEXAS 2036 DATA LAB

(FORMERLY KNOW AS THE TEXAS 2036 DATA PLATFORM), ADDING ADDITIONAL

DATASETS, INCLUDING SOME HARD TO GET OR OTHERWISE INACCESSIBLE

DATASETS, AND IMPROVING USABILITY AND FEATURES. ADDITIONALLY,

TEXAS 2036 BEGAN LAYING THE FOUNDATION FOR SIGNIFICANT FUTURE WORK

IN THE EDUCATION AND WORKFORCE AND HEALTH DATA ALONG WITH THE

CREATION OF MINI-DATA TOOLS/INTERACTIVES MADE AVAILABLE ON OUR

WEBSITE.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ENGAGEMENT & COMMUNICATION:

CENTRAL TO ITS EFFORTS TO HAVE A SUSTAINED FUTURE-ORIENTED IMPACT
ON TEXAS PUBLIC POLICY OVER THE COMING DECADE AND A HALF IS TEXAS
2036'S ENGAGEMENT WITH, AND SUPPORT FROM, TEXANS ACROSS THE STATE.
TO BUILD THE STATEWIDE, ACTIVE AND ENGAGED COALITION THAT IS
NECESSARY TO ENSURE LEGISLATIVE ACTION ON THE MOST IMPORTANT
ISSUES WITH A LONG TERM FOCUS AND NOT JUST ON THE URGENT ISSUES
WITH A SHORT TERM FOCUS, TEXANS FROM ALL BACKGROUNDS, POLITICAL
AFFLIATIONS, REGIONS, AND PERSPECTIVES MUST UNDERSTAND THE
CHALLENGES TEXAS FACES INTO THE FUTURE AND HAVE OPPORTUNITIES TO
ENGAGE IN HELPING TO SHAPE AND ADVOCATE FOR THOUGHTFUL,
DATA-INFORMED, LONG TERM SOLUTIONS. TEXAS 2036 SUBSTANTIALLY GREW
ITS ENGAGEMENT AND COMMUNICATION EFFORTS IN 2019 TO HELP TEXANS
REALLY BEGIN TO UNDERSTAND WHAT THE FUTURE COULD HOLD FOR THEIR

ATTACHMENT 3 (CONT'D)

STATE IN THE ABSENCE OF MEANINGFUL POLICY CHANGES. THROUGH SPEECHES AND PRESENTATIONS ACROSS THE STATE, A ROBUST DIGITAL COMMUNICATIONS EFFORT, OUTREACH THROUGH TRADITIONAL AND SOCIAL MEDIA, AND AS A SPONSOR OF THE TEXAS TRIBUNE'S TRIBFEST, TEXAS 2036 SHARED FINDINGS FROM THE RESEARCH AND DATA ANAYLSIS IT HAS BEEN PREFORMING, ENGAGED TEXANS ALL OVER THE STATE IN THOUGHTFUL, PRODUCTIVE DIALOGUE ABOUT WHAT OUR STATE NEEDS TO DO TO REMAIN SUCCESSFUL FOR THE GENERATIONS OF TEXANS TO COME, AND BROUGHT DATA AND FACTS TO THE CONVERSATION ABOUT WHAT THE MOST PRESSING ISSUES FACING OUR STATE REALLY ARE. THE RESULT HAS BEEN THAT MORE AND MORE TEXANS ARE INTERESTED IN UNDERSTANDING MORE ABOUT THE CHALLENGES AND OPPORTUNITIES AHEAD FOR TEXAS AND IN THINKING ABOUT HOW CHANGES MAY NEED TO BE MADE, BOTH NOW AND INTO THE FUTURE, TO ENSURE THE OPPORTUNITY FOR ECONOMIC PROSPERITY AND A HIGH QUALITY OF LIFE THAT HAS BEEN ENJOYED BY MANY TEXANS FOR SO LONG IS ENJOYED BY ALL TEXANS FOR DECADES TO COME.

#### ATTACHMENT 4

990,	PART VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
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NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CIVIC INITIATIVES, LLC 5828 LINARIA DRIVE AUSTIN, TX 78759	POLICY CONSULTING	228,160.
EDUCATIONAL RESULTS PARTNERSHIP 428 J STREET, STE 320 SACRAMENTO, CA 95814	DATA ANALYTIC SVCS	173,040.
TEXAS A&M TRANSPORTATION INSTITUTE 400 HARVEY MITCHELL PKW, SOUTH	POLICY CONSULTING	143,750.

Page 2 Schedule O (Form 990 or 990-EZ) 2019

Name of the organization Employer identification number TEXAS 2036 81-3063099

ATTACHMENT 4 (CONT'D)

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

COLLEGE STATION, TX 77845

TEXAS STATE UNIVERSITY 601 UNIVERSITY DRIVE SAN MARCOS, TX 78666

POLICY CONSULTING

170,000.

#### ATTACHMENT 5

#### FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTING SERVICES	1,529,260.	1,353,825.	154,268.	21,167.
GRANT CONSULTING	7,052.			7,052.
DATA ANALYTIC SVCS	53,066.	50,635.		2,431.
TOTALS	1,589,378.	1,404,460.	154,268.	30,650.

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	or-charities	-and-non-profits.							
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).							
All corporation	ons required to file an income tax return othe orm 7004 to request an extension of time to f	r than Forr	m 990-T (including 1120	0-C filers), partnerships, REMIC	S, and trusts					
Гуре or	Name of exempt organization or other filer, see instructions.  Taxpayer identification number (TI									
orint	TEXAS 2036 81-3063099									
File by the lue date for	Number, street, and room or suite no. If a P.O. box, see instructions.									
iling your	3963 MAPLE AVENUE									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For DALLAS, TX 75219	a foreign ad	dress, see instructions.							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1					
Application		Return	Application		Return					
s For	5 000 57	Code	Is For		Code					
	r Form 990-EZ	01	Form 990-T (corporat	ion)	07					
Form 990-Bl		02	Form 1041-A	n individual)	08					
Form 4720 ( Form 990-PF	,	03	Form 4720 (other that Form 5227	10						
	(sec. 401(a) or 408(a) trust)	05	Form 6069	11						
	(trust other than above)	06	Form 8870		12					
Telephone If the orga If this is for	e No. ► 817 649-8083  anization does not have an office or place of lor a Group Return, enter the organization's for e group, check this box  e names and TINs of all members the extensions.	f business in ur digit Gro f it is for pa	Fax No. ▶ the United States, checoup Exemption Number (	ck this box	If this is					
1 I reque	est an automatic 6-month extension of time un organization named above. The extension is	ntil		to file the exempt organ	ization return					
	calendar year 20 19 or tax year beginning	, 20	, and ending	, 20	_·					
	ax year entered in line 1 is for less than 12 m change in accounting period	onths, ched	ck reason: Initial re	eturn Final return						
	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	O, or 6069, enter the	-	0.					
nonrefundable credits. See instructions.  3a \$  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
	ted tax payments made. Include any prior yea				0.					
	ee due. Subtract line 3b from line 3a. Include onic Federal Tax Payment System). See instru		ent with this form, if re	quired, by using EFTPS 3c \$	0.					
	u are going to make an electronic funds withdrawa		it) with this Form 8868, se							
nstructions.	<u> </u>	,	,		, , - ,					
	Act and Paperwork Reduction Act Notice, see instr	uctions.		Form 8	868 (Rev. 1-2020)					