## **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	202	0 calendar year, or tax year begir	nning	, 2020	, and endin	<u>ıg</u>			, 20			
D			C Name of organization					D Employer ide	entifica	ation numb	oer		
D Che	ck if app		TEXAS 2036										
	Addres change		Doing Business As					81-3063	3099				
	Name o	change	Number and street (or P.O. box if mail is	not delivered to street address	)	Room/suite	E Telephone number						
	Initial r	eturn	3963 MAPLE AVENUE, ST	E 290				(469) 38	4 – 20	036			
	Termin	ated	City or town, state or province, country, a	and ZIP or foreign postal code									
	Amend return	ed	DALLAS, TX 75219					<b>G</b> Gross receip	ts \$	7,	266,	075.	
	Applica		F Name and address of principal officer:	MARGARET SPEL	LINGS			H(a) Is this a grou		n for	Yes	X No	
-	p =	3	3963 MAPLE AVENUE, ST	E 290, DALLAS, T	X 7521	9		H(b) Are all subord		cluded?	Yes	No	
I T	ax-exe	mpt st	atus: X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1)	or 52	7	If "No," attac	h a list.	(see instruct	ions)	_	
JV	Vebsite	e: <b>&gt;</b>	TEXAS2036.ORG			<u> </u>		H(c) Group exemp	otion nu	mber >			
K F	orm of	f organ	ization: X Corporation Trust	Association Other >		L Year of	f formati	on: 2016 <b>M</b>	State of	of legal don	nicile:	TX	
Pa	rt I	Sui	mmary			'		•					
			describe the organization's mission o	r most significant activities:	TEXAS	2036 EM	POWE	RS TEXANS	ТО	MAKE			
æ			ORMED DECISIONS USING DA										
and	-	SUS'	TAIN TEXAS AS THE BEST I	PLACE TO LIVE AN	D DO BU	JSINESS.							
eru	2	 Check	this box if the organization d	iscontinued its operations	or dispose	ed of more that	an 25%	of its net assets	 3.				
Governance			er of voting members of the governing	•	•				3			35.	
∞ಶ	4 1	Numb	er of independent voting members of t	he governing body (Part V	I, line 1b)				4			35.	
ties			number of individuals employed in cale						5			25.	
Activities			number of volunteers (estimate if neces						6			90.	
Ac			unrelated business revenue from Part V						7a			0	
			nrelated business taxable income from						7b			0	
				,				Prior Year		Curre	ent Ye	ar	
	8 (	Contri	butions and grants (Part VIII, line 1h)					9,151,69	6.	7,	266	,075	
Ju e	9 1	Progra	am service revenue (Part VIII, line 2g)		LOP	Y FOR			0.			0	
Revenue			ment income (Part VIII, column (A), line		PUBLIC IN	NSPECTION			0.			0	
			revenue (Part VIII, column (A), lines 5,						0.			0	
			revenue - add lines 8 through 11 (must					9,151,69	6.	7,	266	,075	
$\overline{}$			s and similar amounts paid (Part IX, colu						0.			0	
			its paid to or for members (Part IX, colu						0.			0	
s			es, other compensation, employee bene					1,993,17	4.	2,	819	,811	
Expenses									0.		20	,192	
be	b <sup>-</sup>	Total 1	ssional fundraising fees (Part IX, columr fundraising expenses (Part IX, column (	D), line 25) <b>&gt;</b>	797,921								
û	17 (	Other	expenses (Part IX, column (A), lines 11	a-11d. 11f-24e)				2,683,31	5.	7,	020	,378	
			expenses. Add lines 13-17 (must equal					4,676,48	9.	9,	860	,381	
			nue less expenses. Subtract line 18 fron					4,475,20	7.	-2,	594	,306	
or			·				Beginn	ning of Current Y	'ear	End	of Year	r	
land	20	Total a	assets (Part X, line 16)					8,324,02	2.	8,	771	,801	
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)					251,05	6.	3,	116	,995	
Pur	<b>22</b> 1	Net as	ssets or fund balances. Subtract line 21	from line 20				8,072,96	6.	5,	654	,806	
Par			gnature Block										
Unde	er pena	alties c	of perjury, I_declare that I have examined th	is return, including accompa	nying schedu	ules and staten	nents, a	nd to the best of	my k	nowledge a	and be	lief, it is	
true,	correc	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	nation of whi	ch preparer ha	s any kn	owledge.					
			$\leq$ ) $N$ $h$					6/8/2	2021				
Sigr			Signature of office					Date					
Her	9		Jústin Coppedge, Chie	f Operating Office	er								
			Type or print name and title										
		Print/	Type preparer's name	Preparer's signature		Date		Check	if P	TIN			
Paid		KEV	IN ENSMINGER					self-employe	'	P01310	558		
Prep	- 1	Firm's	name ▶ BKD, LLP	1		- 1		Firm's EIN	44-(	016026	0		
Use	Uniy		address 14241 DALLAS PARKWAY, S	UITE 1100 DALLAS, TX 75	5254				972-	-702-8	262		
May	the IR		cuss this return with the preparer show							X Ye	s	No	
For F	aper	work	Reduction Act Notice, see the separat	e instructions.								(2020)	

Form 990 (2020) 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 \$ 5,233,099. including grants of \$ ATTACHMENT 4b (Code: ) (Expenses \$ 1,711,106. including grants of \$ ATTACHMENT ) (Revenue \$ 4c (Code: ) (Expenses \$ 1,011,359. including grants of \$ ATTACHMENT 3 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

**4e** Total program service expenses ► 7,955,564.

JSA
0E1020 1.000

Form **990** (2020)

Form 990 (2020)
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.5
	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	4.0		Х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	1		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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	10		
• •	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	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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		X

Form 990 (2020) Page 4

Part	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	Х	
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			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h		ZJa		- 21
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	0.51-		Х
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Ju		
~	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	335		
30	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	30		
31		27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		- 21
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
Dorá	19? Note: All Form 990 filers are required to complete Schedule O.  V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1 62	NO
	Enter the number reported in Boxe of Ferri Tees. Enter of infect applicable 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
	Enter the number of Fermio W Ze moraced in the Fa. Enter of infect applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ISA	reportable gaming (gambling) winnings to prize winners?	1c	000	

Form 990 (2020)
Part V Page 5

Type 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 to 1 the number of employees reported on Form W-3. Transmittal of Wage and Tax 2 to 2 to 3 the text one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum or lines 1 and 2 als greater than 250, you may be required to e-file (see instructions).  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 A 1 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 accounts??  4 A 1 the stream of the foreign country ≥ Sae instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization and the very solication and the organization are said that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have armual gross receipts that are normally greater than \$100,000, and did the organization have armual gross receipts that are normally greater than \$100,000, and did the organization have armual gross receipts that are normally greater than \$100,000, and did the organization have armuse the very solication an express statement that such contributions or gross and the property of the property for the property	
Statements, filed for the calendar year ending with or within the year covered by this raturn. 2a 25 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?  4a At any time during the calendar year, did the organization have eninterest 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 accounts (FBAR).  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions stude were not tax deductible as charitable contributions?  6c Does the organization and the very solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization in the payor?  7d If "Yes," did the organization in decrease a payment in excess of \$75 made partly as a contribution of very solicitation are expressed payment for which it was required to file Form 8282?  6d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If Yes," did the organization was accommendate of the value of the goods or services provided	No
Statements, filed for the calendar year ending with or within the year covered by this raturn. 2a 25 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?  4a At any time during the calendar year, did the organization have eninterest 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 accounts (FBAR).  5b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions stude were not tax deductible as charitable contributions?  6c Does the organization and the very solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization in the payor?  7d If "Yes," did the organization in decrease a payment in excess of \$75 made partly as a contribution of very solicitation are expressed payment for which it was required to file Form 8282?  6d If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If Yes," did the organization was accommendate of the value of the goods or services provided	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?.  3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.  4a At any time during the calendary year, did the organization have an interest, in, or a singature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country    5c seinstructions for filing requirements for FioCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization apparty to a prohibited tax shelter transaction?  5c If "Yes' to line 5a or 5b, did the organization file Form 8886-T?  6a 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Diff was required to file Form 8282?  9 Diff any organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Diff the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Diff the graphization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Diff the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Diff the organization received a contribution of carris, busts, bus	
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 yea?  4a 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 accountly?  4b If "Yes," enter the name of the foreign country \( \) which as a bank account, securities account, or other financial accountly?  5c en 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?  5 a Use the organization have annual gross receipts that it was or is a party to a prohibited tax shelter transaction?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions student were not tax deductible as charitable contributions?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 c 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?  1a Tyes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1c Did the organization received a contribution of qualified intellectual propert, did the organization flie form 8899 as required?  1d If "Yes," indicate t	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.  3b If 'Yes,' has it filled a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.  4a 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(?).  5f If 'Yes,' refer 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 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 bary to a prohibited tax shelter transaction?  6 If 'Yes' to line 5a or 5b, did the organization file Form 886-T??  5 Did any taxable party notify the organization file Form 886-T??  6 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?  6 Dif 'Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Dif 'Yes,' idid the organization notify the donor of the value of the goods or services provided?  9 Dif the organization receive a payment in excess of \$75 made parity as a contribution of tile Form 8892 as required to file Form 8282?  9 Dif the organization receive any tunds, directly or indirectly, to pay premiums, directly on a personal benefit contract?  7 Dif the organization receive any tunds, directly or indirectly, to pay premiums, directly on a personal benefit contract?  7 Dif the organization receive any premiums, directly or indirectly, to pay frem files, did the organization file form 100 ta	
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the organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b	X
is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	-
	Х
excess parachute payment(s) during the year?	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	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

Soot	ion A. Coverning Redy and Management			21
Seci	ion A. Governing Body and Management		Yes	No
	.   25		162	NO
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 35			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 35			
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		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	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		Х
	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 filling the form?	11a	X	
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? <i>If "No," go to line 13 </i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	Х	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
iva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 4			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	(Sec	tion 5	(01(c)
.0	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,555		5 1 (0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est r	olicy
	and financial statements available to the public during the tax year.		001 F	oney,
20		ls 🕨		
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			

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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.

(5) JOHN HRYHORCHUK	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Highest compensated  Officer  Officer  Individual trustee  Or director		(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				
PRESIDENT/CEO	(1)MARGARET SPELLINGS	40.00									
(2)MERRILL DAVIS		0.			Х				411,143.	0.	18,114.
DIRECTOR OF COMMUNICATIONS   0.	(2)MERRILL DAVIS	40.00									
CDO		0.					Х		218,859.	0.	18,837.
CDO	(3) ANNE DAVIES	40.00									
COO		0.				Х			204,531.	0.	14,495.
C5 JOHN HRYHORCHUK	(4)JUSTIN COPPEDGE	40.00									
VP OF POLICY BEGIN: 3/6/2020   0.   X   164,527.   0.   13,881.		0.			Х				187,704.	0.	21,164.
(6) AMY MUELLER	(5) JOHN HRYHORCHUK	40.00									
GENERAL COUNSEL   0.	VP OF POLICY BEGIN: 3/6/2020	0.					Х		164,527.	0.	13,881.
(7) KATY RHODES	(6) AMY MUELLER	1.00									
DIRECTOR OF DEV. END: 11/2020   0.   X   151,450.   0.   10,061.	GENERAL COUNSEL	0.					X		162,637.	0.	6,490.
Mathematical Results   Mathematical Results	(7) KATY RHODES	40.00									
DIRECTOR OF BOARD RELATIONS   0.     X   101,868.   0.   4,613.	DIRECTOR OF DEV. END: 11/2020	0.					Х		151,450.	0.	10,061.
(9) ARTHUR JAMES RODRIGUEZ       40.00         EXECUTIVE VP- BEGIN:9/21/2020       0.       X       93,765.       0.       4,214.         (10) ABEL CASTRO       1.00       0.       0.       0.       0.       0.         DIRECTOR       0.       X       0.       0.       0.       0.         OLIZ) AMY CHRONIS       1.00       0.       0.       0.       0.       0.       0.         DIRECTOR       0.       X       0.       0.       0.       0.       0.         (13) ANDREW HALL       1.00       0. <t< td=""><td>(8) ENISHA SHROPSHIRE</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(8) ENISHA SHROPSHIRE	40.00									
EXECUTIVE VP- BEGIN:9/21/2020   0.   X   93,765.   0.   4,214.		0.					X		101,868.	0.	4,613.
1.00   0.0	(9) ARTHUR JAMES RODRIGUEZ	40.00									
DIRECTOR       0. X       0. 0.         (11) ALINE BASS       1.00         DIRECTOR       0. X       0. 0.         (12) AMY CHRONIS       1.00         DIRECTOR       0. X       0. 0.         (13) ANDREW HALL       1.00         DIRECTOR       0. X       0. 0.         (14) ANN BARNES       1.00		0.			Х				93,765.	0.	4,214.
11   ALINE BASS   1.00   0. 0. 0. 0.     DIRECTOR   0. X   0. 0. 0.     OIRECTOR   0. X   0. 0. 0.     DIRECTOR   0. X   0. 0.     OIRECTOR   0. X   0.	(10) ABEL CASTRO	1.00									
DIRECTOR         0. X         0. 0.           (12) AMY CHRONIS         1.00         0. 0.           DIRECTOR         0. X         0. 0.           (13) ANDREW HALL         1.00         0. 0.           DIRECTOR         0. X         0. 0.           (14) ANN BARNES         1.00         0. 0.	DIRECTOR	0.	X						0.	0.	0.
1.00   0.0	(11) ALINE BASS	1.00									
DIRECTOR     0. X     0. 0.       (13) ANDREW HALL     1.00       DIRECTOR     0. X     0. 0.       (14) ANN BARNES     1.00		0.	Х						0.	0.	0.
(13) ANDREW HALL	(12) AMY CHRONIS	1.00									
DIRECTOR 0. X 0. 0. 0. (14) ANN BARNES 1.00		0.	Х						0.	0.	0.
(14) ANN BARNES 1.00	(13) ANDREW HALL	1.00									
- <del></del>			X						0.	0.	0.
DIRECTOR         0.   X         0.   0.	(14) ANN BARNES	1.00									_
	DIRECTOR	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	heck ss pe	ition more	e than c is both or/trust	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	aı	(F) stimated mount of other apensation	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganizatio d related anization	on d
15) BOB CAMPBELL	1.00								0			
DIRECTOR 16) CYNTHIA MARSHALL	1.00	Х						0 .	0.			0
DIRECTOR	1.00	X						0.	0.			0
17) ED ESCUDERO	1.00											
DIRECTOR	0.	Х						0 .	0.			0
18) GRAHAM WESTON	1.00											
DIRECTOR	0.	Х						0 .	0.			0
19) HUNTER HUNT	1.00	3.7						0	0			0
DIRECTOR 20) JEANNE PHILLIPS	1.00	X						0 .	0.			0
DIRECTOR	1.00	X						0.	0.			0
21) JULIET GARCIA	1.00	21							·			
DIRECTOR	0.	Х						0.	0.			0
22) KYLE MILLER	1.00											
DIRECTOR	0.	Х						0 .	0.			0
23) MARC WATTS	1.00											
DIRECTOR	0.	Х						0 .	0.			0
24) MATT ROSE	1.00											0
DIRECTOR	1.00	X						0 .	0.			0
25) MAYNARD HOLT DIRECTOR	1.00	X						0.	0.			0
1b Sub-total	0.	21					_	1,696,484.	0.		111,8	-
c Total from continuation sheets to Part VII, S	ection A		• •					0.	0.			0.
d Total (add lines 1b and 1c)	_						•	1,696,484.	0.		111,8	369.
2 Total number of individuals (including but not						e) who	o re	ceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶	8	3									
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	00?	lf	"Yes	5,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	ron	n any	un	related organization	on or individual			
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X												
Section B. Independent Contractors												

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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 10

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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	Part VII Section A. Officers, Directors, Tr	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Policy   P	* *	(B)							1 ' '	, ,		
Value   Valu	Name and title	1	(do i	not ch			than o	ne				
NICOLE SMALL		1	'									
26] NICOLE SMALL		1									compensati	on
26] NICOLE SMALL			Indi or d	Insti	Offic	ey	High	Forn		(W-2/1099-MISC)		
26   NICOLE SMALL		1 ~	/idu	tutic	er	emp	lest	ner	(W-2/1099-MISC)			
26   NICOLE SMALL			al tru	mal		oloye	e com					
26   NICOLE SMALL			ıste	trus		ď	pen					
26) NICCLE SMALL			Ф	tee			sate					
27) PAT AVERY	26) NICOLE SMALL	1.00					0					
DIRECTOR	DIRECTOR	†ō.	Х						0	0.		0
28) PETER RODRIGUEZ	27) PAT AVERY	1.00										
DIRECTOR	DIRECTOR	† <u>-</u> 0.	Х						0	0.		0
29) ROBERTO CORONADO	28) PETER RODRIGUEZ	1.00										
DIRECTOR  10. X  10. RON KIRK  1.00  DIRECTOR  10. X  10. O  0. O  11. SAM L. SUSSER  1.00  DIRECTOR  0. X  0. O  0. O  22. SCOTT MCCLELLAND  DIRECTOR  1.00  DIRECTOR  0. X  0. O  0. O  33. SHANNON FLETCHER  1.00  DIRECTOR  0. X  0. O  34. TOM LUCE  CHAIR OF BOARD  0. X  0. O  35. TONY CUCOLO  DIRECTOR  1.00  DIRECTOR  0. X  0. O  36. TRACEE BENTLEY  1.00  DIRECTOR  0. X  0. O  15. Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X	DIRECTOR	† <u>-</u> 0.	Х						0	0.		0
30   RON KIRK	29) ROBERTO CORONADO	1.00										
DIRECTOR  1.00 DIRECTOR  0. X  0. 0.  DIRECTOR  0. X  0. 0.  0. 0.  DIRECTOR  0. X  0. 0.  0. 0.  32) SCOTT MCCLELLAND DIRECTOR  0. X  0. 0.  33) SHANNON FLETCHER 1.00 DIRECTOR 0. X  0. 0.  34) TOM LUCE 20.00 CHAIR OF BOARD 0. X  0. 0.  35) TONY CUCOLO DIRECTOR 0. X  0. 0.  36) TRACEB BENTLEY 1.00 DIRECTOR 0. X  0. 0.  1.00 DIRECTOR 0. X  0. 0.  36) TRACEB EBNTLEY 1.00 DIRECTOR 0. X  0. 0.  2 Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X	DIRECTOR	† <u>-</u> 0.	Х						0	0.		0
31) SAM L. SUSSER	30) RON KIRK	1.00										
DIRECTOR  20. SCOTT MCCLELLAND  DIRECTOR  0. X  0. 0.  DIRECTOR  1.00  DIRECTOR  1.00  DIRECTOR  0. X  0. 0.  34) TOM LUCE  CHAIR OF BOARD  DIRECTOR  0. X X  0. 0.  35) TONY CUCOLO  DIRECTOR  0. X X  0. 0.  36) TRACEE BENTLEY  1.00  DIRECTOR  0. X X  0. 0.  36) TRACEE BENTLEY  1.00  DIRECTOR  0. X X  0. 0.  4 Total from continuation sheets to Part VII, Section A  4 Total (add lines 1b and 1c).  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X	DIRECTOR	† <u>-</u> 0.	Х						0	0.		0
32) SCOTT MCCLELLAND DIRECTOR O. X O. O.  33) SHANNON FLETCHER 1.00 DIRECTOR O. X O. O.  34) TOM LUCE CHAIR OF BOARD O. X O.  35) TONY CUCOLO DIRECTOR O. X O. O.  36) TRACEE BENTLEY DIRECTOR O. X O. O.  36) TRACEE BENTLEY 1.00 DIRECTOR O. X O. O.  36) TRACEE BENTLEY 1.00 DIRECTOR O. X O. O.  37) TOTAL GRACE BENTLEY O. O. O.  38) TONY CUCOLO DIRECTOR O. X O. O.  38) TRACEE BENTLEY O. O. O.  39) O. O.  40 O.  41 O.  52 Total from continuation sheets to Part VII, Section A O. O.  43 Did the organization from the organization  8	31) SAM L. SUSSER	1.00										
DIRECTOR  33 SHANNON FLETCHER  1.00 DIRECTOR  0. X  0. 0.  34) TOM LUCE CHAIR OF BOARD  0. X  35) TONY CUCOLO DIRECTOR  0. X  36) TRACEE BENTLEY  1.00 DIRECTOR  0. X  0. 0.  36) TRACEE BENTLEY  1.00 DIRECTOR  0. X  0. 0.  36) TRACEE BENTLEY  1.00 DIRECTOR  0. X  0. 0.  36) TRACEE BENTLEY  1.00 DIRECTOR  0. X  0. 0.  36) TONY CUCOLO  DIRECTOR  0. X  0. 0.  4 Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X	DIRECTOR	0.	Х						0	0.		0
33) SHANNON FLETCHER 1.00 DIRECTOR 0. X 0. 0.  34) TOM LUCE 20.00 CHAIR OF BOARD 0. X X 0. 0.  35) TONY CUCOLO 1.00 DIRECTOR 0. X 0. 0.  36) TRACEE BENTLEY 1.00 DIRECTOR 0. X 0. 0.  1b Sub-total 0. 0. 0.  1 to Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	32) SCOTT MCCLELLAND	1.00										
DIRECTOR  O. X  34) TOM LUCE  CHAIR OF BOARD  O. X  X  O. O.  35) TONY CUCOLO  DIRECTOR  O. X  O. DIRECTOR  O. X  O. O.  36) TRACEE BENTLEY  DIRECTOR  O. X  O. O.  Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   Total from any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Total any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such person  Total from LUCE  O. O.  O. O.  Total from Cuclo  O. O.  O.	DIRECTOR	0.	Х						0	0.		0
34) TOM LUCE	33) SHANNON FLETCHER	1.00										
CHAIR OF BOARD  0. X X X  0. 0.  35) TONY CUCOLO  DIRECTOR  0. X 0.  36) TRACEE BENTLEY  1.00  DIRECTOR  0. X 0.  0.  0.  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 8  Total number of individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X	DIRECTOR	0.	Х						0	0.		0
35) TONY CUCOLO   1.00   DIRECTOR   0. X   0. 0.	34) TOM LUCE	20.00										
DIRECTOR  36) TRACEE BENTLEY  DIRECTOR  0. X  0. 0.  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X	CHAIR OF BOARD	0.	Х		Х				0	0.		0
36) TRACEE BENTLEY	35) TONY CUCOLO	1.00										
DIRECTOR 0. X 0. 0.  1b Sub-total	DIRECTOR	0.	Х						0	0.		0
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  Yes Note  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  S X	36) TRACEE BENTLEY	1.00										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  Yes Note  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X	DIRECTOR	0.	Х						0	0.		C
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  Yes Note  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	1b Sub-total	1						▶	0.	0.		0.
d Total (add lines 1b and 1c). ▶  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		ection A				• •		•				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 8  Yes No.  Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								•				
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								o re	ceived more than	\$100,000 of		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							,					
employee on line 1a? If "Yes," complete Schedule J for such individual											Yes	No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the organization list any former office	er. directo	r. or	tru	ıste	e. I	kev e	ame	lovee, or highes	t compensated		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X											3	Х
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	employee on mile tar in root, complete concaute on case maintenant (1)											
individual	organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such											
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person											4 X	
for services rendered to the organization? If "Yes," complete Schedule J for such person												
											5	Х
•												

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.

(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 ▶

Part VII Section A. Officers, Directors, (A)	(B)			, (C				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related	box,	unles er and	Posi neck i s per l a di	tion more rson irect	e than of is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	ficer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1000 MICC)	organization and related organizations
37) TRENT MCKNIGHT	1.00									
DIRECTOR	0.	X						0	0.	(
38) TUCKER BRIDWELL	1.00									
DIRECTOR- END: 12/31/2020	0.	X						0	0.	(
39) VAL LAMANTIA PEISEN	1.00									
DIRECTOR	0.	Х						0	0.	(
40) WALLACE JEFFERSON	1.00									
DIRECTOR	0.	X						0	0.	(
41) WYNN ROSSER	1.00									
DIRECTOR	0.	Х						0	0.	(
42) YVONNE HO	1.00									
DIRECTOR	0.	Х						0	0.	(
13) ZEYNEP YOUNG	1.00									
DIRECTOR	0.	Х						0	0.	(
44) SHERYL SCULLEY	1.00									
DIRECTOR BEGIN: 2/13/2020	0.	X						0	0.	(
15) ELAINE MENDOZA	1.00									
DIRECTOR BEGIN: 2/13/2020	0.	X						0	0.	(
								0.	0.	0
1b Sub-total								0.	0.	0
c Total from continuation sheets to Part VII										
d Total (add lines 1b and 1c)	ot limited to t	hose					o re	ceived more than	\$100,000 of	
Toportable compensation from the organiza										Yes No
2. Did the executantian list only former of	fficar directo			-				ممطعنا عمرما	t	Tes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch	edule J for suc	ch ina	lividu	ıal .						3 X
4 For any individual listed on line 1a, is th organization and related organizations individual	greater than	\$15	50,00	90?	lf	"Yes	s," (	complete Schedu	ıle J for such	4 X
5 Did any person listed on line 1a receive for services rendered to the organization? <i>If</i>	or accrue co	mpen	satio	on f	ron	n any	un	related organizati	on or individual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization. Report										

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 ▶

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## Part VIII Statement of Revenue

Par	't VIII	Check if Schedule O contains a respon	se or note to ar	v 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	d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e					
itributions, Other Sim	e f g	All other contributions, gifts, grants, and similar amounts not included above .  Noncash contributions included in	7,266,075.				
Cor	h	Ines 1a-1f		7,266,075.			
		Total. Add lines 14-11	Business Code	7,200,0751			
Program Service Revenue	2a b c d						
Δ.	f	All other program service revenue		0			
	3	Total. Add lines 2a-2f	interest, and	0.			
		other similar amounts)		0.			
	4 5	Income from investment of tax-exempt bond Royalties		0.			
		(i) Real	(ii) Personal				
	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 sales of assets other than inventory 7a	(ii) Other				
evenue	b	Less: cost or other basis and sales expenses					
Re	C	` ,		0.			
Other R	d	Net gain or (loss)	<u></u>	0.			
Ō	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b  Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less returns and allowances10a	0.				
	b c	Less: cost of goods sold	0.	0.			
s		7	Business Code				
Miscellaneous Revenue	11a						
ane	b						
eve	C						
lisc R	d	All other revenue					
2	е	Total. Add lines 11a-11d	<b>.</b>	0.			
	12	Total revenue. See instructions		7,266,075.			
JSA							Form <b>QQ(</b> (2020)

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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).

	Check if Schedule O contains a response or note to any line in this Part IX							
<u>Do</u>		(A)		(C)	(D)			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising			
			expenses	general expenses	expenses			
1	Grants and other assistance to domestic organizations 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, trustees, and key employees	955,129.	457,479.	110,010.	387,640.			
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	1,585,931.	970,161.	393,744.	222,026.			
8	Pension plan accruals and contributions (include							
·	section 401(k) and 403(b) employer contributions)	44,975.	25,435.	12,354.	7,186.			
9	Other employee benefits	73,681.	46,346.	14,706.	12,629.			
10	Payroll taxes	160,095.	90,724.	32,537.	36,834.			
11								
	Management	0.						
	Legal	80,641.		76,732.	3,909.			
	Accounting	190,219.		190,219.				
	Lobbying	7,270.	7,270.					
	Professional fundraising services. See Part IV, line 17	20,192.			20,192.			
	Investment management fees	0.						
	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A) amount, list line 11g expenses on Schedule O.) ATCH 6	5,855,063.	5,849,086.	5,683.	294.			
12	Advertising and promotion	75,648.	73,414.	1,828.	406.			
13	Office expenses	107,833.	36,185.	66,689.	4,959.			
14	Information technology	163,992.	71,935.	76,401.	15,656.			
15	Royalties	0.						
16	Occupancy	388,996.	242,102.	78,733.	68,161.			
17	Travel	37,686.	8,437.	27,740.	1,509.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	0.						
19	Conferences, conventions, and meetings	80,427.	54,026.	11,679.	14,722.			
20	Interest	0.						
21	Payments to affiliates	0.						
22	Depreciation, depletion, and amortization	13,660.	13,309.	351.				
23	Insurance	9,989.	6,133.	2,058.	1,798.			
24	Other expenses. Itemize expenses not covered							
	above (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O.)							
а	DUES & SUBSCRIPTIONS	8,954.	3,522.	5,432.				
b	•							
C	·							
	l·							
	All other expenses	0.000.301	7 055 564	1 100 000	707 001			
	Total functional expenses. Add lines 1 through 24e	9,860,381.	7,955,564.	1,106,896.	797,921.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)	0.			5 000 (2222)			

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,814,228.	1	6,213,979.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	4,445,112.	3	2,187,650.
	4	Accounts receivable, net	0.	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.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	35,713.	9	70,557.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 276, 210.			
	b	Less: accumulated depreciation	0.	10c	262,549.
	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	28,969.	15	37,066.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,324,022.	16	8,771,801.
	17	Accounts payable and accrued expenses	251,056.	17	2,666,907.
	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.		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			450.000
		of Schedule D	0.		450,088.
	26	Total liabilities. Add lines 17 through 25	251,056.	26	3,116,995.
Seo		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	3,627,854.	27	2,862,775.
Ã	28	Net assets with donor restrictions	4,445,112.	28	2,792,031.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	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	
Net /	32	Total net assets or fund balances	8,072,966.	32	5,654,806.
ž	33	Total liabilities and net assets/fund balances	8,324,022.	33	8,771,801.
_			<del>-</del>		Form <b>990</b> (2020)

Form **990** (2020)

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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		7,2	66,0	75.
2	Total expenses (must equal Part IX, column (A), line 25)	2			60,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,5		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,0	72,9	66.
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		1	76,1	46.
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		5,6	54,8	306.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e.	крlair	n 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					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiah	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	,				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
Ju	Single Audit Act and OMB Circular A-133?		0	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b		
				Form	990	(2020)

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	e of ti	ne organization					Employer identifi	
TΕΣ	KAS	2036					81-30630	99
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this pa	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throuç	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in section	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 i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	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	vernment 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	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org				operated	d in conjunction with a	land-grant college
		or university or a non-land-						
		university:		,	,		•	· ·
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt facent income and un	unctions, subject to c nrelated business tax	ertain ex able incc	ceptions me (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized a	•	•	-			
12		An organization organized a	-	-	-			
		of one or more publicly su	-					
		Check the box in lines 12a t	hrough 12d that de	escribes the type of su	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g
а	L	$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	f the directors or truste	es of the
	_	_ supporting organization. <b>\</b>	ou must complet	e Part IV, Sections A	and B.			
b			anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). <b>You must</b>	complete Part IV	, Sections A and C.				
С		oxdot Type III functionally integ	<b>grated.</b> A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
	_	_ its supported organization	n(s) (see instruction	s). You must comple	te Part l'	V, Sectio	ons A, D, and E.	
d			integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirement (see instructi	ions). You must co	omplete Part IV, Secti	ions A a	nd D, an	d Part V.	
е		oxdot Check this box if the orga	nization received	a written determinatio	n from tl	he IRS th	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	tion.	
f		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)								
•				1	i .	1	i .	l .

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

Schedule A (Form 990 or 990-EZ) 2020

**Total** 

Page 2 Schedule A (Form 990 or 990-EZ) 2020

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	6,521,654.	9,151,696.	7,266,075.	22,939,425.
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.	7,266,075.	22,939,425.
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).						3,442,115.
6	Public support. Subtract line 5 from line 4						19,497,310.
	tion B. Total Support						13,137,310.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	,	,	6,521,654.	9,151,696.	7,266,075.	22,939,425.
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						22,939,425.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2020 (li		-			14	<u>%</u>
15	Public support percentage from 2019	•	•			15	%_
16a	331/3% support test - 2020. If the org	=					
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2019. 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			•	•		
	organization						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets			_			
40	organization						
18	Private foundation. If the organization						
	instructions						🚩 🗀

Schedule A (Form 990 or 990-EZ) 2020 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		I	T	T		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
•	organization without charge						
6	Total. Add lines 1 through 5						
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		1				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(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						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40							
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 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2020 (lin	ie 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation . 🕨 🔲
b	331/3% support tests - 2019. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$ , check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔙
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2020 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

COLI	on A. An oupporting organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If "Yes," provide detail in Part VI.</i>			
_		6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			

**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.** 

the supporting organization had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

9b

9c

10a

10b

Page 5 Schedule A (Form 990 or 990-EZ) 2020

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	110		
h	11c below, the governing body of a supported organization?  A family member of a person described in line 11a above?	11a 11b		
	A 35% controlled entity of a person described in line 11a above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations	1.0		
	The solution of a great section of the section of t		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  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 governmental entity (see			s).
•	Astribias Tast. Anguar lines On and Ob halaur		Yes	No
2 a	Activities Test. <i>Answer lines 2a and 2b below.</i> 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 <i>Part VI identify those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	3	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (expla	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organi	izations n	nust complete Sectio	ns A through E.
Se	ction 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		
	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection 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	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting	n organization
-	(see instructions).	, iii.ogia		g 0. gann <u>-</u> anon

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		, m	(ii)		(iii)		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 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

2020

**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 (entering "N/A" in column (b) instead of the contributor name and address), 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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization TEXAS 2036

Employer identification number 81-3063099

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$ 1,250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$ 500,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
5_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$\$	Person Payroll Noncash (Complete Part II for

Employer identification number 81 – 3063099

			81-3063099
Part I	Contributors (see instructions). Use duplicate copi	es 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	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$\$	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	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization TEXAS 2036

Employer identification number 81-3063099

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)
(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 i	if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _		   \$	

Name of organization TEXAS 2036 Employer identification number 81-3063099 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

) No. rom	e duplicate copies of Part III if additi	onai space is needed.	
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-  -	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
No. com art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
-			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electi	on under section 501(n)	)): Complete Part II-B. Do no	it complete Part II-A.
If the	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form 990-I	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) orga				
Nam	e of organization			Employer ide	ntification number
TEX	XAS 2036			81-3063	3099
Pa	rt I-A Complete if the c	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1	Provide a description of the	organization's direct and indirect p	political campaign ac	ctivities in Part IV. (See in	nstructions for
	definition of "political campa	ign activities")			
2	Political campaign activity e	xpenditures (See instructions)		<b></b> \$	
3	Volunteer hours for political	campaign activities (See instruction	ns)		
		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5▶\$	
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955     ▶ \$	
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	).
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function	
	activities				
2	Enter the amount of the filin	ng organization's funds contributed	to other organization	ons for section	
	527 exempt function activiti	es		▶\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	ter here and on Fo	rm 1120-POL,	
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification numb			
		s. For each organization listed, er tributions received that were prom			
		nd or a political action committee (			
		<u> </u>	_ ·	T .	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)			_		
(3)			_		
(4)			-		
(5)			-		
(6)			-		
				1	

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

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 TEXAS 2036 81-3063099 Page **2** 

301	ledule C (FUIII 990 01 990-EZ) 2020	21210	2030			01 3	raye Z
P	art II-A Complete if the organ section 501(h)).	nizatio	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check ► if the filing organizati address, EIN, expen		•	• , ,		ach affiliated group mem	ber's name,
В	Check ► if the filing organizati	ion che	ecked box A	and "limited contro	ol" provisions app	ly.	
			ying Expend			(a) Filing	(b) Affiliated
	(The term "expenditure	es" me	eans amour	nts paid or incurred.	)	organization's totals	group totals
	a Total lobbying expenditures to influence				-		
ŀ	<b>b</b> Total lobbying expenditures to influ	uence	a legislative	e body (direct lobbyi	ng)		
	c Total lobbying expenditures (add li		-		_		
	d Other exempt purpose expenditure						
	Total exempt purpose expenditure				_		
f	f Lobbying nontaxable amount. En	iter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or	r (b) is:			is:		
	Not over \$500,000			amount on line 1e.			
	Over \$500,000 but not over \$1,000,00			us 15% of the excess			
	Over \$1,000,000 but not over \$1,500,			us 10% of the excess			
	Over \$1,500,000 but not over \$17,000	0,000		us 5% of the excess of	ver \$1,500,000.		
_	Over \$17,000,000	-10	\$1,000,000				
-	g Grassroots nontaxable amount (en				_		
	h Subtract line 1g from line 1a. If zer						
	i Subtract line 1f from line 1c. If zer if if there is an amount other than					ion file Form 4720	
J	reporting section 4911 tax for this				_		Yes No
	reporting section 4911 tax for this			aging Period Unde			Tes NO
	(Some organizations that m					ete all of the five colum	ns below.
	(Come organizations that it			te instructions for I	-		illo belett.
		000	ine separa		mes za um ougn	<b>-</b> 1.,	
_		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	
	Calendar year (or fiscal year	(a)	2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
	beginning in)						
28	a Lobbying nontaxable amount						
k	b Lobbying ceiling amount (150% of line 2a, column (e))						
_	c Total lobbying expenditures						
_	d Grassroots nontaxable amount						
•	Grassroots ceiling amount (150% of line 2d, column (e))						
f	f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

81-3063099 TEXAS 2036

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 576	68		
	West was a live to the second of the second	(a	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
c	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		Х				
e	Publications, or published or broadcast statements?		Х				
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1 77				1	,667
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1	X				
i	Other activities?	X				5	,603
j	Total. Add lines 1c through 1i					7	,270
2а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 50	l(c)(5)	, or s	ectio	n		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?						
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 50						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (E	) Pai	't III-A	, line 3	3, IS	
	answered "Yes."			4			
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amo	unts	of				
	political expenses for which the section 527(f) tax was paid).			20			
а	Current year			2a			
b	Carryover from last year			2b 2c			
-	Total			3			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible	-	ıg	4			
5	and political expenditure next year?			5			
	t IV Supplemental Information						
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	ed grou	up list	); Part	II-A, lir	nes 1	and
2 (S	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	_	•	•			
SEE	PAGE 4						

#### Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

LOBBYING ACTIVITIES:

Schedule C (Form 990 or 990-EZ) 2020

EMPLOYEES OF THE ORGANIZATION SPENT A SMALL PORTION OF THEIR TIME

PREPARING, REVIEWING, AND/OR DISCUSSING WITH STATE

LEGISLATORS/LEGISLATIVE STAFF DRAFTS OF LEGISLATION AND BUDGET RIDERS FOR

HEALTH CARE TRANSPARENCY, EDUCATION, AND BROADBAND POLICIES.

Page 4

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TEX	XAS 2036	81-3063099
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Fun	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control	ol? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that g	rant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	_
	Complete if the organization answered "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		ration of a historically important land area
		ration of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	,	
С	Number of conservation easements on a certified historic structure included in (a)	
d	(-)	
_	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or	terminated by the organization during the
	tax year >	
4	Number of states where property subject to conservation easement is located ▶	and the same of
5	Does the organization have a written policy regarding the periodic monitoring, in	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enfo	orcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforce	oing concervation accoments during the year
7		cling conservation easements during the year
8	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements or	f section 170(h)(4)(R)(i)
Ū	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reven	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's f	
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its re	evenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that described as paralited under FASB ASC 059, to report in its review	
b	If the organization elected, as permitted under FASB ASC 958, to report in its reve art, historical treasures, or other similar assets held for public exhibition, education, or other similar assets held for public exhibition, education, or other similar assets held for public exhibition.	
	provide the following amounts relating to these items:	, and the same of
	(i) Revenue included on Form 990, Part VIII, line 1	<b></b> ▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other sir	
	following amounts required to be reported under FASB ASC 958 relating to these items	s:
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

TEXAS 2036 81-3063099 Schedule D (Form 990) 2020 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research b Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back Beginning of year balance c Net investment earnings, gains, d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >

b	Permanent endowment ▶%							
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held ar	d administered for	the			
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organia					3b		
4	Describe in Part XIII the intended uses of th	ne organization's endo	wment funds.					
Pa	rt VI Land, Buildings, and Equipment. Complete if the organization and	swered "Yes" on Foi	rm 990, Part IV, lind	e 11a. See Form	990, Par	t X, liı	ne 10	).
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book v	alue	
1 a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other		276,210.	13,661.		2	262,	549.
	I. Add lines 1a through 1e. (Column (d) musi		X, column (B), line 10	0c.) <b> </b>		2	262,	549.
		•	•		0 - 1 1 - 1	- D /E		0) 000

81-3063099 TEXAS 2036

	Investments - Other Securities.			
	, , , , , , , , , , , , , , , , , , , ,		), Part IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	Э
(1) Financi	al derivatives	•		
	held equity interests	•		
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
`	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>		
Part VIII	Investments - Program Related. Complete if the organization answe	red "Yes" on Form 990	), Part IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	e
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX	Other Assets.	rod "Voc" on Form 000	), Part IV, line 11d. See Form 990, Part	V !! 4=
	Complete ii the organization answe	ieu ies onfonnissi	), Fait IV, IIIIE I IU, SEE I OIIII 330, Fait	X. line 15.
	· · · · · · · · · · · · · · · · · · ·	Description		X, line 15.  ) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(1) (2)	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
(2) (3) (4)	· · · · · · · · · · · · · · · · · · ·			
(2) (3) (4) (5)	· · · · · · · · · · · · · · · · · · ·			
(2) (3) (4) (5) (6)	· · · · · · · · · · · · · · · · · · ·			
(2) (3) (4) (5) (6) (7)	· · · · · · · · · · · · · · · · · · ·			
(2) (3) (4) (5) (6) (7) (8)	· · · · · · · · · · · · · · · · · · ·			
(3) (4) (5) (6) (7) (8) (9)	(a)	Description	(E	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cole	(a)  (a)	Description	(E	
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (	Description  B) line 15.)	(E	) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (  Other Liabilities.  Complete if the organization answe line 25.	Description  B) line 15.)		) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (  Other Liabilities.  Complete if the organization answe line 25.	B) line 15.)		) Book value  ), Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	umn (b) must equal Form 990, Part X, col. (  Other Liabilities.  Complete if the organization answe line 25.  (a) Des	B) line 15.)		D, Part X, D) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X	umn (b) must equal Form 990, Part X, col. ( Other Liabilities. Complete if the organization answe line 25.  (a) Desiral income taxes	B) line 15.)		D, Part X, D) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) DEFE (3) REFU (4)	(a)  wmn (b) must equal Form 990, Part X, col. ( Other Liabilities. Complete if the organization answe line 25.  (a) Deseral income taxes  RRED LEASEHOLD INCENTIVE	B) line 15.)		D, Part X, D) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X  1. (1) Feder (2) DEFE (3) REFU (4) (5)	(a)  wmn (b) must equal Form 990, Part X, col. ( Other Liabilities. Complete if the organization answe line 25.  (a) Deseral income taxes  RRED LEASEHOLD INCENTIVE	B) line 15.)		D, Part X, D) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold) Part X  1. (1) Feder (2) DEFE (3) REFU (4) (5) (6)	(a)  wmn (b) must equal Form 990, Part X, col. ( Other Liabilities. Complete if the organization answe line 25.  (a) Deseral income taxes  RRED LEASEHOLD INCENTIVE	B) line 15.)		D, Part X, D) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold) Part X  1. (1) Feder (2) DEFE (3) REFU (4) (5) (6) (7)	(a)  wmn (b) must equal Form 990, Part X, col. ( Other Liabilities. Complete if the organization answe line 25.  (a) Deseral income taxes  RRED LEASEHOLD INCENTIVE	B) line 15.)		D, Part X, D) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X	(a)  wmn (b) must equal Form 990, Part X, col. ( Other Liabilities. Complete if the organization answe line 25.  (a) Deseral income taxes  RRED LEASEHOLD INCENTIVE	B) line 15.)		D, Part X, D) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Color Part X   1. (1) Feder (2) DEFE (3) REFU (4) (5) (6) (7) (8) (9)	(a)  wmn (b) must equal Form 990, Part X, col. ( Other Liabilities. Complete if the organization answe line 25.  (a) Deseral income taxes  RRED LEASEHOLD INCENTIVE	B) line 15.)red "Yes" on Form 990 cription of liability		) Book value  ), Part X,

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

| JSA | OE1270 1.000 | Schedule D (Form 990) 20 |
| 7429PR B47D 5/26/2021 1:30:48 PM V 20-4.8T | 1194211

Schedule D (Form 990) 2020 Page 4

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	9,722,196.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments 2a		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	2,456,121.
3	Subtract line 2e from line 1	3	7,266,075.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	7 266 075
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,266,075.
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	12,316,502.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
	Donated services and use of facilities		
	Prior year adjustments	1	
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	2,456,121.
	Subtract line 2e from line 1	3	9,860,381.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,860,381.
	Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.			
SCHEDULE D, PART X, LINE 2			
ASC 740 FOOTNOTE:			
MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITION UNDER THE GUIDANCE			
INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED			
ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE			
בידאזאוים	NCIAL STATEMENTS.		
I. TIVAL	NCIAL STATEMENTS.		

Schedule D (Form 990) 2020 TEXAS 2036 81-3063099 Page **5** 

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2020

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

mame of the organizat	lion					on 2002000	n number
TEXAS 2036	nalalma Aathaltiaa Cama	lata if the average	:_atia_a_a	الممسميين	Va all a va Fa vva 00	81-3063099	7
	raising Activities. Comp	-			res on Form 99	o, Part IV, line 1	<i>i</i> .
	990-EZ filers are not re						
	nether the organization rais	=		_			
_	olicitations	е			non-government g		
	et and email solicitations	f			government grants		
	solicitations	g	Spec	cial fundra	ising events		
<b>d</b> X In-per	son solicitations						
or key emp <b>b</b> If "Yes," lis	ganization have a written oployees listed in Form 990 t the 10 highest paid indited at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundrai	sing services?	X Yes No fundraiser is to be
	nd address of individual intity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
ATTACHME	NT 1						
2							
3							
4							
4							
3							
6							
·							
7							
-							
8							
9							
10							
					0.155.000	00 100	0.154.000
					2,175,000.	20,192.	2,154,808.
	tes in which the organiza n or licensing.	tion is registered o	or licensed	to solicit	contributions or	nas been notified	it is exempt from
•	•	OO IIII 173 173					
AL, CO, KY, ME	,NV,NC,ND,OH,OK,OR	,SC,UI,VA,WA,					

TEXAS 2036 81-3063099

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts gre	aising event contributi			
		3 1 3	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
<u>~</u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
# Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add line Net income summary. Subtract lir	es 4 through 9 in coluine 10 from line 3, colu	mn (d) mn (d)	<b>&gt;</b>	
Pa			anization answered "\			reported more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a k	l	Enter the state(s) in which the orgalis the organization licensed to condit "No," explain:	anization conducts gar duct gaming activities	in each of these state		Yes No
10 a		Were any of the organization's gaming If "Yes," explain:				Yes No

Page 2

TEXAS 2036 81-3063099

	111110 2000	01 300	3000	•
Sched	dule G (Form 990 or 990-EZ) 2020			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	у		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a		132		%
b				<del></del>
		13b		70
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives of	_		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ a	and the		
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
		ceeds to		
а	retain the state gaming license?		Yes	No
b				
~	or spent in the organization's own exempt activities during the tax year > \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2020

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
THE SHARPER GROUP	GRANT CONSULTING	X	2,175,000.	20,192.	2,154,808.

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

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

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS 2036

Employer identification number

81-3063099

Part	Questions Regarding Compensation			
			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  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Housing allowance or residence for personal use  Payments for business use of personal residence  Health or social club dues or initiation fees  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  X Independent compensation consultant X Compensation survey or study 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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 compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
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) 2020

TEXAS 2036 81-3063099

Schedule J (Form 990) 2020 Page **2** 

## 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-MISC compensation			(C) Retirement and	(C) Retirement and (D) Nontaxable		(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	<b>(E)</b> Total of columns (B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ANNE DAVIES	(i)	203,884.	0.	647.	8,225.	6,270.	219,026.	0.
_ 1 <sup>CDO</sup>	(ii)	0.	0.	0.				
JUSTIN COPPEDGE	(i)	172,188.	15,000.	516.	7,921.	13,243.	208,868.	0.
<b>2</b> <sup>COO</sup>	(ii)	0.	0.	0.				
MARGARET SPELLINGS	(i)	405,599.	0.	5,544.	11,400.	6,714.	429,257.	0.
3 <sup>PRESIDENT/CEO</sup>	(ii)	0.	0.	0.				
MERRILL DAVIS	(i)	217,172.	0.	1,687.	4,408.	14,429.	237,696.	0.
4DIRECTOR OF COMMUNICATIONS	(ii)	0.	0.	0.				
JOHN HRYHORCHUK	(i)	164,047.	0.	480.	3,923.	9,958.	178,408.	0.
5VP OF POLICY BEGIN: 3/6/2020	(ii)	0.	0.	0.				
AMY MUELLER	(i)	162,239.	0.	398.	6,490.	0.	169,127.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.				
KATY RHODES	(i)	150,973.	0.	477.	4,304.	5,757.	161,511.	0.
7DIRECTOR OF DEV. END: 11/2020	(ii)	0.	0.	0.				
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
_13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

TEXAS 2036 81-3063099

Schedule J (Form 990) 2020

## 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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

TEXAS 2036

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

Employer identification number 81-3063099

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

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 C, LINES 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. IN 2020, MANY OF THESE INDIVIDUALS

RECEIVED TEMPORARY COVID-RELATED PAY CUTS. ALL COMPENSATION REVIEWS FOR

NEW HIRES OR PROMOTIONS IN 2020 WAS DETERMINED THROUGH AN INTERNAL

ASSESSMENT CONDUCTED BY THE CEO THAT INCLUDED CONSIDERATION OF THE

COMPLETED STUDIES.

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. THE PUBLIC DISCLOSURE COPY OF THE FILED 990 IS AVAILABLE ON OUR WEBSITE FOR YEARS 2019 AND FOLLOWING.

FORM 990, PART XI, LINE 8

PRIOR PERIOD ADJUSTMENT:

DURING THE 2020 AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS,

MANAGEMENT MADE AN ADJUSTMENT TO THE 2019 CONTRIBUTIONS RECEIVABLE

ADDRESSING THE RECOGNITION OF PLEDGES. THE CORRECTION HAS RESULTED IN THE

PRIOR PERIOD ADJUSTMENT TO NET ASSETS OF \$176,146.

ATTACHMENT 1

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

TEXAS 2036 FOCUSED ON SUSTAINING AND EXPANDING ECONOMIC

OPPORTUNITY AND QUALITY OF LIFE FOR ALL TEXANS BY ENGAGING IN

DATA-INFORMED, LONG-TERM, PRAGMATIC POLICY DEVELOPMENT. IN 2020,

Employer identification number 81-3063099

ATTACHMENT 1 (CONT'D)

DESPITE THE CHALLENGES WROUGHT BY COVID-19, TEXAS 2036 MADE SUBSTANTIAL PROGRESS TOWARDS ITS GOALS. IN JUNE, TEXAS 2036 RELEASED SHAPING OUR FUTURE: A STRATEGIC FRAMEWORK FOR THE FUTURE OF TEXAS, THE CULMINATION OF MORE THAN TWO YEARS OF RESEARCH AND EVALUATION. THE FRAMEWORK ESTABLISHES 36 GOALS FOR TEXAS TO ACCOMPLISH BY 2036. EACH GOAL INCLUDES MULTIPLE INDICATORS MEASURING WHERE TEXAS IS TODAY, SETS MEASURABLE TARGETS FOR 2036, COMPARES THE STATE'S PERFORMANCE TO PEER STATES, AND IDENTIFIES SOME OF THE CHALLENGES THE STATE WILL FACE IN MEETING THE GOALS. THE ORGANIZATION PRIORITIZED POLICY GOALS RELEVANT TO THE 2021 LEGISLATIVE SESSION AND COMPLETED RESEARCH AND RESOURCE DEVELOPMENT IN SUPPORT OF THOSE PRIORITIES. ADDITIONALLY, TEXAS 2036 WAS ACTIVELY ENGAGED IN MANY STATEWIDE EFFORTS TO IMPROVE THE LIVES OF TEXANS INCLUDING: THE TASK FORCE TO REOPEN TEXAS, WHICH ADVISED THE GOVERNOR ON THE STATE'S RESPONSE TO COVID; OPERATION CONNECTIVITY, WHICH WORKED ACROSS AGENCIES, SCHOOL DISTRICTS, AND LOCAL COMMUNITIES TO ENSURE STUDENTS HAVE INTERNET ACCESS AND DEVICES TO CONTINUE LEARNING FROM HOME WHEN SCHOOLS CLOSED DURING THE PANDEMIC; AND THE TRI-AGENCY COMMISSION, WHICH WORKED ON COMMON AND ALIGNED STRATEGIC PLANNING BETWEEN THE TEXAS EDUCATION AGENCY, THE TEXAS HIGHER EDUCATION COORDINATING BOARD, AND THE TEXAS WORKFORCE COMMISSION.

ADDITIONALLY, AMONG MANY OTHER EFFORTS, TEXAS 2036 LAUNCHED DIGITAL TEXAS, A COALITION TO ENSURE BROADBAND ACCESS ACROSS THE

Employer identification number 81-3063099

ATTACHMENT 1 (CONT'D)

STATE AND AIM HIRE TEXAS, A MULTI-PARTNER, MULTI-YEAR EFFORT TO
INCREASE THE NUMBER OF TEXANS EARNING A LIVING WAGE AND ENSURE THE
TEXAS WORKFORCE IS A STRATEGIC ADVANTAGE FOR THE STATE. ADDITIONAL
SIGNIFICANT RESEARCH EFFORTS IN 2020 INCLUDED MODELING THE IMPACT
ON COVERAGE ELIGIBILITY, FEDERAL FUNDS ACCESS, AND STATE
EXPENDITURES FOR MORE THAN 500 HEALTH COVERAGE POLICY SCENARIOS;
THE MONITORING OF FEDERAL FUND ALLOCATION, PARTICULARLY
COVID-RELATED STIMULUS FUNDING THAT WAS/IS AVAILABLE TO THE STATE
OF TEXAS; AND CONSIDERATION OF HOW FUTURE CHANGES IN GLOBAL OIL
MARKETS COULD IMPACT EDUCATION FUNDING IN TEXAS.

ATTACHMENT 2

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

TEXAS 2036'S COMMITMENT TO DEVELOPING NOVEL, HIGH-QUALITY DATA

TOOLS TO INFORM POLICYMAKERS AND PRACTITIONERS AS WELL AS TO HELP

EDUCATE AND EMPOWER TEXANS REMAINS CENTRAL TO THE WORK AND MISSION

OF TEXAS 2036. IN 2020, TEXAS 2036 CONTINUED THE DEVELOPMENT AND

EXPANSION OF THE TEXAS 2036 DATA LAB, A ROBUST STORE OF

TEXAS-ORIENTED DATA. ADDITIONALLY, THE ORGANIZATION LAUNCHED THE

STRATEGIC FRAMEWORK INDICATORS SITE, WHICH HOUSES THE INDICATORS

IDENTIFIED IN THE TEXAS 2036 STRATEGIC FRAMEWORK AND ENABLES USERS

TO EXPLORE THE INDICATORS IN GREATER DEPTH (INCLUDING

DISAGGREGATION), TO SEE TEXAS' PERFORMANCE ON SECONDARY INDICATORS

THE ORGANIZATION IS ALSO TRACKING, AND TO LEARN MORE ABOUT THE

UNDERLYING DATA SOURCES.

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

ATTACHMENT 2 (CONT'D)

IN RESPONSE TO THE SPREAD OF COVID-19 IN TEXAS, THE ORGANIZATION RAPIDLY BUILT AND LAUNCHED THE COVID-19 TRACKER, WHICH DISPLAYED NOT ONLY HEALTH-RELATED DATA LIKE TEST POSITIVITY RATES, ICU BED AVAILABILITY, AND MORTALITY RATES BY COUNTY AND TRAUMA SERVICE REGION IN TEXAS, BUT ALSO INTEGRATED ECONOMIC AND MOBILITY DATA TO GIVE A MORE HOLISTIC PICTURE OF THE IMPACT THE PANDEMIC WAS HAVING. THE SITE HAS BEEN VISITED HUNDREDS OF THOUSANDS OF TIMES SINCE ITS LAUNCH AND CONTINUES TO BE UPDATED, INCLUDING WITH VACCINATION DATA. ADDITIONALLY, TEXAS 2036 SUPPORTED THE RESEARCH AND PILOTING OF EFFORTS TO IMPROVE DATA ANALYSIS AND UTILIZATION TO SUPPORT RAPID AND EQUITABLE ACCESS TO COVID TESTING AND VACCINATIONS.

TEXAS 2036 ALSO WORKED ON THE DEVELOPMENT OF DATA PROJECTS FOR RELEASE IN 2021. THESE PROJECTS INCLUDE AN INTERACTIVE MODELING TOOL WHICH BUILDS ON TEXAS 2036'S WORK ON HEALTH COVERAGE EXPANSION MODELING AND ALLOWS USERS TO MAKE THEIR OWN SELECTIONS OF POLICY OPTIONS AND SEE THE ESTIMATED IMPACT ON COVERAGE RATES, FEDERAL FUNDING ACCESS, AND STATE EXPENDITURES IN REAL TIME. THE ORGANIZATION ALSO WORKED ON THE DEVELOPMENT OF A TOOL THAT WILL ALLOW USERS TO EXPLORE CRITICAL HEALTH ISSUES FACING TEXANS ACROSS LIFE STAGES AND THE CLINICAL AND POLICY IMPLICATIONS OF THESE CHALLENGES. AND THE ORGANIZATION CONTINUED ITS WORK TO MAKE EDUCATION AND WORKFORCE DATA MORE ACCESSIBLE AND USER-FRIENDLY TO IMPROVE THE EDUCATIONAL ACHIEVEMENT AND EMPLOYMENT OUTCOMES OF

Schedule O (Form 990 or 990-EZ) 2020 Page **2** 

Name of the organization

TEXAS 2036

Employer identification number
81-3063099

ATTACHMENT 2 (CONT'D)

TEXANS.

ATTACHMENT 3

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

TEXAS 2036 BELIEVES THAT THE ENGAGEMENT AND INVOLVEMENT OF TEXANS FROM ACROSS THE STATE IS CRITICAL TO SHAPING A VIBRANT AND PROSPEROUS FUTURE FOR ALL. IN 2020, TEXAS 2036 FOCUSED ON EXPANDING ITS REACH AND ABILITY TO COMMUNICATE WITH TEXANS AND TO SHARE THE INFORMATIVE, ACCESSIBLE, AND HELPFUL POLICY AND DATA RESOURCES IT WAS DEVELOPING AND RELEASING. THIS INCLUDED ENGAGING IN HUNDREDS OF CONVERSATIONS, PRESENTATIONS, AND INTERVIEWS REGARDING THE TEXAS 2036 STRATEGIC FRAMEWORK; THE CREATION OF STRAIGHT TALK TEXAS, AN INTERVIEW SERIES WITH A DIVERSE LIST OF EXPERT GUESTS TALKING ABOUT SOME OF THE MOST INTERESTING AND PRESSING ISSUES FACING OUR STATE; AND THE LAUNCH OF REGULAR EMAIL UPDATES TO TENS OF THOUSANDS OF TEXANS. ADDITIONALLY, TEXAS 2036 SIGNIFICANTLY EXPANDED ITS PRESENCE AND ACTIVITY ON SOCIAL MEDIA, RESULTING IN CONTINUED GROWTH OF FOLLOWERS ACROSS ALL PLATFORMS WHO ARE LEARNING ABOUT THE BIGGEST ISSUES FACING TEXAS AND WHAT THOUGHTFUL, PRAGMATIC SOLUTIONS TO THESE CHALLENGES COULD LOOK LIKE. TEXAS 2036 ALSO PARTICIPATED IN CONFERENCES, PRESENTATIONS, ROUNDTABLES, AND MEETINGS WITH POLICY MAKERS, BUSINESS EXECUTIVES, COMMUNITY LEADERS, AND TEXANS ACROSS THE LONE STAR STATE TO SHARE OUR DATA AND RESEARCH AND TO ENCOURAGE THOUGHTFUL, SENSIBLE, LONG-TERM SOLUTIONS TO THE SYSTEMIC CHALLENGES THE STATE OF TEXAS

Schedule O (Form 990 or 990-EZ) 2020 Page 2

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

ATTACHMENT 3 (CONT'D)

WILL FACE OVER THE NEXT DECADE AND A HALF.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL,CO,

KY,ME,

NV, NC, ND, OH, OK, OR,

SC, UT, VA, WA,

ATTACHMENT 5

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE BOSTON CONSULTING GROUP, INC. 200 PIER 4 BOULEVARD BOSTON, MA 02210	RESEARCH & STRATEGY	3,327,500.
MCKINSEY & COMPANY 2021 MCKINNEY AVE #1800 DALLAS, TX 75201	ANALYSIS & STRATEGY	500,000.
FOUNDRY COMMERCIAL 3819 MAPLE AVE DALLAS, TX 75219	PROPERTY MANAGEMENT	308,189.
PROCLAIM ADVOCATES 3811 BEE CAVE RD STE. 209 AUSTIN, TX 78746	COMMUNICATION SVCS	242,763.
LEE JACKSON 6011 DESCO DRIVE DALLAS, TX 75225	RESEARCH& STRATEGY	236,187.

Name of the organization Employer identification number TEXAS 2036 81-3063099 ATTACHMENT 6

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

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
POLICY DEVELOPMENT/CONSULTING	4,456,837.	4,456,837.		
COMMUNICATION SERVICES	386,738.	380,761.	5,683.	294.
DATA ANALYTIC SERVICES	745,008.	745,008.		
LEGISLATIVE CONSULTING	266,480.	266,480.		
TOTALS	5,855,063.	5,849,086.	5,683.	294.

# 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 filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of tr	nis form, visit <i>www.irs.gov/e-tile-providers/e-tile-t</i>	for-charities	-and-non-profits.						
Automa	tic 6-Month Extension of Time. Only subm	it original	(no copies needed).						
	rations required to file an income tax return other		· · · · · · · · · · · · · · · · · · ·	ers), partnerships,	RE	MICs, a	and trusts		
must use	Form 7004 to request an extension of time to f	file income	tax returns.						
Type or	Name of exempt organization or other filer, see in	Name of exempt organization or other filer, see instructions.  Taxpayer identification number (TIN)							
print	TEXAS 2036			81-306309	9				
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions.						
filing your	3963 MAPLE AVENUE, STE 290								
return. See instructions.	City, town or post office, state, and ZIP code. For DALLAS, TX 75219	r a foreign ad	dress, see instructions.						
Enter the	Return Code for the return that this application	is for (file	a separate application for each	n return)			0 1		
Applicati		Return	Application				Return		
Is For	<b></b>	Code	Is For				Code		
	O or Form 990-EZ	01	Form 990-T (corporation)				07		
Form 990	)-BL	02	Form 1041-A				08		
Form 472	20 (individual)	03	Form 4720 (other than indiv	ridual)			09		
Form 990	Form 990-PF 04 Form 5227						10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11			
Form 990-T (trust other than above) 06 Form 8870						12			
Teleph  If the c  If this i  for the wi a list with	none No. ► 469 384-2036  organization does not have an office or place of is for a Group Return, enter the organization's for hole group, check this box ► In the names and TINs of all members the extens	business ir ur digit Gro f it is for pa ion is for.	Fax No. ▶ the United States, check this pup Exemption Number (GEN) art of the group, check this box	< <b>▶</b> [		If th and att	nis is ach		
	quest an automatic 6-month extension of time u			to file the exempt	toro	ganizati	on return		
<b>&gt;</b>	the organization named above. The extension is  X calendar year 20 20 or tax year beginning	, 20	, and ending	,	_				
	Change in accounting period								
3a If th	nis application is for Forms 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the tentat	ve tax, less any					
non	refundable credits. See instructions.				3a	\$	0.		
	his application is for Forms 990-PF, 990-T,			ble credits and					
	mated tax payments made. Include any prior yea				3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include		ent with this form, if required	, by using EFTPS			_		
	ectronic Federal Tax Payment System). See instru				3с		0.		
	you are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see Form	8453-EO and Form	n 88	79-EO fc	or payment		
instruction									
For Privac	cy Act and Paperwork Reduction Act Notice, see insti	ructions.			Forr	m <b>8868</b>	(Rev. 1-2020)		

JSA