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

2022

Open to Public Inspection

	טו נו	IE ZUZ	Z Calefidal year, or tax year begin	ıı ııı ıg		and endi	iig	D. Emmlesses ide		tian numbar			
B c	Check if a	pplicable:	C Name of organization					D Employer ide	entitica	ation number			
			TEXAS 2036										
Х	chang		Doing Business As		,			81-3063099					
	Name	change	Number and street (or P.O. box if mail is		S)	Room/suite		E Telephone number					
	Initia	l return	3889 MAPLE AVENUE, ST					(46	<u>59)3</u>	384-2036			
	-	inated	City or town, state or province, country, a	and ZIP or foreign postal code									
	Amer returi	n	DALLAS, TX 75219					G Gross receip		9,172,271.			
	Appli pend	cation ing	F Name and address of principal officer:	MARGARET SPEI	LLINGS			H(a) Is this a grou subordinates		Yes X No			
			3889 MAPLE AVENUE, ST	TE 210, DALLAS,	TX 752	19		H(b) Are all subord	inates inc	luded? Yes No			
<u> </u>	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	7	If "No," attac	h a list.	(see instructions)			
J	Websi	ite: 🕨	TEXAS2036.ORG					H(c) Group exemp	otion nu	mber >			
K	Form	of organ	nization: X Corporation Trust	Association Other	,	L Year o	f format	ion: 2016 M	State c	of legal domicile: TX			
P	art I	Sui	mmary										
	1	Briefly	y describe the organization's mission o	r most significant activities	: TEXAS	5 2036 E	MPOW	ERS TEXANS	S TO	MAKE			
ë		IN	FORMED DECISIONS USING D	DATA AND LONG-TE	RM STR	ATEGIC P	LANN	ING TO					
Governance		SUS	STAIN TEXAS AS THE BEST	PLACE TO LIVE A	AND WORE	Κ.							
/eri	2	Check	k this box	iscontinued its operation	s or dispose	ed of more the							
ő	3	Numb	per of voting members of the governing	body (Part VI, line 1a)					3	36			
		Numb	per of independent voting members of t						4	36			
Activities &	5		number of individuals employed in cale						5	42			
Ξ̈́	6		number of volunteers (estimate if necess						6	170			
Ac	7a		unrelated business revenue from Part V						7a	NONE			
			nrelated business taxable income from						7b				
				· · · · · · · · · · · · · · · · · · ·				Prior Year		Current Year			
•	8	Contri	ibutions and grants (Part VIII, line 1h)					17,287,97	6.	9,112,626.			
nue	9		am service revenue (Part VIII, line 2g)			Y FOR		50,00		38,889.			
Revenue	10		tment income (Part VIII, column (A), line		PUBLIC II	NSPECTION			ONE	20,756.			
Ř	11		revenue (Part VIII, column (A), lines 5,						ONE	NONE			
	12		revenue - add lines 8 through 11 (must					17,337,97		9,172,271.			
_	13		s and similar amounts paid (Part IX, colu						ONE	NONE			
	14		its paid to or for members (Part IX, colu						ONE	NONE			
	4-		es, other compensation, employee bene					3,935,08		5,184,377.			
Expenses	162		ssional fundraising fees (Part IX, column					52,64		105,676.			
per	h	Total	fundraising expenses (Part IX, column (I	D) line 25) > 1 0	N8 N69			32,0	12.	103,070.			
Ě	17		expenses (Part IX, column (A), lines 11					3,970,62	2	5,455,403.			
	18		expenses. Add lines 13-17 (must equal					7,958,35		10,745,456.			
	19		nue less expenses. Subtract line 18 from					9,379,62		-1,573,185.			
- Se		Kevei	Tue less expenses. Subtract line to from	ITIIII E IZ			Begin	ning of Current Y		End of Year			
ets (20	Total	annota (Part V. lina 16)				Dogin	17,479,94	_				
Asse Bala	21		assets (Part X, line 16) liabilities (Part X, line 26)							15,054,232.			
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21	from line 20				2,445,51 15,034,43		1,591,057. 13,463,175.			
	art II		gnature Block	THORITIME 20	<u> </u>			15,034,43	0.	13,403,173.			
			of perjury, I declare that I have examined this	is return including accompa	anvina schedi	ules and stater	ments a	and to the hest of	my kı	nowledge and helief it is			
tru	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all inforr	mation of whi	ch preparer ha	as any kr	nowledge.	y Ki	Towicage and belief, it is			
Sig	gn		Signature of officer					Date					
He													
			Type or print name and title										
_			Type or print name and title (Type preparer's name	Preparer's signature		Date			P	TIN			
Paid	d			Check	' "								
	parer	NOE					-	self-employe		01704142			
	Only		s name FORVIS, LLP		Firm's EIN ▶ 44-0160260								
_				Y, SUITE 1100 DALLAS,				Phone no.	97	2-702-8262			
			cuss this return with the preparer show	`)					X Yes No			
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions.						Form 990 (2022)			

TEXAS 2036 81-3063099 Form 990 (2022) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO ENABLE TEXANS TO MAKE POLICY DECISIONS THROUGH ACCESSIBLE DATA, LONG-TERM PLANNING AND STATEWIDE ENGAGEMENT. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 5,603,045. including grants of \$ SEE SCHEDULE O 4b (Code:) (Expenses \$ 958,671. including grants of \$ SEE SCHEDULE O) (Revenue \$ 4c (Code:) (Expenses \$ 1,388,414. including grants of \$ SEE SCHEDULE O 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses 7,950,130.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
7	"Yes," complete Schedule D, Part I.	6		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		X
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_		
,	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	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			
	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,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		_X_
ıza	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	- 1	
D	"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,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	, ,		37
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 2	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		_X_
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

Part IV

Checklist of Required Schedules

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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	
240		23	Λ	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	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,			21
20				
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		00-		37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	- J		21
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		50	Λ	
rail	Check if Schedule O contains a response or note to any line in this Part V			
	onesia ii ochedule o contains a response of note to any line iii tilis rait v		Yes	No.
4 -	Enter the number reported in hex 2 of Form 1006. Enter 0 if not applicable		169	140
	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 (2022) Page 5 Nο Part V 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 42 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? Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a Χ 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). Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 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 6b 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 Χ 7e Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h 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 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 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 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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 X 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 excess parachute payment(s) during the year? Х If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 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, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Sect	ion A. Governing Body and Management					21
					Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	36			
ıa	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.	1b	36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel					
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
3	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4	X	
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was in Did the organization become aware during the year of a significant diversion of the organization's a			5		Х
6	Did the organization become aware during the year of a significant diversion of the organizations and the organization have members or stockholders?			6		X
7a	Did the organization have members of stockholders, or other persons who had the power to el					
ı a	one or more members of the governing body?			7a		Х
L						
b	Are any governance decisions of the organization reserved to (or subject to approval			7b		Х
	stockholders, or persons other than the governing body?					- 21
8	Did the organization contemporaneously document the meetings held or written actions under the warm by the fall arriver.	епаке	n during			
	the year by the following:			8a	Х	
a	The governing body?			8b	X	
b	Each committee with authority to act on behalf of the governing body?			0.0		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot 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 Inte	ernal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	9				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t					
	rise to conflicts?			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe on Schedule O how this was done	•		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
•	The organization's CEO, Executive Director, or top management official			15a	Х	
a				15b	X	
b	Other officers or key employees of the organization			.05		
40-	•					
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	rana	ngement	16a		Х
L	with a taxable entity during the year?	•	duoto ito	Tou		- 21
D	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to	safeg	uard the			
Candi	organization's exempt status with respect to such arrangements?			16b		<u> </u>
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O				_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website	ply.		(sec	tion 5	i01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's by TEVAC 2026 2899 MADLE AVE. CTE 210 DALLAS TV 75219	ooks	and record	s		

469-384-2036

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

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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,	unles	Pos heck ss pe	erson	e than construction is both confus Highest compensated employee	an	(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				592,867.	NONE	25,261.
(2) ARTHUR JAMES RODRIGUEZ	40.00							,		
EXECUTIVE VICE PRESIDENT	NONE			Х				345,875.	NONE	27,366.
(3) JOHN HRYHORCHUK	40.00									
SVP OF POLICY AND ADVOCACY	NONE				X			248,534.	NONE	23,409.
(4) MERRILL DAVIS	40.00									
VP COMMUNICATIONS	NONE					Х		232,164.	NONE	33,973.
(5) JUSTIN COPPEDGE	40.00									
SVP, STRATEGY AND OPERATIONS	NONE			Х				237,855.	NONE	26,054.
(6) ANNE DAVIES	40.00									
SVP DEVELOPMENT	NONE				Х			230,000.	NONE	20,954.
(7) HOLLY HEARD	40.00									
VP DATA AND ANALYTICS	NONE					Х		161,244.	NONE	30,968.
(8) CHARLES MILLER	40.00									
SENIOR POLICY ADVISOR	NONE					Х		169,500.	NONE	20,456.
(9) MARY LYNN PRUNEDA	40.00									
SENIOR POLICY ADVISOR	NONE					Х		172,500.	NONE	10,295.
(10) AMY MUELLER	40.00									
GENERAL COUNSEL	NONE					Х		132,785.	NONE	24,398.
(11) ABEL CASTRO	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(12) ALINE BASS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(13) AMY CHRONIS	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) ANDREW HALL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE

Form **990** (2022)

R ang Form 990 (2022)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es, a	and H	ligl	hest Compensat	ed Employees (d	continued)
(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours per week (list any	,				than o		compensation from	compensation from related	amount of other
	hours for	office		l a di	irect	or/trust	ee)	the	organizations	compensation
	related	Indi or d	Inst	Officer	Key	Hig/ emp	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	/idu:	tutic	ĕ	emp	iest loye	ner	(W-2/1099-MISC)		organization and related
	line)	or tro	nal		Key employee	com				organizations
		Individual trustee or director	Institutional trustee		Ф	pens				
			ee			Highest compensated employee				
15) ANN BARNES	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
16) BRAD TIDWELL	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NON
17) BOB CAMPBELL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
18) CYNTHIA MARSHALL	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
19) ED ESCUDERO	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
20) ELAINE MENDOZA	1.00									
DIRECTOR	NONE	X						NONE	NONE	NON
21) EVA GUZMAN	1.00 NONE	37						NONE	NONE	NIONI
DIRECTOR START: 09/22 (22) HUNTER HUNT	1.00	X						NONE	NONE	NON
DIRECTOR	NONE	X						NONE	NONE	NON
(23) JAMES HENRY RUSSELL	1.00	Λ						INOINE	NONE	NON
DIRECTOR START: 09/22	NONE	X						NONE	NONE	NON
(24) JEANNE PHILLIPS	1.00							1,01,1	1,01,2	
DIRECTOR	NONE	Х						NONE	NONE	NON
25) JOE STRAUS	1.00									
DIRECTOR START: 09/22	NONE	Х						NONE	NONE	NON
1b Sub-total							\blacktriangleright	2,523,324.	NONE	243,134
c Total from continuation sheets to Part VII, S							\blacktriangleright	NONE	NONE	NON:
d Total (add lines 1b and 1c)							>	2,523,324.	NONE	243,134
2 Total number of individuals (including but not		hose	liste	d ab		,	o re	eceived more than	\$100,000 of	
reportable compensation from the organization						11				Voc. No.
2 Did the executation list one former office	مد مانات مد		4	-				Joyaa ay biybaa	t	Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3
4 For any individual listed on line 1a, is the organization and related organizations great										
individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Ye										5
Section B. Independent Contractors	•									
Complete this table for your five highest com- compensation from the organization. Report of										
compensation from the organization. Report of	ompensali	011 101	uic	cal	GIIU	iai ye	ai t	maing with or with	iii tile organizatio	πο ιαλ

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 (2022)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employ	yees (c	ontinued)
(A)	(B)			((C)			(D)	(E)		(F)
Name and title	Average				ition			Reportable	Reporta		Estimated
	hours per	,				e than o is both		compensation	compensati		amount of other
	week (list any hours for	office				or/truste		from the	relate organiza		compensation
	related	or a	Ins	Officer	₹ e	Hig	For	organization	(W-2/1099		from the
	organizations	ivid	l titul	icer	/ em	hes	Former	(W-2/1099-MISC)	`	´	organization
	below dotted line)	ual t	iona		Key employee	ee t co	·				and related organizations
		Individual trustee or director	Institutional trustee		/ee	Highest compensated employee					- · g-···
		ě	stee			nsat					
26) TH THE GARGE	1 00					8					
26) JULIET GARCIA DIRECTOR	1.00 NONE	X						NONE		NONE	NONE
27) KYLE MILLER	1.00	Λ						NONE		INOINE	NONE
	+	v						NONE		MONTE	NONE
DIRECTOR	NONE	X						NONE		NONE	NONE
28) MARC WATTS	1.00 NONE	,		3.7				NONE		NONTE	NONE
CHAIR START: 09/22	NONE	X		X				NONE		NONE	NONE
29) MATT ROSE	1.00										
DIRECTOR END: 03/22	NONE	X						NONE		NONE	NONE
30) MAYNARD HOLT	1.00										11011
DIRECTOR	NONE	X						NONE		NONE	NONE
31) NICOLE SMALL	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
32) PAT AVERY	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
33) PETER RODRIGUEZ	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
34) ROBERTO CORONADO	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
35) RON KIRK	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
36) SAM L. SUSSER	1.00										
DIRECTOR	NONE	X						NONE		NONE	NONE
							ightharpoons				
c Total from continuation sheets to Part VII, S	ection A						ightharpoons				
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000	of	
reportable compensation from the organizatio											Yes No
3 Did the organization list any former offic	or directo	vr or	tru	cto	^	kov o	mn	lovos or highes	t compone	atad	103 140
employee on line 1a? If "Yes," complete Sched											3
4 For any individual listed on line 1a, is the											
organization and related organizations graindividual										Sucri	4
										اماناها	7
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5
Section B. Independent Contractors	es, comple	ie sci	ledu	ie J	101	Sucri	per	5011			3
1 Complete this table for your five highest com	pensated i	ndepe	ende	nt o	con	tracto	rs t	hat received more	than \$100	0.000 o	f
compensation from the organization. Report of year.											
(A)								(B)			(C)
Name and business add	dress				_		1	Description of se	ervices	С	ompensation
							1				

Name and business address

Description of services

Compensation

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

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do.)	not ch		ition	e than o	no	Reportable	Reportable	Estimated amount of
	hours per week (list any	,				is both		compensation from	compensation from related	other
	hours for				_	tor/truste		the	organizations	compensation
	related organizations	ndiv or di	nsti	Officer	(ey	Highest employe	Former	organization	(W-2/1099-MISC)	from the organization
	below dotted	rect	tutio	ěř	emp	est i	ы	(W-2/1099-MISC)		and related
	line)	Individual trustee or director	Institutional trustee		Key employee	e com				organizations
		stee	:rust		Ф) Jens				
			ee			st compensated yee				
37) SCOTT MCCLELLAND	1.00									
DIRECTOR END: 10/22	NONE	Х						NONE	NONE	NONE
38) SHANNON FLETCHER	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
39) SHERYL SCULLEY	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
40) SONYA MEDINA WILLIAMS	1.00									
DIRECTOR START: 03/22	NONE	Х						NONE	NONE	NONE
41) TOM LUCE	2.00									
FOUNDING CHAIR	NONE	X		Χ				NONE	NONE	NONE
42) TONY CUCOLO	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
43) TRACEE BENTLEY	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
44) TRENT MCKNIGHT	1.00	٠								
DIRECTOR AS A MANUELLA DELICENT	NONE	X						NONE	NONE	NONE
45) VAL LAMANTIA PEISEN DIRECTOR	1.00	X						NONE	NONIE	NONE
46) VIRGINIA SCHAEFER	1.00	Α_						NONE	NONE	NONE
DIRECTOR START: 09/22	NONE	X						NONE	NONE	NONE
47) WALLACE JEFFERSON	1.00	- 21						110111	110111	110111
DIRECTOR	NONE	X						NONE	NONE	NONE
1b Sub-total		-					•			
c Total from continuation sheets to Part VII,	Section A		• •		• •		•			
d Total (add lines 1b and 1c)	-						>			
2 Total number of individuals (including but no							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	ual						3
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	sation	n ar	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 ' Section B. Independent Contractors	res," comple	te Scl	nedu	iie J	tor	such	per	son		5
Complete this table for your five highest co	mnoncotod :	ndon	2040	nt :	000	tracto	ro t	hat received man	than \$100 000 a	
compensation from the organization. Report										
vear.	Joporiouti	5101	0	Ju		, 00			and organizatio	

(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 ▶

TEXAS 2036 81-3063099 Form 990 (2022) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (B) (D) Name and title Position Reportable Reportable Estimated Average (do not check more than one hours per compensation compensation from amount of week (list any box, unless person is both an other from related officer and a director/trustee) compensation hours for the organizations Individual trustee or director Highest compensated employee related Institutional trustee ĕ, organization from the (W-2/1099-MISC) organizations organization employee (W-2/1099-MISC) and related below dotted organizations 48) WYNN ROSSER 1.00 DIRECTOR END: 09/2022 NONE Χ NONE NONE NONE 49) YVONNE HO 1.00 DIRECTOR END: 02/2022 NONE NONE NONE X NONE (50) ZEYNEP YOUNG_____ 1.00 DIRECTOR Χ NONE NONE NONE NONE 1b Sub-total c Total from continuation sheets to Part VII, Section A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > Yes No

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

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

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

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

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	nse or note to ar	y line in this Part V	/		
		·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns	9,112,626.				
Contrib and Otl	g h	Noncash contributions included in lines 1a-1f		9,112,626.			
ervice ue	2a b	CONTRACT REVENUE	Business Code 611710	38,889.	38,889.		
Program Service Revenue	c d e						
<u>. </u>	f g 3	All other program service revenue Total. Add lines 2a-2f		38,889.			
	4 5	other similar amounts)	d proceeds	10,756. NONE			10,756
	6a b	Gross rents 6a Less: rental expenses 6b	(ii) Personal				
	c d 7a	Rental income or (loss) 6c NON Net rental income or (loss)	-	NONE			
anue	b	other than inventory 7a Less: cost or other basis and sales expenses 7b	10,000.				
Other Revenue	d	Gain or (loss)	10,000.	10,000.			10,000
Ot	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a	NONE				
	b c 9a	Less: direct expenses	3	NONE			
	b c 10a	Less: direct expenses	NONE	NONE			
	b	returns and allowances	NONE			NONE	
aneous nue	11a b		Business Code				
Miscellaneous Revenue	c d	All other revenue		NONE			
	12	Total revenue. See instructions		9,172,271.	38,889.	NONE	20,756

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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		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gr	ants and other assistance to domestic organizations				
an	d domestic governments. See Part IV, line 21	NONE			
2 Gr	rants and other assistance to domestic				
ine	dividuals. See Part IV, line 22	NONE			
3 Gr	rants and other assistance to foreign				
or	ganizations, foreign governments, and				
	reign individuals. See Part IV, lines 15 and 16	NONE			
4 Be	enefits paid to or for members	NONE			
	ompensation of current officers, directors,				
tru	ustees, and key employees	1,778,174.	1,044,224.	260,945.	473,005
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)	NONE			
	ther salaries and wages	2,779,873.	1,883,717.	711,179.	184,977
	ension plan accruals and contributions (include action 401(k) and 403(b) employer contributions)	191,740.	118,787.	53,720.	19,233
9 Ot	ther employee benefits	153,332.	111,854.	25,273.	16,205
10 Pa	ayroll taxes	281,258.	176,695.	62,031.	42,532
11 Fe	ees for services (nonemployees):				
a Ma	anagement	100,000.	25,000.	50,000.	25,000
	egal	43,150.		43,150.	
c Ad	counting	200,317.		200,317.	
d Lo	obbying	42,299.	42,299.		
e Pr	ofessional fundraising services. See Part IV, line 17.	105,676.			105,676
f In	vestment management fees	NONE			
g Ot	ther. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	, amount, list line 11g expenses on Schedule O.)	3,774,511.	3,653,287.	117,311.	3,913
	dvertising and promotion	74,554.	60,210.	9,182.	5,162
	ffice expenses	124,853.	79,420.	29,457.	15,977
	formation technology	188,280.	94,344.	58,418.	35,517
	oyalties	NONE			
	ccupancy	553,466.	416,284.	75,763.	61,419
	avel	109,013.	69,566.	30,894.	8,553
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials	NONE	00 546	05.055	0.000
	onferences, conventions, and meetings	129,021.	93,746.	26,066.	9,209
	terest	NONE			
	ayments to affiliates	NONE	F2 000	1 410	
	epreciation, depletion, and amortization	55,241.	53,822. 10,207.	1,419.	1,506
	surance	13,571.	10,207.	1,000.	1,500
	ther expenses. Itemize expenses not covered love. (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
), amount, list line 24e expenses on Schedule O.)				
	UES & SUBSCRIPTIONS	33,098.	16,587.	16,326.	185
		33,090.	10,307.	10,320.	103
d·					
	I other expenses	14,029.	81.	13,948.	
	otal functional expenses. Add lines 1 through 24e	10,745,456.	7,950,130.	1,787,257.	1,008,069
	int costs. Complete this line only if the	10,,10,100.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,101,231.	±,000,000
	ganization reported in column (B) joint costs om a combined educational campaign and				
	ndraising solicitation. Check here if				
	llowing SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	9,601,827.	1	5,665,011.
	2	Savings and temporary cash investments	62,509.	2	3,551,148.
	3	Pledges and grants receivable, net	7,489,305.	3	3,206,105.
	4	Accounts receivable, net		4	16,878.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use		8	NONE
ğ	9	Prepaid expenses and deferred charges	81,935.	9	352,766.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 276, 210			
	b	Less: accumulated depreciation	. 207,307.	10c	152,065.
	11	Investments - publicly traded securities	NONE	11	1,450,381.
	12	Investments - other securities. See Part IV, line 11		12	NONE
	13	Investments - program-related. See Part IV, line 11		13	NONE
	14	Intangible assets	1	14	NONE
	15	Other assets. See Part IV, line 11		15	659,878.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	15,054,232.
	17	Accounts payable and accrued expenses		17	533,605.
	18	Grants payable		18	NONE
	19	Deferred revenue		19	345,264.
	20	Tax-exempt bond liabilities		20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
Ξ	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	112,817.	25	712,188.
	26	Total liabilities. Add lines 17 through 25	2,445,519.	26	1,591,057.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	3,423,042.	27	5,009,098.
ä	28	Net assets with donor restrictions		28	8,454,077.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t A	32	Total net assets or fund balances		32	13,463,175.
ž	33	Total liabilities and net assets/fund balances	- , ,	33	15,054,232.
			±1, ±10,0±9.	55	Form 990 (2022)

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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)	9,1	72,	<u>271</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	10,7	45,	<u>456</u> .
3	Revenue less expenses. Subtract line 2 from line 1	-1,5	73,	<u> 185</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	15,0	34,	<u>430</u> .
5	Net unrealized gains (losses) on investments		1,	<u>930</u> .
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	13,4	63,	<u> 175</u> .
Part	·			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	1		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		X	—
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	ı		
	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 oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		X	
	If the organization changed either its oversight process or selection process during the tax year, explain on	1		
	Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	l - 1		7.7
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		000	(0000)
		⊢orm	JJU	(2022)

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

TEZ	KAS	2036					81-3	063099
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	is.
		anization is not a private fou	ndation because it	is: (For lines 1 through	n 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative					(1)(A)(iii).	
4		A medical research organiz	-	-				(iii). Enter the
·		hospital's name, city, and st			pria. ao			()
5		An organization operated		a college or universit	v owner	d or one	erated by a governme	ental unit described in
•		section 170(b)(1)(A)(iv). (C		a conego or armveren	<i>y</i> • • • • • • • • • • • • • • • • • • •	и от оро	rated by a governme	intal unit decembed if
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(γ)	
7	X	An organization that norma	•			•	,,,,,,,,	om the general nublic
•		described in section 170(b)	•	•	pport in	om a go	verninental unit of the	om the general public
8		A community trust describe		·	Part II)			
9		An agricultural research org	-		-	nnerated	Lin conjunction with a	land-grant college
Ū		or university or a non-land-	=			-		
		university:	grant concess of ag	griculture (300 matruot	юпо). Е	iter the i	name, city, and state of	Title college of
10		An organization that norma	Ily receives (1) mo	ore than 331/3 % of its	sunnort	from cor	ntributions membersh	in fees, and aross
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investm	nent income and u	nrelated business tax	able inco	me (les	s section 511 tax) from	businesses
11		acquired by the organization An organization organization organized						
12		An organization organized a	•	•	-			ry out the nurneese of
12		one or more publicly suppo	•	-	-			
		the box on lines 12a through	-					
_		Type I. A supporting orga					· ·	=
а	_	the supported organization		•	-			
		supporting organization.				ajority of	the directors of truste	es of the
b		Type II. A supporting org				with ito	cupported organization	on(c) by baying
D		control or management of	•					
		organization(s). You must			ine sam	e persor	is that control of man	age the supported
С		Type III functionally integ			ted in co	onnectio	n with and functional	lly integrated with
·		its supported organization						ny integrated with,
d		Type III non-functionally		•				ted organization(s)
ŭ		that is not functionally into			-			
		requirement (see instruct	-		-			a an attentiveness
е		Check this box if the orga	•	•				I. Type III
_		functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	., .,,,,
f	En	ter the number of supported						
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see mandellons))	Yes	No	motractions)	matruotiona)
Δ.								
(A)								
(B)								
, D,								
(C)								
(D)								
(E)								
Tat.	a I							

Schedule A (Form 990) 2022 Page 2

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,521,654.	9,151,696.	7,266,075.	17,287,976.	9,112,626.	49,340,027.
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	6,521,654.	9,151,696.	7,266,075.	17,287,976.	9,112,626.	49,340,027.
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)						8,312,652.
6	Public support. Subtract line 5 from line 4						41,027,375.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(c) 2020	(d) 2021	(e) 2022	(f) Total
_		(a) 2018 6,521,654.	(b) 2019	7,266,075.	17,287,976.	9,112,626.	(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	0,521,654.		7,266,075.			10,756.
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						49,350,783.
12	Gross receipts from related activities, etc. (s	see instructions)				12	88,889.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (li		•			14	83.13 %
15	Public support percentage from 2021	•	•			15	80.39 %
	33 1/3 % support test - 2022. If the organization q	ualifies as a pub	licly supported	organization			Х
	33 1/3 % support test - 2021. If the org this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		
	a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization					xplain in upported	
b 18	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization Part VI how the organization meets organization	zation meets the state of the facts-and on did not check	e facts-and-circ -circumstances t 	umstances test, est. The organi e 13, 16a, 16b	check this box ization qualifies , 17a, or 17b,	and stop here as a publicly s check this box	Explain upported and see
	instructions						

Schedule A (Form 990) 2022 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

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Schedule A (Form 990) 2022 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 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.)

		Yes	No
ng by			
us ed	1		
J U	2		
er	3a		
nd he			
	3b		
В)	3с		
If	4a		
gn o <i>n</i>			
	4b		
on ed B)			
,	4c		
s," IN n; on			
	5a		
dy			
	5b		
	5c		
to ed or			
	6		
or ty	7		
ne	8		
re ns			
sh	9a		
ch	9b		
fit			
	9с		
on ed			
-	10a		
to	10b		

TEXAS 2036 81-3063099 Schedule A (Form 990) 2022 Page 5 Supporting Organizations (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 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 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described 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 E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). C Yes No Activities Test. Answer lines 2a and 2b below. 2 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 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

d. | 3b | Schedule A (Form 990) 2022

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** the role played by the organization in this regard.

Schedule A (Form 990) 2022 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4		4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization			

Schedule A (Form 990) 2022

(see instructions).

 Schedule A (Form 990) 2022
 Page 7

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	zations 3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - p	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 2022 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		10	
			(ii)	(iii)

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

name of the organization	Employer Identification number						
TEXAS 2036	81-3063099						
Organization type (check	one):		•				
Filers of:	Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt charitable trust not trea	ated as a private for	undation				
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated	as a private founda	ition				
	501(c)(3) taxable private foundation						
-	is covered by the General Rule or a Special Rule . (2)(7), (8), or (10) organization can check boxes for both the 0	General Rule and a	Special Rule. See				
General Rule							
_	ion filing Form 990, 990-EZ, or 990-PF that received, durin ey or property) from any one contributor. Complete Parts I a al contributions.		_				
Special Rules							
regulations unde	ion described in section 501(c)(3) filing Form 990 or 990-E. r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Scheeived from any one contributor, during the year, total contribution on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ,	hedule A (Form 990 ributions of the grea), Part II, line 13, 16a, or ater of (1) \$5,000; or				
contributor, durii literary, or educa	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							
	nat isn't covered by the General Rule and/or the Special Ru IV, line 2, of its Form 990; or check the box on line H of its						

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

21_3063099

	TEXAS 2036		81-3063099
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$, 1,665,847.	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 X 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	\$640,753	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 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 X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$	Person X Payroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

	TEXAS 2036		81-3063099
Part I	Contributors (see instructions).	Jse duplicate copies of Part I if additional space is r	needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 279,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	N/A	\$ 270,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$ 255,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	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
12	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number
TEXAS 2036 81-3063099

Part I	Contributors (see instructions). Use duplicate cop	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
13	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
14	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
15	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
16	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
TEXAS 2036	81-3063099

Part II Nonca	ash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		Ψ	

TEXAS 2036 81-3063099 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Employer identification number

Name of organization

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

		that have NOT filed Form 5768 (election				
	e organization answered "Yes," (See separate instructions), the	on Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form 990-E	EZ, Part V, line 35c	(Prox
•	Section 501(c)(4), (5), or (6) orga					
	e of organization			Employer ide	ntification number	
TEX	XAS 2036			81-30	063099	
		organization is exempt under	section 501(c) or			
1	-	he organization's direct and indi				ns fo
	definition of "political campa	•	, , , , , , , , , , , , , , , , , , , ,			
2	·	xpenditures. See instructions		\$		
3		campaign activities. See instructio				
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5,,,,,,,,\$		
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under secti	on 4955 \$		
3		a section 4955 tax, did it file Form				No
4a	Was a correction made?				Yes	No
b	If "Yes," describe in Part IV.					
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).	
1	Enter the amount directly e	xpended by the filing organization	for section 527 ex	empt function		
2		ng organization's funds contributed				
		es				
3		enditures. Add lines 1 and 2. Ent				
	line 17b			\$		
4	Did the filing organization file	e Form 1120-POL for this year?		507 - 100-1	Yes	No
5		and employer identification numb s. For each organization listed, en				
		tributions received that were prom				
		nd or a political action committee (
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of pol	litical
	(0)	(4) 1231 222	(5) =	filing organization's	contributions receiv	
				funds. If none, enter -0	promptly and dire	
					delivered to a sep political organiza	
					If none, enter -	
(4)					,	
(1)						
(2)						
(2)						
(3)						
(3)						
(4)						
·*/						
(5)						
٠,						
(6)						
. ,						

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

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 TEXAS 2036 81-3063099 Page 2

Sch	edule C (Form 990) 2022	TEXAS	2036			81	-3063099 Page ∠			
Pa	ort II-A Complete if the org section 501(h)).	janizatio	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (ele	ction under			
Α	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address EIN, expenses, and share of excess lobbying expenditures).									
В	Check if the filing organiz	ation che	ecked box A	A and "limited contro	l" provisions app	ly.				
	Limits	on Lobb	ying Expend	ditures		(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)					
С	Total lobbying expenditures (ad	d lines 1	a and 1b) .							
d	Other exempt purpose expendit	ures								
е	Total exempt purpose expenditu	ures (add	d lines 1c an	nd 1d)						
f	Lobbying nontaxable amount.	Enter the	e amount f	from the following	table in both					
	columns.									
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	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	\$100,000 pl	us 15% of the excess	over \$500,000.					
	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	\$225,000 pl	us 5% of the excess of	ver \$1,500,000.					
	Over \$17,000,000		\$1,000,000							
_	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			
				aging Period Under	* *					
	(Some organizations tha				-		ins below.			
		See	tne separat	te instructions for I	ines 2a through	21.)				
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	I			
	Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 TEXAS 2036 81-3063099 Page **3**

,	,	
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT fil	ed Form 5768
	(election under section 501(h)).	

_	(clostion didder section out (ii)).	(;	a)	(b)	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		ount	
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?	37	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X	Х			
C	Media advertisements?		X			
d e	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			17,	,796
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?	X			37,	, 479
j	Total. Add lines 1c through 1i				<u>55,</u>	, 275
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d Pai	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(c)(5)	ors	coction		
ıuı	501(c)(6).	(0)(0)	, OI 3	CUOII		
					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?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from					
Pa	t 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"	OR (o) Pai	rt III-A, line	: 3, is	
	answered "Yes."			4		
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	unts	OT			
а	Current year			2a		
b	Carryover from last year			2b		
c	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng			
	and political expenditures next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions.			5		
	Supplemental Information	. d	امنا منا		linna 1	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	u gro	up iisi	.), Part II-A,	iiiles i	anu
-	PAGE 4					
	11100 1					

Schedule C (Form 990 or 990-EZ) 2022 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 IN 2022 FOR CONSIDERATION DURING THE 2023 TEXAS LEGISLATIVE SESSION.

SCHEDULE D (Form 990)

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

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.

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Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Nam	e of the organization		Employer identification number					
TEX	XAS 2036		81-3063099					
Pa	organizations Maintaining Donor Adv Complete if the organization answered		or Accounts.					
	·	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor		d in donor advised					
6	funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used							
•	only for charitable purposes and not for the bene	9						
	conferring impermissible private benefit?							
Pa	rt II Conservation Easements.							
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).						
	Preservation of land for public use (for example	e, recreation or education) Preservation	of a historically important land area					
	Protection of natural habitat		of a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution i	n the form of a conservation					
	easement on the last day of the tax year.	·	Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified		2c					
d	Number of conservation easements included in (c)							
	a historic structure listed in the National Register		2d					
3	Number of conservation easements modified, tra		ninated by the organization during the					
	tax year		, ,					
4	Number of states where property subject to conse	rvation easement is located						
5	Does the organization have a written policy reg		ction, handling of					
	violations, and enforcement of the conservation ea	sements it holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, insp							
7	Amount of expenses incurred in monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements during the year					
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization re							
5	balance sheet, and include, if applicable, the text	•	•					
	organization's accounting for conservation easeme	_	manetal diatements that december the					
Pa	rt III Organizations Maintaining Collections		er Similar Assets.					
	Complete if the organization answered							
1a	If the organization elected, as permitted under FA of art, historical treasures, or other similar asse service, provide in Part XIII the text of the footnote	ASB ASC 958, not to report in its revent ts held for public exhibition, education to its financial statements that describes	ue statement and balance sheet works , or research in furtherance of public these items.					
b	If the organization elected, as permitted under F							
	art, historical treasures, or other similar assets he provide the following amounts relating to these item	ld for public exhibition, education, or resems:	search in furtherance of public service,					
	(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 a	rt, historical treasures, or other similar	assets for financial gain, provide the					
	following amounts required to be reported under F							
а	Revenue included on Form 990, Part VIII, line 1							
b	Assets included in Form 990, Part X		\$					

Schedule D (Form 990) 2022 TEXAS 2036 81–3063099 Page 2

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

Pa	rt Organizations Maintaini												
3	Using the organization's acquisition	n, acces	ssion, and	other recor	ds, checl	k any o	of the	follow	ring that ma	ake sigr	nificant us	se of	its
	collection items (check all that app	ly):			_								
а	Public exhibition			d	Loan	or exch	ange	progra	m				
b	Scholarly research			e	Other								
С	Preservation for future gene	rations			_								_
4	Provide a description of the organ		collections	s and expla	ain how t	thev fu	rther	the or	ganization's	exemp	t purpose	in F	art ²
	XIII.					, ,			J				
5	During the year, did the organization	n solicit	or receive of	donations o	f art, hist	orical tr	easu	res. or	other simila	r			
•	assets to be sold to raise funds rath									_	Yes		No
Pa				aniou uo po	11.01.110	or garnz.	411011	0 001101	J				
ı a	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, trus	tee, cust	todian or o	ther interm	ediary fo	or cont	ributi	ons or	other asse	ts not			
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement i										_		
	, ,		'		J					Amount			
С	Beginning balance						1c						
d	Additions during the year												
e	Distributions during the year												
f	Ending balance						1f						
2a	Did the organization include an am							etodial	account liab	ility2	Yes		No
	If "Yes," explain the arrangement i									-			140
		II Fait Ai	II. CHECK II	ere ii tile e.	фіапаціої	i iias be	en pi	ovided	OII FAIT AIII	<u> </u>		•	—
Га	rt V Endowment Funds. Complete if the organiza	ation and	sworod "V	oc" on Eor	m 000 E	Part I\/	lino	10					
	Complete ii the organiza								(D T				
		(a) Cu	rrent year	(b) Prio	r year	(c) Tw	o year	S Dack	(d) Three year	ars back	(e) Four y	ears ba	<u>аск</u> ———
1 a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
	End of year balance												
g	Provide the estimated percentage		irront voor	and halana	o (lino 1a	oolumn	. (0))	hold on					
2 a	Board designated or quasi-endown			enu balanci %	e (iiile 1g,	Coluitii	ı (a))	neiu as	-				
h	Permanent endowment	%		70									
6	Term endowment %												
·	The percentages on lines 2a, 2b, a		sould squal	1000/									
2.	Are there endowment funds not in				tion that	ara hal	d on	d admir	sistered for th				
sa		trie poss	ession or ti	ne organiza	ilion mai	are nei	u and	a aumin	iisterea ior ti	ie	V	es	No
	organization by:											C3	
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	•					?				3b		
4	Describe in Part XIII the intended u			ition's endo	wment fui	nds.							
Pa	rt VI Land, Buildings, and Equ Complete if the organize	Jipment	swarad "V	as" on Foi	m 000	Part I\/	line	115	See Form (000 Pa	rt X line	10	
	Description of property	ation an		r other basis	(b) Cost				cumulated) Book valu		
				tment)		ther)			eciation	(0	., 2001. valu		
1a	Land												
b	Buildings												
С	Leasehold improvements						_ T						_
d	Equipment												
е	Other				2	276,21	10.	1	24,145.		152	,06	<u>5.</u>
Tota	I. Add lines 1a through 1e. (Column		t equal Fori	m 990, Part								,06	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 TEXAS 2036 81-3063099 Page **3**

Ochcadic D (i	0111 330) 2022 TEXAS 2030		01 .	1 age
Part VII	Investments - Other Securities.	"Voo" on Form 00	O Part IV line 11h See Form 000 Pr	ort 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 v	
(1) Financi	al derivatives			
(2) Closely	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
rait VIII	Complete if the organization answered	"Yes" on Form 99	90, Part IV, line 11c. See Form 990, Pa	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market v	alue
(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 99	90, Part IV, line 11d. See Form 990, Pa	art X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	I "Yes" on Form 99	90, Part IV, line 11e or 11f. See Form	990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	don or nability		(b) Book value
	LIABILITIES			712,188.
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			712,188.
	or uncertain tax positions. In Part XIII, provide the			reports the
		100 710 01 11		

Schedule D (Form 990) 2022 TEXAS 2036 81-3063099 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	9,754,569.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d	2e	582,298.			
3	Subtract line 2e from line 1	3	9,172,271.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,172,271.			
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	11,325,824.			
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	580,368.			
3	Subtract line 2e from line 1	3	10,745,456.			
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 4a					
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,745,456.			
	XIII Supplemental Information.					
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; R XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform					
SEE	SUPPLEMENTAL FAGE					

Schedule D (Form 990) 2022 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form	990 for instru		ne latest information.		Open to Public Inspection
Name of the organization		<u>-</u>				Employer identificati	
TEXAS 2036						81-306309	
	ng Activities. Comp				Yes" on Form 99	90, Part IV, line 1	7.
	-EZ filers are not re						
	er the organization rais	sed funds through		_			
a X Mail solicita		e			non-government g		
	d email solicitations	f			government grants	3	
c Phone solid		g	j ∐ Sped	cial fundrai	ising events		
d X In-person s							
	ation have a written o es listed in Form 990						X Yes No
	10 highest paid indi						
	t least \$5,000 by the		(ranaraioo	io, paioaa	in to agreement	ander winer the	
			(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and add or entity (i		(ii) Activity	custody o	r control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
			contrib	utions?		col. (i)	organization
SEE SUPPLEMENT	[INFORMATION		Yes	No			
1							
2							
2							
3							
•							
4							
5							
6							
7							
0							
8							
9							
J							
10							
Total					6,895,696.	105,677	6,790,019.
	n which the organiza	tion is registered	or licensed	to solicit	contributions or	has been notified	it is exempt from
registration or li	censing.						
AL, AK, CO, CT, DC,							
KS, KY, LA, ME, MD	MI,MN,MO,NV,NJ	,NC,ND,OH,OK	,OR,SC,	TX,UT,V	A,WA,		

Schedule G (Form 990) 2022 TEXAS 2036 81-3063099 Page **2**

Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising even gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
(I)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
<u></u>	3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in coluine 10 from line 3, co	umn (d) lumn (d)		
Pa	rt III		anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 1	E a l:	Enter the state(s) in which the organization licensed to con	anization conducts ga	ming activities:	es?	
10 a		Vere any of the organization's gamino f "Yes," explain:				Yes No

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Sched	ule G (Form 990 or 990-EZ) 2022 TEXAS 2036	81-306	3099	Page 3
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	11	Does the organization conduct gaming activities with nonmembers?	L	Yes	No
formed to administer charitable gaming?	12				
a The organization's facility		formed to administer charitable gaming?		Yes	No
b An outside facility	13	Indicate the percentage of gaming activity conducted in:			
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	The organization's facility	13a		%
Name ► Address ► 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b	An outside facility	13b		%
Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	, , , , , , , , , , , , , , , , , , , ,	s and		
Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name ▶			
revenue?		Address ▶			
revenue?	15 a	Does the organization have a contract with a third party from whom the organization receives of	aming		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ and the amount of gaming revenue retained by the third party: Name ▶			_	Yes	No
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the		
C If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer					
Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	С				
Address ► Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Name ►		Name ►			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Address ▶			
Gaming manager compensation ► \$ Description of services provided ► Director/officer	16	Gaming manager information:			
Director/officer		Name ▶			
Director/officer		Gaming manager compensation ►\$			
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information 		Description of services provided ►			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17	Mandatory distributions:			
retain the state gaming license?	а		ceeds to		
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information 		retain the state gaming license?] Yes [No
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	b				
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information					
(**** *** ****************************	Par	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition			
		(

81-3063099 TEXAS 2036

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

NAME:

THE SHARPER GROUP CONSULTING

ADDRESS:

6400 WINCHESTER DRIVE OKLAHOMA CITY, OK 73162

ACTIVITY:

GRANT CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : 6,781,366.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 61,491.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 6,719,875.

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 :

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 34,393.

64,837. AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION:

99,230.

TEXAS 2036 81-3063099

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

NAME:

UNISOURCE DIRECT, LLC

ADDRESS:

6901A N. 9TH AVENUE, #1340 PENSACOLA, FL 32504

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY : 15,100.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 9,793.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 5,307.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

TEXAS 2036 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	41-		
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		Х
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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		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		3.7	
0	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		Λ
3	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 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)	517,867.	75,000.	NONE	15,250.	10,011.	618,128.	
1 PRESIDENT/CEO	(ii)							
ARTHUR JAMES RODRIGUEZ	(i)	305,875.	40,000.	NONE	15,250.	12,116.	373,241.	
2 EXECUTIVE VICE PRESIDENT	(ii)							
JOHN HRYHORCHUK	(i)	231,034.	17,500.	NONE	10,281.	13,128.	271,943.	
3 SVP OF POLICY AND ADVOCACY	(ii)							
MERRILL DAVIS	(i)	224,664.	7,500.	NONE	11,303.	22,670.	266,137.	
4 VP COMMUNICATIONS	(ii)							
JUSTIN COPPEDGE	(i)	225,355.	12,500.	NONE	12,125.	13,929.	263,909.	
5 SVP, STRATEGY AND OPERATIONS	(ii)							
ANNE DAVIES	(i)	220,000.	10,000.	NONE	11,500.	9,454.	250,954.	
6 SVP DEVELOPMENT	(ii)							
HOLLY HEARD	(i)	151,244.	10,000.	NONE	8,590.	22,378.	192,212.	
7 VP DATA AND ANALYTICS	(ii)							
CHARLES MILLER	(i)	162,000.	7,500.	NONE	8,625.	11,831.	189,956.	
8 SENIOR POLICY ADVISOR	(ii)							
MARY LYNN PRUNEDA	(i)	165,000.	7,500.	NONE	8,625.	1,670.	182,795.	
9 SENIOR POLICY ADVISOR	(ii)							
AMY MUELLER	(i)	132,785.	NONE	NONE	7,013.	17,385.	157,183.	
10 GENERAL COUNSEL	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
(i)								
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 TEXAS 2036 81-3063099 Page **3**

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS:

ON AN ANNUAL BASIS THE ORGANIZATION REVIEWS EMPLOYEE PERFORMANCE AND COMPENSATION. IN 2022, THE DATA FROM THE COMPENSATION REVIEW PERFORMED BY NFP COMPENSATION CONSULTING WAS CONSIDERED BY THE CEO WHEN MAKING COMPENSATION DECISIONS INCLUDING BONUSES. THE REPORT WAS ALSO USED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN DETERMINING THE COMPENSATION, INCLUDING BONUS, OF THE CEO.

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

THE FORM 990 IS PREPARED BY AN ACCOUNTING FIRM AND REVIEWED IN DETAIL BY
THE SVP, STRATEGY AND OPERATIONS 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 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 B, LINE 15A & 15B

COMPENSATION REVIEW:

THE ORGANIZATION CONTRACTED NFP COMPENSATION CONSULTING TO PERFORM A COMPENSATION REVIEW IN 2022. THE STUDY RELIED ON COMPARABILITY DATA FROM SIMILARLY SITUATED ORGANIZATIONS. THE REPORT WAS USED BY THE EXECUTIVE COMMITTEE OF THE BOARD IN DETERMINING THE COMPENSATION OF THE CEO. THE EXECUTIVE COMMITTEE IS CHARGED WITH THE ANNUAL EVALUATION OF PERFORMANCE AND COMPENSATION OF THE CEO. THE STUDY WAS ALSO USED BY THE CEO IN DETERMINING COMPENSATION FOR OTHER OFFICERS AND EMPLOYEES.

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

2022

Open to Public Inspection

Employer identification number

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.

TEXAS 2036 81-3063099

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, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:

AMENDED AND RESTATED BYLAWS WERE ADOPTED ON SEPTEMBER 22, 2022. THE CHANGES INCLUDE UPDATING THE TERM LIMITS FOR THE FOUNDING CHAIR AND CHAIR OF THE BOARD. THE BOARD POSITIONS THAT COMPOSE THE EXECUTIVE COMMITTEE WERE ALSO DEFINED.

Name of the organization

TEXAS 2036

Employer identification number
81-3063099

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

IN 2022, TEXAS 2036 LEVERAGED ITS DATA-DRIVEN, RESEARCH-INFORMED, NON-PARTISAN APPROACH TO TEXAS STATE POLICY TO DEVELOP AND PUBLISH RESEARCH, INTERACTIVE DATA TOOLS, AND VIABLE SOLUTIONS FOR HOW THE STATE MIGHT ADDRESS COMPLEX AND LONG-TERM ISSUES FACING TEXAS. IN 2022, TEXAS 2036 ALSO DEVELOPED A FOCUSED LEGISLATIVE AGENDA AND PRIORITIES THAT GUIDE OUR WORK IN 2023.

DURING 2022, WE ALSO SOLIDIFIED OUR REPUTATION AS AN EXPERT RESOURCE FOR DATA, RESEARCH, AND THOUGHTFUL POLICY ANALYSIS FOR POLICY MAKERS, BUSINESS AND COMMUNITY LEADERS, AND EVERYDAY TEXANS. WE PREPARED AND SHARED HUNDREDS OF PAGES OF DATA AND POLICY ANALYSIS THAT WERE SHARED WITH LEGISLATIVE COMMITTEES, GOVERNMENT COMMISSIONS, AGENCIES, AND BUSINESS, NON-PROFIT AND CIVIC GROUPS, AS WELL AS MADE AVAILABLE ON OUR BLOG AND SOCIAL MEDIA.

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. NEW IN 2022, TEXAS 2036 CULTIVATED, IN A COLLABORATIVE REALIGNMENT WITH INVESTEDTX, SUPPORT FOR A STRONG ACCOUNTABILITY AND ASSESSMENT DEFENSE SYSTEM IN OUR STATE'S PUBLIC SCHOOLS.

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, WITH THE GOAL OF HELPING TEXANS AND THEIR POLICY MAKERS BETTER UNDERSTAND AND CONTEMPLATE SOLUTIONS FOR THE MANY CHALLENGES THAT TEXAS CONTINUES TO FACE.

LINE 4B, PROGRAM SERVICE

AT TEXAS 2036, DATA INFORMS OUR POLICY WORK AND IS USED TO MONITOR THE RESULTING PROGRESS. IN 2022, TEXAS 2036 CONTINUED THE

Name of the organization

TEXAS 2036

Employer identification number

81–3063099

FORM 990, PART III - PROGRAM SERVICE

EXPANSION AND CREATION OF ROBUST YET ACCESSIBLE DATA TOOLS AND PUBLISHED NUMEROUS REPORTS OUTLINING WHAT THE RESEARCH/DATA INDICATES FOR OUR FUTURE. THESE RESOURCES ARE AVAILABLE TO EXPLORE ON OUR WEBSITE AT TEXAS2036.ORG AND PROVIDE DATA-DRIVEN INSIGHTS ABOUT TEXAS ACROSS IMPORTANT POLICY AREAS INCLUDING EDUCATION, JUSTICE, NATURAL RESOURCES, HEALTH AND EMPLOYMENT.

IN 2022, TOOLS INCLUDED A COMMUNITY COLLEGE FINANCE SIMULATOR THAT MODELS THE OUTCOMES OF POSSIBLE CHANGES TO THE STATE'S FUNDING FORMULA, AN ADVANCED COURSETAKING DASHBOARD THAT ILLUMINATES DISPARITIES IN STUDENT ACCESS TO ADVANCED COURSES SUCH AS ALGEBRA I IN 8TH GRADE, AND A HOSPITAL PRICING TRANSPARENCY DASHBOARD TRACKING HOSPITAL COMPLIANCE WITH NEW REQUIREMENTS TO PUBLICLY DISCLOSE PRICING, AND MORE.

TEXAS 2036 COMMISSIONED AND SUPPORTED VARIOUS RESEARCH PROJECTS THAT FOCUSED ON DEVELOPING UNIQUE DATA INSIGHTS, INCLUDING THE MULTI-YEAR WHO ARE THE UNINSURED IN TEXAS? STUDY TO IDENTIFY CONTRIBUTING BARRIERS TO INCREASING TEXAS' INSURED RATE, THE BLUEPRINT FOR ADDRESSING TEXAS' WATER INFRASTRUCTURE CRISIS, AND THE TEXAS LAW ENFORCEMENT DATA LANDSCAPE REPORT, WHICH ANALYZES TCOLE'S DATA POLICIES AND HIRING/DISCIPLINARY PROCEDURES.

WE ALSO PRIORITIZED INPUT FROM REAL TEXANS ON WHAT MATTERS MOST TO THEM THROUGH TWO STATEWIDE VOTER POLLS, THE LAUNCH OF AN ONLINE ACTION CENTER, AND OUR SERIES OF TRAVELING ROAD SHOWS.

THE IMPACT OF THIS WORK AND TEXAS' PROGRESS TOWARD THE LONG-TERM GOALS OF OUR GUIDING STRATEGIC FRAMEWORK (REVISED AND UPDATED IN 2022) ARE TRACKED THROUGH 36 PRIMARY INDICATORS, COMPARISONS TO OTHER PEER STATES, AND IMPROVEMENT ACROSS OVER 100 LEADING INDICATORS.

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

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

Name of the organization

TEXAS 2036

Employer identification number

81-3063099

FORM 990, PART III - PROGRAM SERVICE

ADDRESSING THOSE CHALLENGES AND ENSURING ALL TEXANS HAVE THE OPPORTUNITY TO FLOURISH. IN 2022, 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 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 EL PASO, TEXARKANA, NACOGDOCHES, LUFKIN, LUBBOCK, AMARILLO, MIDLAND, ODESSA, LONGVIEW AND TYLER. 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.

Name of the organization

TEXAS 2036

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FORM 990, PART VI, LINE 17 - STATES

AL, AK, CO, CT, DC, FL, KS, KY, ME, MD, MI, MN, NV, NJ, NC, ND, OH, OK, OR, SC, UT, VA, WA, Name of the organization Employer identification number **TEXAS 2036** 81-3063099

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS						
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION				
THE CICERO GROUP, LP						
35 N RIO GRANDE STREET						
SALT LAKE CITY, UT 84101	RESEARCH & STRATEGY	688,900.				
BENCHMARK HOLDCO, LLC						
1801 W WARNER AVE STE 301						
CHICAGO, IL 60613	RESEARCH & STRATEGY	378,000.				
LEE JACKSON						
6011 DESCO DRIVE						
DALLAS, TX 75225	RESEARCH & STRATEGY	241,000.				
JANUARY ADVISORS LLC						
PO BOX 728	DAMA GOLDNON GONOULE	222 725				
HOUSTON, TX 77001	DATA SCIENCE CONSULT	232,735.				
MIGNON MCGARRY						
504 WEST 14TH STREET						
AUSTIN, TX 78701	LEGISLATIVE CONSULT	180,720.				

Name of the organization	Employer identification	number		
TEXAS 2036	81-3063099			
FORM 990, PART IX - OTHER FEE	C			
FORM 990, PART IX - OTHER FEE	=			
	- (A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
POLICY DEV./CONSULTING	1,158,406.	1,158,406.	NONE	NONE
DATA ANALYTIC SERVICES	2,136,386.	2,136,386.	NONE	NONE
COMMUNICATION SERVICES	363,586.	351,904.	10,877.	805.
OTHER SERVICES	116,133.	6,591.	106,434.	3,108.
TOTALS				
	3,774,511.	3,653,287.	117,311.	3,913.

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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

	form, visit www.irs.gov/e-file-providers/e-file-f			structions). For more details on th	e electronic	
Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).			
-	ions required to file an income tax return oth orm 7004 to request an extension of time to fi			20-C filers), partnerships, REMIC	s, and trusts	
Type or						
print File by the	TEXAS 2036 Number, street, and room or suite no. If a P.O. bo	81-3063099				
due date for filing your return. See instructions.	3889 MAPLE AVENUE, STE 210 City, town or post office, state, and ZIP code. For DALLAS, TX 75219	a foreign ad	dress, see instructions.			
Enter the Ro	eturn Code for the return that this application	is for (file	a separate application fo	or each return)	0 1	
Application		Return	Application		Return	
Is For		Code	Is For		Code	
	r Form 990-EZ	01	Form 1041-A		08	
Form 4720		03	Form 4720 (other tha	in individual)	09	
Form 990-P		04 05	Form 5227 Form 6069		10	
	(sec. 401(a) or 408(a) trust) (trust other than above)	06	Form 8870			
	(corporation)	07	1 01111 0070		12	
If the orgIf this is ffor the whol	ne No. ► 469 384-2036 anization does not have an office or place of or a Group Return, enter the organization's following group, check this box	l business ir ur digit Gro f it is for pa	oup Exemption Number (ck this box	nis is	
	e names and TINs of all members the extensions and automatic 6-month extension of time up		11 /1F 20 C	23 , to file the exempt organizat	ion roturn	
•	organization named above. The extension is calendar year 2022 or	for the ore	ganization's return for:		ion return	
	tax year beginning ax year entered in line 1 is for less than 12 m Change in accounting period	onths, ched	ck reason: Initial r	eturn Final return		
nonref	application is for Forms 990-PF, 990-T, fundable credits. See instructions. application is for Forms 990-PF, 990-T,			3a \$	NONE	
estima c Balanc	ated tax payments made. Include any prior yeace due. Subtract line 3b from line 3a. In	r overpayn clude you	nent allowed as a credit r payment with this f	t. 3b \$	NONE	
	EFTPS (Electronic Federal Tax Payment Syster ou are going to make an electronic funds withdraw	· · · · · · · · · · · · · · · · · · ·		3c \$ see Form 8453-TE and Form 8879-TE	NONE for payment	
Can Duineass	Ast and Denominals Deduction Act Notice and inch			F 9969	(D 4 0000)	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2022)