Return of Organization Exempt From Income Tax

Form **990**

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

2021

Open to Public Inspection

AF	or tn	e 202	1 calendar year, or tax year beginning and e	naing					
D			C Name of organization		D Employer ide	entificatio	n number		
D C	neck if ap		TEXAS 2036						
	Addre chang		Doing Business As		81-3063	099			
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	uite	E Telephone number				
	Initial	return	3963 MAPLE AVENUE, STE 290		(469)38	34-203	36		
	Termi	nated	City or town, state or province, country, and ZIP or foreign postal code						
	Amen		DALLAS, TX 75219		G Gross receipt	s \$	17,337	,976.	
	Applic	ation	F Name and address of principal officer: MARGARET SPELLINGS		H(a) Is this a grou			X No	
	_ pendii	iig	3963 MAPLE AVENUE, STE 290, DALLAS, TX 75219		subordinates' H(b) Are all subordi		Yes	No	
ī	Tax-ex	empt st		527	1		instructions)		
_			TEXAS2036.ORG	-	H(c) Group exemp	tion numbe	er 🕨		
				ear of format	tion: 2016 M			TX	
	art I	-	mmary		2010		9		
			describe the organization's mission or most significant activities: TEXAS 2036	5 EMPOW	ERS TEXANS	з то			
ø	•	•	E INFORMED DECISIONS USING DATA AND LONG-TERM STRAT						
anc			SUSTAIN TEXAS AS THE BEST PLACE TO LIVE AND DO BUSI		DANNING				
ern	2		this box if the organization discontinued its operations or disposed of mor		of its not assets				
Governance			er of voting members of the governing body (Part VI, line 1a)			3		35	
	4	Numb	er of independent voting members of the governing body (Part VI, line 1a)			4		35	
Activities &			number of individuals employed in calendar year 2021 (Part V, line 2a)			5		34	
Ĭ₹						6		250	
Act			** ** * * * * * * * * * * * * * * * * *			7a			
			unrelated business revenue from Part VIII, column (C), line 12					NONE	
	D	ivet ur	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	Current Y	NONE	
	0	Cantri	hutians and grants (Dort VIII line 4 h)			E			
en	8	Contri	butions and grants (Part VIII, line 1h) COPY FOR		7,266,07		17,287		
Revenue	9	Progra	am service revenue (Part VIII, line 2g) COPY FOR PUBLIC INSPECTI	ON -		ONE	50),000.	
Re	10	IIIVESI	ment income (Fart viii, column (A), lines 3, 4, and 7d)	—		ONE		NONE	
			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			ONE	17 227	NONE	
_			revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,266,07		17,337		
			s and similar amounts paid (Part IX, column (A), lines 1-3)			ONE		NONE	
			its paid to or for members (Part IX, column (A), line 4)			ONE	2 025	NONE	
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,819,81			,088.	
ens	16a		ssional fundraising fees (Part IX, column (A), line 11e)		20,19	92.	52	2,642.	
Ä	b		fundraising expenses (Part IX, column (D), line 25) ►840,621.				2 2 7 2		
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,020,37			,622.	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,860,38			,352.	
_ v	19	Rever	nue less expenses. Subtract line 18 from line 12		-2,594,30			,624.	
Net Assets or Fund Balances				Begin	ning of Current Y		End of Ye		
sse	20		assets (Part X, line 16)		8,771,80		17,479		
et A	21		liabilities (Part X, line 26)		3,116,99		2,445		
			ssets or fund balances. Subtract line 21 from line 20.		5,654,80	6.	15,034	<u>,430.</u>	
_	rt II		gnature Block		1				
true	aer per e, corre	ct, and	of perjury, I declare that I have examined this return, including accompanying schedules and s complete. Declaration of preparer (other than officer) is based on all information of which prepar	statements, a er has any ki	and to the best of nowledge.	my know	neage and b	eller, it is	
					7/18	3/2022	>		
Sig	n		Signature of officer		Date	,	_		
Hei			Justin Coppedge, Senior Vice President, Strategy and Operations		Date				
	_			•					
		· ·	Type or print name and title Type preparer's name Preparer's signature Date			DTIAL			
Paid	I		7/1	8/2022	Check	if PTIN			
	arer	NOE	LLE ALBERTO / / / //// / / ////		self-employed P01704142				
	Only	Firm's	name ► FORVIS, LLP		Firm's EIN		160260		
_			address ► 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254		Phone no.		-702-82		
<u> </u>			cuss this return with the preparer shown above? (see instructions)		<u> </u>	[2	X Yes	No	
For	Paper	rwork	Reduction Act Notice, see the separate instructions.				Form 99	0 (2021)	

Form 990 (2021) 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 \$ 3,754,700. including grants of \$ SEE SCHEDULE O) (Revenue \$ 4b (Code:) (Expenses \$ 573,088. including grants of \$ SEE SCHEDULE O) (Revenue \$ 4c (Code:) (Expenses \$ 1,168,345. including grants of \$ SEE SCHEDULE O 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 5,496,133.

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Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
Ū	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			21
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		21
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	ıια	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			21
1 Z a	Schedule D, Parts XI and XII.	122	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	Х	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		21
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		21	
. •	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?	10		21
	If "Yes," complete Schedule G, Part III	19		Х
20 =	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		21
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
ZŦū	\$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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			Λ
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			21
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
		31		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		v
22	complete Schedule N, Part II	32		X
33		22		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34		24		37
25 -	or IV, and Part V, line 1	34		X
		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	25.		
••	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) Page 5 Part V Nο Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . L 2b Χ 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. Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?....... 3a **b** 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 calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 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 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Χ 7f Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which 14a Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Х If "Yes," see the instructions and file Form 4720, Schedule N. 16 Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

JSA

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Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organizations assets:	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
'a	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,			
b	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
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
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		3.5
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4 C h		
Section	organization's exempt status with respect to such arrangements?	16b		<u> </u>
		ר דודי	777	
17	List the states with which a copy of this Form 990 is required to be filed AL, CO, KY, ME, NC, OH, OK, OR, S			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (sec	uon 5	υ1(C)
	X Own website			
10		of into	·00+ ~	oliov
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	n milei	εδι β	лопсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	le 🕨		
20	TEXAS 2036 3963 MAPLE AVE, STE 290 DALLAS, TX 75219	<u>-</u>		

469-384-2036

Form **990** (2021)

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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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos neck s pe	rson	e than construction is both confunction. Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARGARET SPELLINGS	40.00									
PRESIDENT/CEO	NONE			Х				529,705.	NONE	18,897.
(2) ARTHUR JAMES RODRIGUEZ	40.00							0257.001	1,01,2	207027.
EXECUTIVE VP	NONE			Х				328,307.	NONE	16,593.
(3) JOHN HRYHORCHUK	40.00							,		
VP OF POLICY	NONE					Х		227,842.	NONE	20,238.
(4) MERRILL DAVIS	40.00									
DIRECTOR OF COMMUNICATIONS	NONE					Х		214,385.	NONE	24,373.
(5) ANNE DAVIES	40.00									
CDO	NONE				Х			220,466.	NONE	15,336.
(6) JUSTIN COPPEDGE	40.00									
C00	NONE			Х				197,608.	NONE	22,091.
(7) CHARLES MILLER	40.00									
SENIOR POLICY ADVISOR	NONE					X		163,006.	NONE	7,498.
(8) HOLLY HEARD	40.00									
DIRECTOR OF DATA & ANALYTICS	NONE					X		154,854.	NONE	11,476.
(9) AMY MUELLER	40.00									
GENERAL COUNSEL	NONE					X		124,688.	NONE	4,974.
(10) GRAHAM WESTON	1.00									
DIRECTOR, END: 12/2021	NONE	X						NONE	NONE	NONE
(11) ANN BARNES	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) ALINE BASS	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) TRACEE BENTLEY	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
(14) BOB CAMPBELL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

Form **990** (2021)

_	orm 990 (2021) Part VII Section A. Officers, Directors, Tru	ictors Ko	w En	nlo			and L	lia	hast Compansat	ad Employees (a	Page 8
L	, ,		;y ⊑11	ipio			anu n	iigi			•
	(A) Name and title	(B) Average			(C				(D) Reportable	(E) Reportable	(F) Estimated
	Name and the	hours per	(do r	not ch			e than or	ne	compensation	compensation from	amount of
		week (list any	1				is both a		from	related	other
		hours for					or/truste		the	organizations	compensation from the
		related organizations	r di	nstit	Officer	ey e	Highest co employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		below dotted	ecto	utio	er	mp	est c	ዋ	(W-2/1099-WISC)		and related
		line)	Individual trustee or director	Institutional trustee		Key employee) Öğ				organizations
			stee	rust		Φ.	Dens				
				ee			: compensated ee				
_	.5) ABEL CASTRO	1.00									
	DIRECTOR	NONE	X						NONE	NONE	NONE
1	.6) AMY CHRONIS	1.00									
Γ	DIRECTOR	NONE	Х						NONE	NONE	NONE
1	.7) ANDREW HALL	1.00									
I	DIRECTOR	NONE	Х						NONE	NONE	NONE
_1	8) CYNTHIA MARSHALL	1.00									
_[DIRECTOR	NONE	Х						NONE	NONE	NONE
_1	.9) ED ESCUDERO	1.00									
I	DIRECTOR	NONE	X						NONE	NONE	NONE
_2	0) HUNTER HUNT	1.00									
_[DIRECTOR	NONE	X						NONE	NONE	NONE
_2	21) JEANNE PHILLIPS	1.00									
_	DIRECTOR	NONE	X						NONE	NONE	NONE
	22) JULIET GARCIA	<u> 1.00</u>									
	DIRECTOR	NONE	X						NONE	NONE	NONE
	23) KYLE MILLER	1.00_	-								
	DIRECTOR	NONE	X						NONE	NONE	NONE
	24) MATT ROSE	<u> 1.00</u>									
_	DIRECTOR	NONE	X						NONE	NONE	NONE
	25) MAYNARD HOLT	<u>1.00</u> _	.,						NONE	NONTE	NONE
_	DIRECTOR	NONE	1					_	NONE		
1	b Sub-total								2,160,861.	NONE	
	c Total from continuation sheets to Part VII, Se								NONE 2,160,861.		
_	d Total (add lines 1b and 1c)							re			141,470.
-	reportable compensation from the organization		11036	11316	u ai		3) Wiio 10	, 10	cerved more than	ψ100,000 01	
_											Yes No
3	B Did the organization list any former office	er directo	or or	tru	iste	e	kev e	mn	lovee or highes	t compensated	
Ĭ	employee on line 1a? If "Yes," complete Schedu										3
4											
٦	organization and related organizations gre	eater than	\$15	50.0	00?	ρει If	"Yes	ı aı	complete Schedu	le J for such	
	individual										4
5									related organization	on or individual	
_	for services rendered to the organization? If "Ye										5
S	Section B. Independent Contractors										
1	Complete this table for your five highest comp										
	compensation from the organization. Report co	ompensati	on for	the	ca	ienc	ar yea	ar e	ending with or with	nin the organization	n's tax
_	year.										

(A) Name and business address	(B) Description of services	(C) 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 ►

Form 990 (2021) Page **8**

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	yee	es, a	and I	ligl	hest Compensat	ed Employees (c	continued)
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	l , .		Posi				Reportable	Reportable	Estimated
	hours per	,				than o		compensation	compensation from	amount of
	week (list any hours for	office		•		or/trust		from the	related organizations	other compensation
	related	or Ind	Ins	9	Kej	Hig em	Fo	organization	(W-2/1099-MISC)	from the
	organizations	livid	i ii	Officer	/ en	hes	Former	(W-2/1099-MISC)	,	organization
	below dotted line)	ual t	iona		Key employee	t co /ee				and related organizations
	line)	Individual trustee or director	#		yee	mpe				organizations
		ee	Institutional trustee			Highest compensated employee				
			Φ			ted				
26) NICOLE SMALL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
27) PETER RODRIGUEZ	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON:
28) ROBERTO CORONADO	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON:
29) RON KIRK	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON:
30) SCOTT MCCLELLAND	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON:
31) SHANNON FLETCHER	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON:
32) TOM LUCE	20.00_									
CHAIR	NONE	X		Х				NONE	NONE	NON:
33) TONY CUCOLO	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON:
34) TRENT MCKNIGHT	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON:
35) VAL LAMANTIA	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON:
36) WALLACE JEFFERSON	1.00_									
DIRECTOR	NONE	X						NONE	NONE	NON:
1b Sub-total							\blacktriangleright			
c Total from continuation sheets to Part VII,							\blacktriangleright			
d Total (add lines 1b and 1c)							>			
2 Total number of individuals (including but no		hose	liste	d ab	oove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organizati	on 🕨									
										Yes No
3 Did the organization list any former off										
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ina	lividu	ıal .						3
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole c	om	pen	satio	n ai	nd other compens	sation from the	
organization and related organizations of										
individual										4
5 Did any person listed on line 1a receive of										
for services rendered to the organization? If	Yes," comple	te Scl	nedu	le J	for	such	per	son		5
Section B. Independent Contractors										
1 Complete this table for your five highest co										
compensation from the organization. Report	compensati	101 110	ιne	cal	enc	ıar ye	ar e	enaing with or with	ıırı trie organizatio	เเร เสม

(A) Name and business address	(B) Description of services	(C) 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 ▶

Form 990 (2021)	F					I I I	1:1	haat Cammanas	ad Francisco	Page 8
Part VII Section A. Officers, Directors,		y⊵n	npio			and H	ligi	1		•
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per	(do	not ch	Posi		e than or	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	,				is both a		from	related	other
	hours for			d a d		or/truste		the	organizations	compensation
	related organizations	ndi or d	nsti	Offic	ey	amp High	Forme	organization	(W-2/1099-MISC)	from the organization
	below dotted	rect	Institutional	èr	emp	Highest co employee	ਜੁ	(W-2/1099-MISC)		and related
	line)	Individual trustee or director	nal		Key employee	e com				organizations
		ıste	trustee		ď	pen				
		0	tee			compensated				
27\ LIXINI DOCCED	1 00					ā				
37) WYNN ROSSER DIRECTOR	<u>1.00</u> NONE	X						NONE	NONE	NONE
38) YVONNE HO	1.00	Λ						NONE	NONE	NONE
DIRECTOR	NONE	x						NONE	NONE	NONE
39) SHERYL SCULLEY	1.00	Α.						NOINE	NONE	NOME
DIRECTOR	NONE	x						NONE	NONE	NONE
40) ELAINE MENDOZA	1.00	Α.						NOINE	NONE	NOME
DIRECTOR	NONE	X						NONE	NONE	NONE
41) BRAD TIDWELL	1.00							NONE	IVONE	NOME
DIRECTOR, START: 09/2021	NONE	X						NONE	NONE	NONE
42) MARC WATTS	1.00							110112	110112	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
43) PAT AVERY	1.00							110111	110112	1,01,1
DIRECTOR	NONE	X						NONE	NONE	NONE
44) SAM L. SUSSER	1.00								-	-
DIRECTOR	NONE	Х						NONE	NONE	NONE
45) ZEYNEP YOUNG	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
		-								
1b Sub-total		1								
c Total from continuation sheets to Part VII	Section A						•			
d Total (add lines 1b and 1c)	-						>			
2 Total number of individuals (including but n							re	ceived more than	\$100,000 of	
reportable compensation from the organization	tion 🕨									
										Yes No
3 Did the organization list any former of										
employee on line 1a? If "Yes," complete Sch	edule J for su	ch ind	lividu	ual						3 X
4 For any individual listed on line 1a, is the	e sum of rep	ortab	ole d	om	per	sation	aı	nd other compens	sation from the	
organization and related organizations	greater than	\$15	50,0	00?	. If	"Yes,	,"	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive										
for services rendered to the organization? If	"Yes," comple	te Sci	hedu	ıle J	for	such _l	oer	son		5 X
Section B. Independent Contractors		المص	1					hat maaab ood oo		£
1 Complete this table for your five highest or compensation from the organization. Report										
year.	compensati	011 101	ı ıne	udi	10110	ıaı ye	al C	FIGHTY WITH OF WITH	iii tiie organizatioi	ι ο ιαλ
, - ~··							_			

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) 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 ► 8

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y 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
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
۾ ۾	С	Fundraising events 1c					
ifts Ir A	d	Related organizations 1d					
اق اق	е	Government grants (contributions) 1e	716,636.				
Sin	f	All other contributions, gifts, grants,					
utic		and similar amounts not included above . 1f	16,571,340.				
들본	g	Noncash contributions included in					
g		lines 1a-1f 1g	\$				
<u>a</u> Č	h	Total. Add lines 1a-1f		17,287,976.			
			Business Code				
<u>8</u>	2a	CONTRACT REVENUE	611710	50,000.	50,000.		
Program Service Revenue	b						
n Si ent	С						
ev	d						
90 B	е						
7	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	50,000.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	NONE			
	4	Income from investment of tax-exempt bond	proceeds . ►	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONE					
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Revenue	b	Less: cost or other basis					
Ver		and sales expenses 7b					
	C	Gain or (loss)		NONE			
Other	d	Net gain or (loss)		NONE			
₹	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18	NONE				
	b C	Less: direct expenses		NONE			
				110112			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	h	Less: direct expenses 9b	NONE				
	b	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
	IVa	returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
S			Business Code				
Miscellaneous Revenue	11a						
ane	b						
e e	C						
¶š(R	d	All other revenue					
	е	Total. Add lines 11a-11d	. •	NONE			
	12	Total revenue. See instructions		17,337,976.	50,000.		
JSA 1E105	1 1.000						Form 990 (2021)
		29PR B47D 07/01/2022 09:26: 3	31 V21-5.4F	1194211			

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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 resp	onse or note to any line	in this Part IX		X X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,349,004.	694,726.	139,440.	514,838.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	2,120,094.	1,288,345.	801,665.	30,084
8	Pension plan accruals and contributions (include	133,010.	78,723.	40,878.	13,409
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	116,234.	74,737.	26,080.	15,417
10	Payroll taxes	216,746.	126,334.	55,541.	34,871
11	Fees for services (nonemployees):				
а	Management	1,975.		1,975.	
	Legal	79,413.		77,634.	1,779
С	Accounting	231,560.		228,423.	3,137
d	Lobbying	66,524.	65,849.	675.	
е	Professional fundraising services. See Part IV, line 17.	52,642.			52,642
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	(A), amount, list line 11g expenses on Schedule O.)	2,513,139.	2,474,774.	34,340.	4,025
12	Advertising and promotion	53,570.	45,189.	7,881.	500
13	Office expenses	100,639.	26,547.	19,395.	54,697
14	Information technology	161,459.	65,137.	50,331.	45,991
15	Royalties	NONE			
16	Occupancy	542,052.	397,239.	81,284.	63,529
17	Travel	43,551.	15,311.	22,851.	5,389
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	66,981.	59,953.	7,028.	
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	55,242.	53,822.	1,420.	
23	Insurance	11,485.		11,485.	
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	34,970.	26,767.	8,003.	200
b	•				
С	•				
d	•				
е	All other expenses	8,062.	2,680.	5,269.	113
	Total functional expenses. Add lines 1 through 24e	7,958,352.	5,496,133.	1,621,598.	840,621.
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)				

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Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,213,979.	1	9,601,827.
	2	Savings and temporary cash investments	. NONE	2	62,509.
	3	Pledges and grants receivable, net	2,187,650.	3	7,489,305.
	4	Accounts receivable, net		4	NONE
	5	Loans and other receivables from any current or former officer, directo	r,		
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	NONE
	6	Loans and other receivables from other disqualified persons (as define			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	NONE
ß	7	Notes and loans receivable, net			NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges		9	81,935.
	_	Land, buildings, and equipment: cost or other			02,700
		basis. Complete Part VI of Schedule D 10a 276, 21	0.		
	b	Less: accumulated depreciation		10c	207,307.
	11	Investments - publicly traded securities			NONE
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14	Intangible assets			NONE
	15	Other assets. See Part IV, line 11	-	15	37,066.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	17,479,949.
	17	Accounts payable and accrued expenses		17	460,597.
	18	Grants payable			NONE
	19				1,872,105.
	20	Deferred revenue			1,872,103. NONE
	21	Tax-exempt bond liabilities			NONE
"	22			21	NOME
Liabilities	22	Loans and other payables to any current or former officer, directo			
ij		trustee, key employee, creator or founder, substantial contributor, or 355		00	NONE
Ei.	22	controlled entity or family member of any of these persons			NONE
	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related thir		24	NONE
	25	· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on lines 17-24). Complete Part of Schodulo D		25	110 017
	26	of Schedule D		25	112,817.
	20	Total liabilities. Add lines 17 through 25	3,116,995.	26	2,445,519.
es		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	2 062 775	27	2 422 042
Fund Balances	27 28	Net assets with donor restrictions.		27	3,423,042.
Б	20		2,792,031.	28	11,611,388.
Ξ		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
	20			20	
its	29	Capital stock or trust principal, or current funds		29	
Assets or	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ä	31	Retained earnings, endowment, accumulated income, or other funds		31	15.004.400
Net	32	Total net assets or fund balances		32	15,034,430.
_	33	Total liabilities and net assets/fund balances	8,771,801.	33	17,479,949. Form 990 (2021)

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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	1	7,3	37,	976
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>352</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				624
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,6	54,	806
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	5,0	34,	430
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					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," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a			
	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					
	the audit, review, or compilation of its financial statements and selection of an independent accountant			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			,,,
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	000	(2224)
				Form	330	(2021)

SCHEDULE A (Form 990)

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.

► Attach to Form 990 or Form 990-E2.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

TΕΣ	ΚAS	2036					81-3	063099
Pai	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this pa	art.) See instruction	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	rated 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 sect	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 fr	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	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and uiten after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able incc (a)(2). (C	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
11	Щ	An organization organized	•	•	•			
12		An organization organized a	•					
		one or more publicly suppo	•					
		the box on lines 12a throug					•	=
а	L	Type I. A supporting orga	-		-		• , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					
b	L	☐ Type II. A supporting org						
		control or management of	• • • •	=	the sam	e person	is that control or mar	nage the supported
		organization(s). You must	-					
С	L	Type III functionally integrated						lly integrated with,
		$_{_}$ its supported organizatior		•				
d	L				-			- ' '
		that is not functionally into		= -	-		•	d an attentiveness
		requirement (see instruct	-	-				
е	L	Check this box if the organic					•••	II, Type III
	_	functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
ī		ter the number of supported	-					
g		ovide the following information	1			1	() ()	6.0 4
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(C)								
(D)								
(E)								
Tota								
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Schedule A (Form 990) 2021 Page 2

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NONE	6,521,654.	9,151,696.	7,266,075.	17,287,976.	40,227,401.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	NONE	6,521,654.	9,151,696.	7,266,075.	17,287,976.	40,227,401.
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)						7,887,312.
6	Public support. Subtract line 5 from line 4						32,340,089.
	tion B. Total Support	4 > 0047	#1.0040	() 22/2	4 11 0000	4) 0004	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	NONE	6,521,654.	9,151,696.	7,266,075.	17,287,976.	40,227,401. NONE
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						40,227,401.
12	Gross receipts from related activities, etc. (s	see instructions)				12	50,000.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2021 (li					14	80.39 %
15	Public support percentage from 2020	Schedule A, Pa	rt II, line 14			15	84.99 %
16a	331/3% support test - 2021. If the org	ganization did n	ot check the bo	x on line 13, an	nd line 14 is 33	1/3 % or more, ch	
	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
	this box and stop here . 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			_	· ·		
	organization						
18	Private foundation. If the organization						
	instructions						▶ ∟

Schedule A (Form 990) 2021 Page **3**

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
7 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for organization, check this box and stop here.	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment					1 1	,,,
17	Investment income percentage for 2021 (lir			13. column (f))		17	%
18	Investment income percentage from 2020 S						/ 0
	331/3% support tests - 2021. If the org						
. <i>. a</i>	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2020. If the orga	-	-	•			
IJ	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			

Schedule A (Form 990) 2021 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

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

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Part	Supporting Organizations (continued)		\ /	
44	lles the consciention accorded a mitter an emphilipation from any of the fallowing according		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а		11a		
b		11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	115		
J		11c		
Section	on B. Type I Supporting Organizations			
			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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Section	on C. Type II Supporting Organizations	2		
	The state of the s		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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the consideration and like to each of the consideration of the first should be for the fifth or other than		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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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 Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	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).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	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? If "Yos" or "No." provide details in Part V .	2-		
L	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	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 Part VI</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021 Page **6**

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (expla	in in Part VI). See
_	instructions. All other Type III non-functionally integrated supporting organ			
Secti	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 N	let short-term capital gain	1		
2 R	Recoveries of prior-year distributions	2		
3 C	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	Portion of operating expenses paid or incurred for production or collection			
0	f gross income or for management, conservation, or maintenance of			
	roperty held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	aggregate fair market value of all non-exempt-use assets (see			
	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c F	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
(6	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4 C	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7 R	Recoveries of prior-year distributions	7		
8 N	Ninimum Asset Amount (add line 7 to line 6)	8		
Secti	ion C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3 N	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ılly integra	ated Type III supporting	g organization

Schedule A (Form 990) 2021

(see instructions).

 Schedule A (Form 990) 2021
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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	Section D - Distributions							
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exe	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	4 Amounts paid to acquire exempt-use assets 4							
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 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.							
9	Distributable amount for 2021 from Section C, line 6		!	9				
10	Line 8 amount divided by line 9 amount		1	0				
			(::)		(:::)			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-PF.

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

Name of the organization Employer identification number

TEXAS 2036	81-3063099							
Organization type (check one):								
Filers of: Section:								
Form 990 or 990	0-EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a pr	rivate foundation						
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private	e foundation						
	501(c)(3) taxable private foundation							
	our (o) (o) taxable private realisation							
	ganization is covered by the General Rule or a Special Rule .							
_	tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rul	le and a Special Rule. See						
General Rule								
or more	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, e (in money or property) from any one contributor. Complete Parts I and II. See intor's total contributions.							
Special Rules								
regulat 16b, ar	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met tions under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Find that received from any one contributor, during the year, total contributions of of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Com	Form 990), Part II, line 13, 16a, or the greater of (1) \$5,000; or						
contrib literary,	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 totaling \$5,000 or more during the year								

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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).

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

	TEXAS 2036		81-3063099
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	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
2	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
3_	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
4	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
5	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
6_	N/A	\$\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990) (2021) Page **2**

Name of organization TEXAS 2036 Employer identification number 81–3063099

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7	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					
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 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 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.)					

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

OMB No. 1545-0047

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 (election	on under section 501(n)): Complete Part II-B. Do no	it complete Part II-A.
	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	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
	XAS 2036				063099
Pa		organization is exempt under			
1	•	ne organization's direct and indi	rect political camp	aign activities in Part	IV. See instructions fo
	definition of "political campa	_			
2		xpenditures. See instructions			
3		campaign activities. See instruction	ns		
Pai	•	organization is exempt under s	. , , , ,		
1	Enter the amount of any exc	ise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		sise tax incurred by organization m			
3	_	a section 4955 tax, did it file Form	-		
					Yes No
	If "Yes," describe in Part IV.		(' 504/)		`
Pai	•	organization is exempt under	. , ,).
1	activities	xpended by the filing organization		▶\$	
2		g organization's funds contributed			
3	line 17b	enditures. Add lines 1 and 2. Ent			
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom d or a political action committee (I	er (EIN) of all section ter the amount paid optly and directly de	on 527 political organiza d from the filing organizalistice of the filing organization or separate po	ation's funds. Also ente ditical organization, suc
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990) 2021

Sch	nedule C (Form 990) 2021	ΓΕΧΑS	2036			81	-3063099 Page 2
Pa	art II-A Complete if the org section 501(h)).	janizati	on is exen	npt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α				affiliated group (and excess lobbying expe		ach affiliated group mem	ber's name,
В	Check ▶ if the filing organiz	ation ch	ecked box A	A and "limited contro	ol" provisions app	ly.	
			ying Expend			(a) Filing	(b) Affiliated
	(The term "expendit	ures" me	eans amour	nts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to i	nfluence	public opini	ion (grassroots lobb	ying)		
b	Total lobbying expenditures to i	nfluence	a legislative	e body (direct lobbyi	ng)		
C	Total lobbying expenditures (ad	d lines 1	a and 1b) .				
d	d Other exempt purpose expendit	ures					
е	Total exempt purpose expendite	ures (add	l lines 1c an	nd 1d)			
f	Lobbying nontaxable amount.	Enter th	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying	ng nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000		us 15% of the excess			
	Over \$1,000,000 but not over \$1,5	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,	000,000		us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	g Grassroots nontaxable amount	-			_		
	Subtract line 1g from line 1a. If				_		
	Subtract line 1f from line 1c. If z						
j	If there is an amount other th				•		
	reporting section 4911 tax for the						Yes No
	(0)			aging Period Unde			1 . 1 .
	(Some organizations tha				=		nns below.
		See	tne separa	te instructions for I	ines 2a through	2f.)	
		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	
			0040	#120040	4) 0000	(1) 0004	/ \ T I
	Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
	beginning in)						
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						
d	d Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

	dule C (Form 990) 2021 TEXAS 2036		8	1-306309	19 F	age 3
Pai	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Forn	n 5768		
	and Was II manages on lines to through dishalam manida in Dart IV a datailad	(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	unt	
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?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	37			
C	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	X	Λ		34,	474
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	71	Х		51,	1/1
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?	X	- 21		32,	050
i :	Other activities?				66,	
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x			
Za b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or se	ection		
	501(c)(6).	. , , ,	-			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from					
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"				R is	
	answered "Yes."	(~	.,		-,	
1	Dues, assessments and similar amounts from members			1		
2	Section 162(a) pendeductible lebbying and political expenditures (do not include amount	unte	of [

	Dues, assessments and similar amounts nom members		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		I
а	Current year	2a	
	Carryover from last year		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues-		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		I
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	<u> </u>

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line	1; Part I-B, line 4; Part I-C, line	5; Part II-A (affiliated group	list); Part II-A, lines 1 and
2 (See instructions); and Part II-B, line 1. Also, com	plete this part for any additional	l information.	

SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2021 TEXAS 2036 81-3063099 Page **4**

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

LOBBYING ACTIVITIES:

A FEW EMPLOYEES AND CONTRACTORS OF THE ORGANIZATION SPENT AN INSUBSTANTIAL PART OF THEIR TIME PREPARING, REVIEWING, AND/OR DISCUSSING WITH STATE LEGISLATORS/LEGISLATIVE STAFF VARIOUS PIECES OF DRAFT LEGISLATION CONSIDERED DURING THE 2021 REGULAR AND SPECIAL SESSIONS OF THE TEXAS LEGISLATURE.

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

TEX	XAS 2036			81-30630	199	
Pa	organizations Maintaining Donor Advis			or Accounts.		
	Complete if the organization answered "					
		(a) Donor advis	ed funds	(b) Funds and	other account	S
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 a	dvisors in writing tha	at the assets he	eld in donor advised		
	funds are the organization's property, subject to the o	organization's exclusiv	e legal control?		Yes	No
6	Did the organization inform all grantees, donors, an	d donor advisors in w	riting that gran	t funds can be used		
	only for charitable purposes and not for the benefit	of the donor or dono	or advisor, or fo	r any other purpose		
	conferring impermissible private benefit?				Yes _	No
Pa	rt II Conservation Easements.					
	Complete if the organization answered "	Yes" on Form 990, F	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the c	rganization (check all t	hat apply).			
	Preservation of land for public use (for example, r	ecreation or education)	Preservation	on of a historically im	portant land	area
	Protection of natural habitat		Preservation	on of a certified histor	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held	d a qualified conserva	ition contribution	n in the form of a con-	servation	
	easement on the last day of the tax year.			Held at the	End of the Ta	ax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified his	storic structure include	ed in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 7/25/0	6, and not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, trans	sferred, released, exti	nguished, or te	rminated by the orga	anization du	ring the
	tax year >					
4	Number of states where property subject to conserv	ation easement is loca	nted ▶			
5	Does the organization have a written policy rega	rding the periodic m	onitoring, inspe	ection, handling of		
	violations, and enforcement of the conservation ease	ments it holds?			Yes	Ш No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violati	ions, and enforci	ng conservation easem	ents during t	the year
	>					
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violation	ns, and enforcing	g conservation easem	ents during t	the year
	> \$					
8	Does each conservation easement reported on line 2(d) above satisfy the red	quirements of se	ection 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	Ш No
9	In Part XIII, describe how the organization reports co				nt and	
	balance sheet, and include, if applicable, the text of	the footnote to the org	ganization's fina	incial statements that	describes the	Э
	organization's accounting for conservation easement					
Pa	rt III Organizations Maintaining Collections of			her Similar Assets.	ı	
	Complete if the organization answered "	Yes" on Form 990, F	Part IV, line 8.			
1a	If the organization elected, as permitted under FAS	B ASC 958, not to re	eport in its reve	nue statement and b	alance shee	et work
	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhi	ibition, education	on, or research in fu s these items	rtherance o	t publi
b	If the organization elected, as permitted under FAS				ince sheet v	vorks o
	art, historical treasures, or other similar assets held provide the following amounts relating to these items	for public exhibition, s:	education, or r	esearch in furtherand		
	(i) Revenue included on Form 990, Part VIII, line 1.					
	(ii) Assets included in Form 990, Part X			▶ \$		
2	If the organization received or held works of art,				al gain, prov	vide th
	following amounts required to be reported under FAS	SB ASC 958 relating to	o these items:			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets included in Form 990, Part X			▶ \$		

Schedule D (Form 990) 2021 TEXAS 2036 81-3063099 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

	Using the agreement of a consisting of								•			
3	Using the organization's acquisition, a	ccession, and o	otner recoi	as, cnec	к any o	of the	TOIION	ing that m	nake sigr	nificant us	se or	ITS
	collection items (check all that apply):			٦.								
а	Public exhibition		d _	=	or excha	•	. •					
b	Scholarly research		е	Other								
С	Preservation for future generation	าร										
4	Provide a description of the organization	on's collections	s and expla	ain how	they fur	rther	the or	ganization's	s exemp	t purpose	in F	² art
	XIII.											
5	During the year, did the organization so	licit or receive of	donations o	of art, hist	orical tr	easu	res, or	other simil	ar			
	assets to be sold to raise funds rather th	nan to be maint	ained as pa	art of the	organiza	ation	s collec	ction?	[Yes		No
Pa	rt IV Escrow and Custodial Arran	gements.			_				<u>, </u>			
	Complete if the organization 990, Part X, line 21.	answered "Ye								nt on For	m	
1a	Is the organization an agent, trustee,	custodian or o	ther intern	nediary fo	or conti	ributi	ons or	other ass	ets not _			
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Pa	rt XIII and comp	plete the fo	llowing tal	ble:							
									Amount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
	Did the organization include an amount						etodial	account lia	hility2	Yes		No
	If "Yes," explain the arrangement in Pa								_		\vdash	110
	rt V Endowment Funds.	It Alli. Check ii	ere ii tile e	λριαπατισι	i iias be	en pi	ovided	UII F alt Alli				
Га	Complete if the organization	answordd "V	on For	m 000 I	Oart I\/	lino	10					
			1		(c) Tw			(-I) There	l l-	(-) F		1-
	(a) Current year	(b) Pric	or year	(C) TW	o year	5 Dack	(d) Three ye	ears back	(e) Four y	ears b	аск
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs											
f												
	End of year balance											
g	•		and halana	a /lina 1 a		(0))	hald aa					
2 a	Provide the estimated percentage of the Board designated or quasi-endowment		end baland %	e (iirie 19	, column	i (a))	neiu as	•				
b	Permanent endowment >	%										
	Term endowment ▶ %	_ /0										
C	The percentages on lines 2a, 2b, and 2	o should sauch	1000/									
2-	. •	•			امم میں	م م م	ا ممامم:	istanad fan	46.0			
sa	Are there endowment funds not in the p	บอรยรรเบท ปี โ	ne organiza	นเบบ เทสโ	are ner	u and	a admill	iisterea ior	u I C	v	es	No
	organization by:										5 3	NO
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related or	•	•			!?				3b		
4	Describe in Part XIII the intended uses		ition's endo	wment fu	nds.							
Pa	rt VI Land, Buildings, and Equipm Complete if the organization	ent.	oc" on Ea	rm 000	Dart I\/	lina	110	Soo Form	000 Pa	rt Y line	10	
	Description of property		r other basis	(b) Cost				cumulated		ITT 入, IITTE I) Book valu		
			stment)		other)	دادد		eciation		., DOOK VAIU		
1a	Land											
b	Buildings											
C	Leasehold improvements											
d	Equipment											
۵	Other		NONE	,	276,21	10		68,903.		207	,30	7
Tota	II. Add lines 1a through 1e. (Column (d)							<u>∪</u> ∪ ,			,30	
			, ,	.,			- 7			201	, , , ,	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 TEXAS 2036 81-3063099 Page **3**

Part VII	Investments - Other Securities.	l "Voc" on Form 000	Part IV line 11h See Form 000	Part V line 12
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
` '	al derivatives			
	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
T GITE VIII	Complete if the organization answered	"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	
(1)				
(2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)	" 45)		
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)	<u> </u>	
Part X	Other Liabilities.	"Voo" on Form 000	Dort IV line 44e or 44f Coe Form	000 Dort V
	Complete if the organization answered line 25.	res on Form 990	o, Partiv, line Tie of Til. See Forn	1 990, Part A,
				(b) De alcuelus
1. (1) Fodos	. , , ,	tion of liability		(b) Book value
	ral income taxes			110 017
	RED LEASEHOLD INCENTIVE DABLE ADVANCE			112,817.
(4)	DABLE ADVANCE			NONE
(5)				
(6)				
(7)				
(8)			+	
(9)			+	
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		b	112,817.
	or uncertain tax positions. In Part XIII, provide the			
•	's liability for uncertain tax positions under FASB.		•	

Schedule D (Form 990) 2021 TEXAS 2036 81-3063099 Page **4**

Part 1	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	17,567,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	21,001,701
– a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	230,000.
3	Subtract line 2e from line 1	3	17,337,976.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,337,976.
Part	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	8,188,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	230,000.
3	Subtract line 2e from line 1	3	7,958,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	E 050 350
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,958,352.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V	line 4: Part X line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2021 TEXAS 2036 81-3063099 Page **5**

Part XIII Supplemental Information (continued)

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 FINANCIAL STATEMENTS.

SCHEDULE G (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

TEXAS 2036

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Fundraising Activities. Com Form 990-EZ filers are not r				Yes" on Form 99	0, Part IV, line 17	7.
 Indicate whether the organization rate X Mail solicitations X Internet and email solicitations Phone solicitations X In-person solicitations 	ised funds through a e f g	any of the X Solid Solid Spec	following citation of citation of citation of citation of cital fundra	non-government g government grants ising events	rants	
 2a Did the organization have a written or key employees listed in Form 99 b If "Yes," list the 10 highest paid incompensated at least \$5,000 by the 	0, Part VII) or entity lividuals or entities	in connec	tion with p	orofessional fundrai	sing services?	X Yes No undraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser 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
SEE SUPPLEMENT INFORMATION 1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total 3 List all states in which the organize registration or licensing.	ation is registered o	r licensed	>	16,935,518.		16,828,971. it is exempt from
AL, CO, KY, ME, NV, NC, ND, OH, OK, O	R,SC,TX,UT,VA,	WA,				

Schedule G (Form 990) 2021 TEXAS 2036 81–3063099 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

1 Gross receipts Countributions Co		gross receipts greater than	ng event contributions and g \$5,000. (a) Event #1	(b) Event #2	(c) Other events	T
1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2), 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d). 11 Net income summary. Subtract line 10 from line 3, column (d). 11 Net income summary. Subtract line 10 from line 3, column (d). 12 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Puli taba/instant bingo/progressive bingo (c) Other gaming 1 Gross revenue. 8 Gross revenue. 9 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: 10 li "No," explain: 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						(d) Total events (add col. (a) through col. (c))
2 Less: Contributions 3 Gross income (line 1 minus line 2). 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 1 Net nonce summary. Subtract line 10 from line 3, column (d) 1 Net nonce summary. Subtract line 10 from line 3, column (d) 1 Graming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming lingo/progressive bingo (d) Other gaming 1 Gross revenue. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: 1 Is the organization licensed to conduct gaming activities in each of these states? 1 If "No," explain:	ne		(event type)	(event type)	(total number)	
2 Less: Contributions 3 Gross income (line 1 minus line 2). 4 Cash prizes 5 Noncash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 1 Net nonce summary. Subtract line 10 from line 3, column (d) 1 Net nonce summary. Subtract line 10 from line 3, column (d) 1 Graming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming lingo/progressive bingo (d) Other gaming 1 Gross revenue. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: 1 Is the organization licensed to conduct gaming activities in each of these states? 1 If "No," explain:	even	1 Gross receipts	• • •			
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d). Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (e) Other gaming 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 4 Rent/facility costs 5 Other direct expenses 7 Food and beverages (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (e) Other gaming (b) Pull tabs/instant bingo/progressive bingo (e) Other gaming (c) Other gaming 7 Direct expenses summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	<u>«</u>	3 Gross income (line 1 min	us			
6 Rent/facility costs. 7 Food and beverages. 8 Entertainment. 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d). 11 Net income summary. Subtract line 10 from line 3, column (d). Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming lines of the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor Yes		4 Cash prizes				
9 Other direct expenses		5 Noncash prizes				
9 Other direct expenses	nses	6 Rent/facility costs				
9 Other direct expenses	Expe	7 Food and beverages				
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d). Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Caming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990, Part	Direct	8 Entertainment				
Section Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete if the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete if the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete if the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete it in the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete it in the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete it in the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990, Part IV, line 19, \$15,000 on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete it in the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete it in the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990-EZ, line 6a. Complete it in the organization sawwered "Yes" on Form 990, Part IV, line 19, \$15,000 on Form 990, Part IV,		9 Other direct expenses				
Column C	1	11 Net income summary. Subtrt III Gaming. Complete if th	ract line 10 from line 3, colue organization answered "	ımn (d)	<u></u>	reported more than
2 Cash prizes. 3 Noncash prizes. 4 Rent/facility costs. 5 Other direct expenses. 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d). 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	a	\$15,000 on Form 990-I	EZ, line 6a.	(h) Dull toba/instant		(d) Total gaming (add
2 Cash prizes. 3 Noncash prizes. 4 Rent/facility costs. 5 Other direct expenses. 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d). 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	/eune		(a) Bingo		(c) Other gaming	col. (a) through col. (c))
4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Re	1 Gross revenue				
4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	ses	2 Cash prizes				
4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Exper	3 Noncash prizes				
5 Other direct expenses	ぢ	4 Rent/facility costs				
7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	_	5 Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		6 Volunteer labor				
Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		7 Direct expense summary. A	dd lines 2 through 5 in colu	mn (d)	>	
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?		8 Net gaming income summa	ry. Subtract line 7 from line	1, column (d)	>	
L 16 DV II I I	а	Is the organization licensed	o conduct gaming activities	in each of these state		Yes No
b If "Yes," explain:	0a b	17 113 7 11 1 1 1			• •	Yes No

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

THE SHARPER GROUP

ADDRESS:

6400 WINCHESTER DRIVE OKLAHOMA CITY, OK 73162

ACTIVITY :

GRANT CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 16,762,719.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 54,927.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 16,707,792.

NAME:

UPSTREAM COMMUNICATIONS LP

ADDRESS:

811 TRINITY STREET STE A AUSTIN, TX 78701

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY: 172,799.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 51,620.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 121,179.

SCHEDULE J (Form 990)

Compensation InformationFor 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	46		
2	explain	1b		
2	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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	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:	5a		Х
a b	The organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	36		Λ
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the net earnings of:			
а	The organization?	6a		х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
=	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		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		Х
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) 2021

Schedule J (Form 990) 2021 TEXAS 2036 81-3063099 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 and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MARGARET SPELLINGS	(i)	474,161.	50,000.	5,544.	11,600.	7,297.	548,602.	
1 PRESIDENT/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JUSTIN COPPEDGE	(i)	196,973.	NONE	635.	8,500.	13,591.	219,699.	
2 COO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ARTHUR JAMES RODRIGUEZ	(i)	297,047.	30,000.	1,260.	11,600.	4,993.	344,900.	
3 EXECUTIVE VP	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
MERRILL DAVIS	(i)	214,385.	NONE	NONE	8,690.	15,683.	238,758.	
4 DIRECTOR OF COMMUNICA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
HOLLY HEARD	(i)	153,703.	NONE	1,151.	4,675.	6,801.	166,330.	
5 DIRECTOR OF DATA & AN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JOHN HRYHORCHUK	(i)	207,176.	20,000.	666.	9,675.	10,563.	248,080.	
6 VP OF POLICY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
CHARLES MILLER	(i)	153,804.	8,750.	452.	6,600.	898.	170,504.	
7 SENIOR POLICY ADVISOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
ANNE DAVIES	(i)	208,982.	10,000.	1,484.	8,850.	6,486.	235,802.	
8 CDO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)							
_ 9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 81-3063099

TEXAS 2036

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, 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.

FORM 990, PART VI, SECTION C, LINES 15A & 15B

COMPENSATION REVIEW:

THE ORGANIZATION CONTRACTED FREDERICK W. COOK & CO TO PERFORM A COMPENSATION REVIEW IN 2019. THE REPORT WAS TAKEN TO THE BOARD FOR

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

APPROVAL AS PART OF AN EXECUTIVE SESSION TO DETERMINE HIRING AND COMPENSATION FOR THE CEO. SUBSEQUENT CHANGES TO THE CEO'S COMPENSATION HAS BEEN DETERMINED AND APPROVED BY A SPECIAL COMMITTEE OF THE BOARD OF DIRECTORS INCLUDING OFFICERS OF THE BOARD AND CHAIRS OF THE BOARD'S COMMITTEES AND HAVE BEEN CONTEMPORANEOUSLY DOCUMENTED.

ADDITIONALLY, THE CONTRACTED FIRM COMPLETED STUDIES FOR OTHER OFFICERS

AND EMPLOYEES. THE STUDY RELIED ON COMPARABILITY DATA FROM SIMILARLY

SITUATED ORGANIZATIONS. SUBSEQUENT COMPENSATION REVIEWS FOR NEW HIRES OR

PROMOTIONS INCLUDE INTERNAL REVIEWS CONDUCTED BY THE CEO THAT CONSIDER

THE COMPLETED STUDIES.

Name of the organization

TEXAS 2036

Employer identification number
81–3063099

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

IN 2021, TEXAS 2036 BROUGHT ITS DATA-DRIVEN, RESEARCH-INFORMED, NON-PARTISAN APPROACH TO TEXAS STATE POLICY, OFFERING RESEARCH, INTERACTIVE DATA TOOLS, AND VIABLE SOLUTIONS FOR HOW THE STATE MIGHT ADDRESS COMPLEX AND LONG-TERM ISSUES FACING TEXAS.

TEXAS 2036 PROVIDED UNIQUE DATA INSIGHTS, RESEARCH, AND POSSIBLE SOLUTIONS TO KEY CHALLENGES IN EDUCATION, WORKFORCE, HEALTH, DIGITAL INFRASTRUCTURE, AND GOVERNMENT PERFORMANCE. TEXAS 2036 STAFF SUPPLIED DATA, POLICY RESEARCH AND INSIGHTS ABOUT OPPORTUNITIES TO SUPPORT TEXANS' LONG-TERM PROSPERITY AND QUALITY OF LIFE.

TEXAS 2036 CONTINUED TO DEVELOP COALITIONS TO BUILD SUPPORT FOR SOLUTIONS TO REAL AND PRESSING NEEDS. THESE COALITIONS INCLUDE DIGITAL TEXAS, WHICH IS FOCUSED ON EXPANDING ACCESS TO HIGH-SPEED BROADBAND, AND AIM HIRE TEXAS, A STATEWIDE CONSORTIUM OF ADVOCATES, EMPLOYERS, NON-PROFIT ORGANIZATIONS, AND EDUCATION AND TRAINING PROVIDERS WORKING TO IMPROVE THE TEXAS WORKFORCE SYSTEM FOR THE BENEFIT OF ALL TEXANS AND THEIR EMPLOYERS.

TEXAS 2036 ALSO DEVELOPED AND INITIATED A NUMBER OF PROJECTS TO CONTINUE TO BUILD FACT BASES, DATA ANALYSES, RESEARCH SUMMARIES, REPORTS, AND OTHER RESOURCES ALIGNED WITH VARIOUS GOALS OF TEXAS 2036'S STRATEGIC FRAMEWORK FOR THE FUTURE OF TEXAS THAT HAVE BEEN, OR WILL BE, MADE AVAILABLE TO THE PUBLIC TO HELP TEXANS, AND THEIR POLICY MAKERS, BETTER UNDERSTAND AND CONTEMPLATE SOLUTIONS FOR THE MANY CHALLENGES THAT TEXAS CONTINUES TO FACE.

LINE 4B, PROGRAM SERVICE

TEXAS 2036 CONTINUED TO PROVIDE DATA TOOLS AND REPORTS TO ENSURE THAT TEXANS HAVE ACCESS TO QUALITY, MEANINGFUL DATA TO INFORM DECISION-MAKING.

TEXAS 2036 ALSO CONTINUED, RELEASED OR BEGAN WORK ON A VARIETY OF HEALTH-ORIENTED INTERACTIVE DATA FEATURES, INCLUDING 1) OUR COVID-19 TRACKER, DISPLAYING BOTH HEALTH AND ECONOMIC DATA RELEVANT TO UNDERSTANDING THE IMPACT OF THE PANDEMIC; 2) THE HEALTH COVERAGE POLICY EXPLORER, WHICH ALLOWED USERS TO SEE THE

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ESTIMATED IMPACT OF VARIOUS POLICY OPTIONS ON COVERAGE RATES, FEDERAL FUNDING ACCESS, AND STATE EXPENDITURES IN REAL TIME, 3) THE HEALTH EVALUATION OF LIFE PHASES REPORT WHICH ALLOWS USERS TO EXPLORE CRITICAL HEALTH ISSUES FACING TEXANS ACROSS LIFE STAGES AND THE CLINICAL AND POLICY IMPLICATIONS OF THESE CHALLENGES, AND 4) THE COLLECTION, ANALYSIS, AND REPORTING OF HOSPITAL PRICING DATA WHICH WILL BE RELEASED IN 2022.

TEXAS 2036 COMMISSIONED AND SUPPORTED VARIOUS RESEARCH PROJECTS THAT FOCUSED ON DEVELOPING UNIQUE DATA INSIGHTS, INCLUDING TWO STATEWIDE VOTER POLLS, AN UPDATE OF A PREVIOUS REPORT ON THE LIKELIHOOD OF VARIOUS EXTREME WEATHER EVENTS OCCURRING IN TEXAS IN THE COMING DECADES, AND MODELING OF THE POTENTIAL IMPACT OF GLOBAL OIL PRICE AND PRODUCTION VOLATILITY ON STATE REVENUES DESIGNATED FOR PUBLIC EDUCATION.

TEXAS 2036 BEGAN A MULTI-YEAR EFFORT TO IMPROVE THE COLLECTION AND APPLICATION OF WORKFORCE DATA IN TEXAS. THE FIRST PRODUCT RELEASED FROM THIS EFFORT IS THE AIM HIRE TEXAS REGIONAL WORKFORCE DATA TOOL, WHICH PROVIDES DATA ON STATEWIDE AND REGIONAL WORKFORCE TRENDS AND PROJECTIONS. ADDITIONAL PRODUCTS FROM THIS WORKSTREAM ARE EXPECTED TO BE RELEASED IN 2022 AND BEYOND.

ALSO FOR RELEASE IN 2022, TEXAS 2036 BEGAN THE DEVELOPMENT OF AN INTERACTIVE WEBSITE THAT MODELS THE IMPACTS OF PROPOSED CHANGES TO THE FUNDING SYSTEM FOR THE STATE'S TWO-YEAR COMMUNITY COLLEGE SYSTEMS. THE DEVELOPMENT OF THIS SIMULATOR IS ALIGNED TO CONVENING OF THE TEXAS COMMISSION ON COMMUNITY COLLEGE FINANCE AND IS INTENDED TO SUPPORT COMMISSION MEMBERS AND STAKEHOLDERS AS THEY CONSIDER THE POTENTIAL IMPACTS OF VARIOUS PROPOSED REVISIONS TO THE CURRENT SYSTEM.

LINE 4C, PROGRAM SERVICE

TEXAS 2036 BELIEVES IT IS CRITICAL FOR TEXANS ACROSS THE STATE TO KNOW THE CHALLENGES THAT OUR STATE FACES, BOTH NOW AND INTO THE FUTURE, AND TO UNDERSTAND THE ROLE THAT STATE POLICY PLAYS IN ADDRESSING THOSE CHALLENGES AND ENSURING ALL TEXANS HAVE THE OPPORTUNITY TO FLOURISH. IN 2021, TEXAS 2036 SHARED PERTINENT DATA, RESEARCH, REPORTS, AND EXPERT INSIGHT ON TEXAS' CHALLENGES AND OPPORTUNITIES IN ACCESSIBLE, ACCURATE, AND COMPELLING WAYS. TEXAS 2036 STAFF SHARED INFORMATION WITH THE PUBLIC THROUGH MEDIA

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INTERVIEWS, OP EDS, BLOGS, PRESENTATIONS, PANEL DISCUSSIONS, SOCIAL MEDIA, REPORTS, INFOGRAPHICS, ONE-PAGERS, AND INTERACTIVE WEBSITES. TEXAS 2036 VISITED COMMUNITIES AND ORGANIZED MEETINGS ACROSS THE STATE DURING MULTI-DAY VISITS IN SAN ANTONIO, THE RIO GRANDE VALLEY, CORPUS CHRISTI, AND HOUSTON. TEXAS 2036 STAFF SHARED OUR RESEARCH AND DATA BEFORE CONFERENCES, EVENTS, AND MEETINGS ACROSS THE STATE FOR A VARIETY OF STAKEHOLDER, INDUSTRY, ADVOCACY, BUSINESS, AND COMMUNITY GROUPS.

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS						
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION				
BKD, LLP						
14241 DALLAS PARKWAY #1100						
DALLAS, TX 75254	ACCOUNTING	246,479.				
DIJONDA MTONON MOGADDY						
RHONDA MIGNON MCGARRY 504 W 14TH STREET						
AUSTIN, TX 78701	LEGISLATIVE CONSULT	180,916.				
AUSIIN, IX 70701	LEGISLATIVE CONSULT	100,910.				
LEE JACKSON						
6011 DESCO DRIVE						
DALLAS, TX 75225	RESEARCH & STRATEGY	240,748.				
THE BOSTON CONSULTING GROUP						
200 PIER 4 BOULEVARD						
BOSTON, MA 02210	RESEARCH & STRATEGY	1,337,500.				
HCM STRATEGISTS, LLC						
1156 15TH STREET NW #850						
WASHINGTON, DC 20005	RESEARCH & STRATEGY	150,000.				

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Name of the organization	Employer identification number			
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FORM 990, PART IX - OTHER FE	ES			
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	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
POLICY DEV./CONSULTING	1,768,050.	1,768,050.	NONE	NONE
DATA ANALYSIS SERVICES	421,839.	421,839.	NONE	NONE
COMMUNICATION SERVICES	316,224.	281,553.	30,958.	3,713.
OTHER SERVICES	7,026.	3,332.	3,382.	312.
TOTALS				
	2,513,139.	2,474,774.	34,340.	4,025.
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