	For	 99	90	Return of Org	anization Exempt	From In	come Ta	ax	OMB No 1545-0047	
	1 01			_	-				2018	
		v		Under section 501(c), 527, or 4	security numbers on this foi المحادثة المحادثة المحادثة المحادثة المحادثة المحادثة المحادثة المحادثة المحادثة ا			• • • •		
<u> </u>	Dep	artment o	of the Treasury nue Service	L	ov/Form990 for instructions			74/Y0	Open to Public Inspection	
23 24	A			ndar year, or tax year beginning		018, and endi		in 30	, 20 19	
	В			C Name of organization TEXAS CO		ــــــــــــــــــــــــــــــــــــــ	9 00		identification number	
	$\bar{\Box}$		s change	Doing business as	onorkoerron noboerr	11011		74-288	35694	
돌光		Name c	· ·	Number and street (or P O box if ma	ail is not delivered to street address) Room/s	uite	E Telephone		
3		Initial re	*	1011 SAN JACINTO BL	VD	330		(512)4	173-3773	
≥\		Final retu	um/terminated	City or town, state or province, cour	ntry, and ZIP or foreign postal code					
M A A A A A A A A A A A A A A A A A A A		Amende	ed return	AUSTIN, TX 78701				G Gross rece	eipts \$ 1,704,661.	
ے ا		Applicat	tion pending F	F Name and address of principal office	er		H(a) Is this a g	roup return for sub	oordinates? Yes 🗵 No	
5				RAYMOND RISK, 1011 SAN J						
	<u> </u>		mpt status	501(c)(3) × 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or [627/	() 		st (see instructions)	
	<u>J</u>	Website		WW.TEXCON.ORG		$-\mathcal{U}$		exemption nu		
フ	_			Corporation Trust Associa	tion Other ►	L Year of forma	ation 199	8 M State of	legal domicile TX	
	P	art I	Summa		<u> </u>	diana marra			700 001107711077011	
	a	1	briefly des	scribe the organization's miss	ion or most significant activ	ides: EDUC	ATION AND	ADVOCACY	FOR CONSTRUCTION	
	anc								•	
	Activities & Governance	2	Check this	s box ▶ ☐ if the organization	discontinued its operations	or disposed	of more than	25% of its	net assets.	
	Š	3		of voting members of the gove				1 - 1	20	
	æ	4		of independent voting member					19	
	tes	5		ber of individuals employed in				5	4	
	Ę	6	Total num	ber of volunteers (estimate if i	necessary)			6	25	
	Ą	7a	Total unre	elated business revenue from l	Part VIII, column (C), line 12			7a	24,000.	
		b	Net unrela	ated business taxable income	from Form 990-T, line 38		<u></u>	7b	-19,033.	
							Pnor Ye	ear	Current Year	
	ne	8		ions and grants (Part VIII, line		1				
	Revenue	9		service revenue (Part VIII, 11)				1,248.	474,086.	
	æ	10		nt income (Part VIII, column A enue (Part VIII, column A), line				9,647.	28,430.	
		12		nue add lines 8 through 11 m				3,021.	1,202,145.	
		13		d similar amounts paid (Part I)				5,916. 5,000.	1,704,661. 19,850.	
		14	Benefits p	oald to or for members (Part IX	(, column (A), line 4)			,,,,,,,,	10,000.	
	Ś	15	Salaries, of	other compensation, employee t	penefits (Part IX, column (A), I	ınes 5–10)	686	5,231.	742,471.	
	enses	16a		nal fundraising fees (Part IX, co	•					
	Expe	b	Total fund	fraising expenses (Part IX, coli	umn (D), line 25) 🕨					
	ш	17		enses (Part IX, column (A), line			557	7,430.	653,504.	
<u>C</u>)	18	-	enses. Add lines 13–17 (must	•			3,661.	1,415,825.	
Ţ		19	Revenue le	less expenses. Subtract line 1	3,255.	288,836.				
3	is or		~	. (5			Beginning of Cu		End of Year	
\$	Isser Bala	20		'				762.	2,233,676.	
m	Net /	21 22		lities (Part X, line 26) s or fund balances. Subtract li		ľ		,922.	2 222 676	
O	-u	art II		ure Block	ne 21 from line 20	• • • • •	1, 344	1,840.	2,233,676.	
ANED MAK	Un		-	y, I declare/that/I)have examined this re	eturn including accompanying sch	edules and state	ements and to t	ne hest of my	knowledge and belief it is	
£	tru			te Declaration of preparer (other than					ialomoogo ano ooloi, ir io	
_	_			MKskic				2 MARCI	H 2020	
ರಾ	Sig	jn	Signat	ture of officer			Da			
S	He	re	RAY	MOND RISK, PRESIDENT	C/CEO					
)))				or print name and title						
	Pa	id	1	e preparer's name	Preparer's signature	,	ate	Check		
		epare	;,	L. Allman, CPA	Peter Jacobs				yed P00648533	
		e Onl	y Firm's nar						5-2979080	
	N 4 -	u the 15		dress ▶ 9600 Great Hills			78759 Pho	ne no (512	2) 502-3077	
				this return with the preparer s				<u>····</u>	X Yes No Form 990 (2018)	
	ror	raperv	vork neauct	tion Act Notice, see the separat	LE INSTRUCTIONS. BAA	RE	EV 05/20/19 PRO		Form 330 (2018)	

Form 990 (2018)



Part	IV - Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			×
2	complete Schedule A	2		×
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	×	
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	怼	器	
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	×	
þ	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		×
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		×
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	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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		×
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		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? கீட்/முதவீர் ஒணு plete Schedule I, Parts I and II	21	×	

	00 (2018)	,	F	Page 4
Part	Checklist of Required Schedules (continued)		I	10
	The state of the s		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		×
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	×	
24a	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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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 24d		
d 25a	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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> ^</u>
32 33	complete Schedule N, Part II	32		×
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9	خني		سنر
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
	Teportable garring (garriening) withings to prize withers.		. ^ !	1

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	**	 !	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	• •	-,	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶	٠,		i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<u> </u>	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	×	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b_	×	
7	Organizations that may receive deductible contributions under section 170(c).		· '·	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	. +	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	· ·		. 1
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	••		٠, ٥
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		Ť	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	l		
11	Section 501(c)(12) organizations. Enter.	٠. ا		
а	Gross income from members or shareholders			. !
b	Gross income from other sources (Do not net amounts due or paid to other sources	"	·	
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		*1	•
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	٠. ا	.	1
	the organization is licensed to issue qualified health plans		٠٠.	1.
C	Enter the amount of reserves on hand		1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		- 1	
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
	If "Yes," complete Form 4720, Schedule O.	-	·	

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	•	<u>×</u>			
Secti	on A. Governing Body and Management						
	Total the court of return an expense of the reversion hadrest the and of the tay year.		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	4					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	` -					
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 19	,					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						
-	any other officer, director, trustee, or key employee?	2		×			
3	Did the organization delegate control over management duties customarily performed by or under the direct						
_	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	×				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×			
6	Did the organization have members or stockholders?	6	×				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7b	×				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-:					
а	The governing body?	8a	×				
b	Each committee with authority to act on behalf of the governing body?	8b	×				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	×			
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C					
	The state of the s	40-	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		_ <u>×</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.3	,	1.7			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c	×				
13	Did the organization have a written whistleblower policy?	13	×				
14	Did the organization have a written document retention and destruction policy?	14	×	<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•••			
а	The organization's CEO, Executive Director, or top management official	15a	×				
b	Other officers or key employees of the organization	15b		×			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u>-</u> .	.	æ · -			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		• ,			
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	tion 5	501(c			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and re RAYMOND RISK, 1011 SAN JACINTO BLVD, #330, AUSTIN, TX 78701 (512)473-3773	cords	>				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	<u> </u>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
•	Independent Contractors

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

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

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

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization n	or any relate	d org	anız	atic	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations	do x, of lindividua or directo	Posi not check r unless per er and a di Officer		c) ition more irson	e than o	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	l trustee or	Institutional trustee		loyee	Highest compensated employee				and related organizations
(1) VICTOR LONGO CHAIR	2.00	×		×				_ 0.	0.	0.
(2) JERRY BRATTON VICE-CHAIR	2.00	×		×				0.	0.	0.
(3) CHRIS LAMBERT TREASURER	2.00	×		×				0.	0.	0.
(4) DAVID STONE SECRETARY	2.00	×		×				0.	0.	0.
(5) RAYMOND RISK PRESIDENT/CEO	40.00	×		×				446,670.	0.	14,765.
(6) ANDY ADAMS DIRECTOR	2.00	×						0.	0.	0.
(7) KEVIN CAMARATA DIRECTOR	2.00	×		-				0.	0.	0.
(8) ROGER FISHER II DIRECTOR	2.00	×						0.	0.	0.
(9) KEITH COLVIN DIRECTOR	2.00	×						0.	0.	0.
(10) JOHN GARGOTTA DIRECTOR	2.00	×						0.	0.	0.
(11) FRED HELDENFELS IV DIRECTOR	2.00	×						0.	0.	0.
(12) PAUL HOLDEN DIRECTOR	2.00	×						0.	0.	0.
(13) MIKE KANETZKY DIRECTOR	2.00	×						0.	0.	0.
(14) ROBBIE KETCH DIRECTOR	2.00	×						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yees	s, aı	nd H	lighe	st C	ompensated E	mployees (co	ntınued)	
(A) Name and title	(B) Average hours per week (list any	officer and a director/trus					n an	(D) Reportable compensation	(E) Reportable compensation frelated	om	(F) Estimated amount of
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	other compensation from the organization and related organizations
(15) KEN BOEN DIRECTOR	2.00	×						0.		o .	0.
(16) ALEX KOCHER	2.00	×									
DIRECTOR (17) ALLAN WOODRUFF DIRECTOR	2.00	├						0.		o.	0.
(18) FELIX MUNSON DIRECTOR	2.00	×						0.		o .	0.
(19) BRIAN CHESTER DIRECTOR	2.00	×						0		o .	0.
(20) CARMEN SMITH DIRECTOR	2.00	×						0.		o .	0.
(21)											
(22)							•				ŧ
(23)											
(24)											
(25)											
1b Sub-total	rt VII. Sectio		•	•		•	▶	446,670.		D .	14,765.
d Total (add lines 1b and 1c)							<u> </u>	446,670.	<u> </u>	0004	14,765.
2 Total number of individuals (including b reportable compensation from the organ		to th	ose	IIST		1 1	e) W	no received m	ore than \$100	,000 of	· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compens		Yes No
4 For any individual listed on line 1a, is the organization and related organization individual	ne sum of re s greater th	portal an \$1	ole (50,	com 000	? //	nsatio f "Ye.	s, "	complete Sch	pensation from pedule J for	n the such	4 ×
5 Did any person listed on line 1a receive for services rendered to the organization					fror	n any	uni	related organiz	ation or indiv	idual	5 ×
Section B. Independent Contractors											
 Complete this table for your five highes compensation from the organization. R year. 											
(A) Name and business a	ddress							. (B) Description of s	ervices	Com	(C) pensation
RAYMOND RISK, JR., 602 W. 13TH S							_				446,670.
THOMAS, FELDMAN & WILSHUSEN, 12222 MERIT	DR, STE 145	O, DA	LLAS	S, 1	rx 7	5201	LE	GAL			137,265.
2 Total number of independent contract	tors (ıncludır	ng bu	t no	ot I	ımıt	ed to	th	ose listed abo	ove) who		e (4 * * *

received more than \$100,000 of compensation from the organization ▶

Par	t VIII							
	-	Check if Schedule O	contains	a response or note				<u> </u>
-			• ,	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
रु ग्रै	14	Federated campaiqus		1a		1 4 24 (52	1 ^ +13 4-	all and it as
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues .		1b	-	ĺ	_	
(F)	С	Fundraising events .	,	1c	1	ŀ	-	
#fts	d	Related organizations		1d			, -	- * , ' •
<u>ء</u> ج	e	-		10	⊣			
Sir Si	f	All other contributions, gif			-{	[·	
iğ iğ	'	and similar amounts not inclu		1f				
흔함			Į.		=		٠ .	, -
g g	9	Noncash contributions include		***************************************			' 7	= ' '
	h	Total. Add lines 1a-1f	· · · ·					
uge				Business Code		· · · · · · · · · · · · · · · · · · ·		. 4
eve	2a	MEMBERSHIP DUES		900099	429,142.	429,142.	0.	0.
Œ.	þ	LEGISLATIVE ROU		900099	21,500.	21,500.	0.	0.
ξi	C	MEMBER MEETINGS) 	900099	16,100.	16,100.	0.	0.
Ser	d	OTHER REVENUE		900099	7,344.	7,344.	0.	0.
톭	e				_			
Program Service Revenue	f	All other program serv	ice revenu	е.				
Ě	g	Total. Add lines 2a-2f	<u>.</u> .		474,086.			
	3	Investment income (i	-					
		and other similar amou	unts)	•	28,430.	0.	0.	28,430.
	4	Income from investment	of tax-exen	npt bond proceeds ▶			· 	
	5	Royalties		· •	1,178,145.	0.	0.	1,178,145.
			(ı) Real	(II) Personal				
,	6a	Gross rents			T		·	` `
	ь	Less rental expenses			7	}	_	
	ြင	Hental income or (loss)			7 - 1			* , · · · · · · · · · · · · · · · · · ·
	d	Net rental income or (le	oss)					
	7a	Gross amount from sales of	(i) Securitie					
		assets other than inventory			1			
	ь	Less cost or other basis			1			
	~	and sales expenses .						`
	С	Gain or (loss)			-	_		, ,
	d	Net gain or (loss) .			<u> </u>		· · · · · · · ·	
	"	rect gain or (1033) .			 			
eune	8a	Gross income from fur events (not including \$	ndraising					,
Other Rev		of contributions reported						
Ē		See Part IV, line 18 .			4			-
ŏ	•	Less: direct expenses						
	1	Net income or (loss) fro						
	9a	Gross income from gan				j		,
		See Part IV, line 19 .		a				į
		Less: direct expenses		b				
		Net income or (loss) fro			<u> </u>			
	10a	Gross sales of inverturns and allowances						
	ь	Less: cost of goods so	old	b	1			
	c	Net income or (loss) from			1			·
		Miscellaneous Re		Business Code	 			
	11a	ADVERTISING		541800	12,000.	0.	12,000.	0.
	l	ADMINISTRATIVE	SERVICE		12,000.	0.	12,000.	0.
	C	1.D.1.1.1.1.D.1.GAT.1.V.D.		301000	12,000.	 	12,000.	
	d	All other revenue .			 			
	e	Total. Add lines 11a-1			24,000.			
	12	Total revenue. See ins			1,704,661.	474 006	24,000.	1 206 575
		. Juli 10 Acting. Occ IIIS	54 40H0H3		11,,04,001.	474,086.	24,000.	1,206,575.

REV 05/20/19 PRO

Part IX	Statement	of Functional	Expenses
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Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete co	olumn (A).				
	Check if Schedule O contains a response 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	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,850.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members	418,253.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	269,647.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	33,114.							
10	Payroll taxes	21,457.		·					
11	Fees for services (non-employees):								
а	Management								
b	Legal	161,380.			Þ.				
C	Accounting	9,550.							
d	Lobbying	168,000.							
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion	87,817.							
13	Office expenses	66,285.			•				
14	Information technology								
15	Royalties								
16	Occupancy	41,784.							
17	Travel	4,295.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .	58,070.							
20	Interest	12,074.		· - · · ·					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .								
23	Insurance	4,103.							
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
a	TCA PAC ADMIN EXPENSES	40,146.							
b									
C		 							
d	All other expanses	 							
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,415,825.							
25 26	Joint costs. Complete this line only if the	1,413,023.							
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)								

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 8,325. 1 2,063. 2 Savings and temporary cash investments 505,355. 2 684,915. Pledges and grants receivable, net 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Assets 7 R 8 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 923,082. 10a 923,082. 10b 923,082. 10c **b** Less: accumulated depreciation Investments—publicly traded securities 1,000,000. 598,586. 11 11 12 12 Investments—other securities. See Part IV, line 11. 13 Investments—program-related. See Part IV, line 11 . . . 13 Intangible assets 14 14 15 25,030. 15 Other assets. See Part IV, line 11 2,436,762. 2,233,676. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 491,922. 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 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 25 26 Total liabilities. Add lines 17 through 25 491,922. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🛛 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,944,840. 2,233,676. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and ٠ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 1,944,840. 2,233,676. 33 33 2,436,762. 2,233,676. Total liabilities and net assets/fund balances 34

orm 9	90 (2018)		,	Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. o
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	704,6	561.
2	Total expenses (must equal Part IX, column (A), line 25)	2		415,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		288,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		944,8	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		1		
	33, column (B))	10	2,3	233,6	576.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🛚
			_	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	ın İ İ		· .
	Schedule O.				<u> </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u> </u>	×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o			- 、
	reviewed on a separate basis, consolidated basis, or both:	•	,- ".	- •	•
	Separate basis Consolidated basis Both consolidated and separate basis		<u></u>		لند .
b			. 2b	X	Ļ <u>.</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a , ,,	•	, I
	separate basis, consolidated basis, or both:			',	١ ،
	Separate basis Consolidated basis Both consolidated and separate basis	•	<u> </u>	-	ائمنا.
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account			X	
	If the organization changed either its oversight process or selection process during the tax year, ex	:plain i	n Pris		-
	Schedule O.			<u></u>	لــــا
За		forth i			,
_	the Single Audit Act and OMB Circular A-133?	• •	. 3a	 	<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		<u></u>

Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 £01(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 med i offit alon telection dis			
		that have NOT filed Form 5768 (election			
Tax) (see separate instructions), t	•	y Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy
• S	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Name	of organization			Employer idea	ntification number
TEXA	AS CONSTRUCTION AS	SOCIATION		74-28856	594
Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527	organization.
1		f the organization's direct and in			
2		ty expenditures (see instructions)			0.
3	Volunteer hours for politi	cal campaign activities (see instru-	ctions)		40
Part		e organization is exempt und			
1		excise tax incurred by the organiz			
2	Enter the amount of any	excise tax incurred by organizatio	n managers under	section 4955 ▶ \$	······································
3		ed a section 4955 tax, did it file Fo			
4a					Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und	er section 5016	c), except section 501	(c)(3).
1		tly expended by the filing organization			V·W·I:
•	activities	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	0.
2	Enter the amount of the	filing organization's funds contrib	outed to other org	anizations for section	
	527 exempt function act	ivities		▶ \$	0.
3	Total exempt function	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	0.
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes 🗙 No
5	organization made paym the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro fund or a political action committed	enter the amount mptly and directly	paid from the filing organi delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)]		
(3)					
(4)					
(5)					
(6)					

Schedule	\sim	/Form	aan	^-	aan.	E7	2018
criedule	v	(COIII)	330	Oi	220.	.CZ)	2010

Pa	rt II-A	Complete if the organization section 501(h)).	n is exempt	under section 50	1(c)(3) and file	d Form 5768 (ele	ction under
A	Check >	if the filing organization belon- address, EIN, expenses, and	n Part IV each affi tures).	iliated group memb	er's name,		
В	Check ▶	If the filing organization check	ed box A and	"limited control" pr	ovisions apply.	<i>;</i>	
		Limits on Lobb				/ (a) Filing	(b) Affiliated
		(The term "expenditures" me	eans amounts	paid or incurred.))	organization's totals	group totals
1	a Total	obbying expenditures to influence	public opinion	(grass roots lobby	ıng)		
	b Total	obbying expenditures to influence	a legislative be	ody (direct lobbying	3)		
	c Total	obbying expenditures (add lines 1a	a and 1b) .				
		exempt purpose expenditures .					
		exempt purpose expenditures (add		•			
	f Lobby colum	ring nontaxable amount. Enter the same ins.	the amount f	rom the following	table in both	\	
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is;	~	-7 Many
	Not ove	er \$500,000	20% of the ar	mount on line 1e.			` .
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess of	over \$500,000		•
	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000		
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.		
		17,000,000	\$1,000,000.				
	_	roots nontaxable amount (enter 25	•				
		act line 1g from line 1a. If zero or le					
		act line 1f from line 1c. If zero or les					
		e is an amount other than zero		1h or line 1i, did	the organization	file Form 4720	-
	report	ing section 4911 tax for this year?			<u>.</u>	<u> L</u>	_ Yes _ No
	(Son	ne organizations that made a sec See the	stion 501(h) el separate inst	ructions for lines 2	e to complete all 2a through 2f.)	of the five column	s below.
		Lobbying	Expenditures	During 4-Year Av	eraging Period	T	
	^ Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobby	ing nontaxable amount					
		ing ceiling amount of line 2a, column (e))	-		•	-	
	c Total I	obbying expenditures					
	d Grass	roots nontaxable amount					4
		roots ceiling amount of line 2d, column (e))		-, -	٠ ٠٠,٠٠٠		
	f Grass	roots lobbying expenditures					
В	BAA			REV 11/14/18 PRO		Schedule C (Form	990 or 990-EZ) 201

Part	(election under section 501(c)(3) and has NOT	filed	Form	1 5768	į.
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	iption of the lobbying activity.	Yes	No	А	mount
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:		13. 20.		
а	Volunteers?			9.1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_		·
b	If "Yes," enter the amount of any tax incurred under section 4912		7		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	- (5.		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), (or se	ction	
	301(0)(0).				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	×
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	×
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3	×
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), c	or se		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	. 1	_	
1	Dues, assessments and similar amounts from members	•	1	4	29,142.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of		i	
а	Current year	•	2a		03,401.
b	Carryover from last year		2b		84,037.
C	Total		2c	2	87,438.
3	$Aggregate\ amount\ reported\ in\ section\ 6033(e)(1)(A)\ notices\ of\ nondeductible\ section\ 162(e)\ dues\ .$		3	2	66,000.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ying		ı	
_	and political expenditure next year?		4		21,438.
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5		<u> </u>
Par			٠٠. ٥	- 11 A 1	
2 (see	e the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.				ines i and
Pt I	-A Line 1: THE ASSOCIATION HAS A SEPARATE POLITICAL ACTION COMMITTE	E WI	HICH		
HAND	LES ALL POLITICAL CAMPAIGN ACTIVITY. MEMBERS MAKE CONTRIBUTIONS DIR	ECTI	ĹΥ		
то т	HE PAC. THE PAC'S DIRECTORS MAKE ALL DECISIONS ON POLITICAL CAMPAIG	N C)NTR	IBUTI	ONS.
		• • •			

Schedule C (Form 990 or 990-EZ) 2018 . Page 4					
Part IV	Supplemental Information (continued)				
		•••			

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of the organization		Employer identification number				
TEX	AS CONSTRUCTION ASSOCIATION		74-2885694				
Pa	Complete if the organization answered '						
-		(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 funds are the organization's property, subject to the						
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?						
Par							
	Complete if the organization answered '						
1	Purpose(s) of conservation easements held by the						
	Preservation of land for public use (e.g., recreat	•	• •				
	Protection of natural habitat	☐ Preservation o	f a certified historic structure				
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution					
	easement on the last day of the tax year.		Held at the End of the Tax Year				
a							
b	Total acreage restricted by conservation easement						
c	Number of conservation easements on a certified h						
d	Number of conservation easements included in						
_	historic structure listed in the National Register .						
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or terr	filliated by the organization during the				
4		rustion assement is located >					
5	Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
•	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·				
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	g conservation easements during the year				
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing	conservation easements during the year				
•	▶ \$	g, namaling of violations, and ornorolly	conservation casemones caring the year				
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)				
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue					
•	balance sheet, and include, if applicable, the text of						
	organization's accounting for conservation easeme						
Par	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.				
	Complete if the organization answered "	'Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SF						
	works of art, historical treasures, or other similar						
	public service, provide, in Part XIII, the text of the fe	ootnote to its financial statements tha	t describes these items.				
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet				
	works of art, historical treasures, or other similar public service, provide the following amounts relati	ng to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, following amounts required to be reported under S	historical treasures, or other similar	r assets for financial gain, provide the				
а	Revenue included on Form 990, Part VIII, line 1 .						
b	Assets included in Form 990, Part X		> \$				

Page 2

Par	III Organizations Maintaining	Collections of	Art, His	torical T	reasures,	or O	ther Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	ther reco	rds, chec	k any of th	e follo	wing that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams	
b	☐ Scholarly research							
c	☐ Preservation for future generations							
4	Provide a description of the organizati XIII.		and expla	ain how t	hey further	the org	janization's exer	npt purpose in Part
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	easure	s, or other similar	ar
	assets to be sold to raise funds rather	than to be mainta	ained as j	oart of the	e organizati	on's co	ollection?	☐ Yes ☐ No
Par	IV Escrow and Custodial Arra	ngements.						
	Complete if the organization 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing to	able:	_		
							A	mount
Ć	Beginning balance					10	<u> </u>	
d	Additions during the year					10	1	
е	Distributions during the year					16		
f	Ending balance					1f		
2a	Did the organization include an amoun							
	If "Yes," explain the arrangement in Pa	rt XIII. Check her	e if the ex	kplanatio	n has been	provid	ed on Part XIII .	<u> </u>
Par	Endowment Funds.							
	Complete if the organization							1
		(a) Current year	(b) Pri	or year	(c) Two year	в раск	(d) Three years back	(e) Four years back
1a	Beginning of year balance				_			
þ	Contributions						•	
С	Net investment earnings, gains, and losses							
d	Grants or scholarships	· · · · · · · · · · · · · · · · · · ·						
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	ne current year en	nd balanc	e (line 1g	, column (a)) held	as.	
а	Board designated or quasi-endowmen	t ▶	%					
b	Permanent endowment	. <u></u> %						
¢	Temporarily restricted endowment	<u></u> %						
	The percentages on lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held a	and ad	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or							3b
4	Describe in Part XIII the intended uses		on's endo	wment fu	ınds.			
Par	• • • • • • • • • • • • • • • • • • • •							
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot (investm			r other basis ther)		Accumulated epreciation	(d) Book value
1a	Land		0.			••		0.
b	Buildings			9:	23,082.			923,082.
С	Leasehold improvements						Í	
d	Equipment					•		
e	Other							
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90, Part)	(, column	(B), line 10	c.)	▶	923,082.

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on For	m 000 Part IV line	11h Sea Form	QQQ Part V line 12
	(a) Description of security or category	(b) Book value		hod of valuation
	(including name of security)	(2, 200		-of-year market value
(1) Financia	derivatives			
(2) Closely-l	held equity interests		····	
		<u> </u>		
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)		ļ		
(H)		}- 		
	b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments — Program Related.	L		
Tart VIII	Complete if the organization answered "Yes" on For	m 990 Part IV line	11c See Form	990 Part X line 13
	(a) Description of investment	(b) Book value		thod of valuation
	(a) bosonphon of an connectic	(5) 20011 141100		-of-year market value
(1)				
(2)				
(3)				
(4)			_	
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	
	(a) Description		-	(b) Book value
	ITY DEPOSIT			25,030.
(2)				
(3)				
(4)				<u> </u>
(5)			<u> </u>	
(6)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15)			25,030.
Part X	Other Liabilities.			25,030.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.	,		, ,
1.	(a) Description of liability (b) Book value			
(1) Federal ır	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	uncertain tax positions. In Part XIII, provide the text of the footnot			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Che	ck here if the text of the	e footnote has bee	n provided in Part XIII

Page 4	
,	

Part		•	Return	۱.
	Complete if the organization answered "Yes" on Form 990, P			
	Total revenue, gains, and other support per audited financial statements.		1	1,704,661.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	a = 1		
_	Net unrealized gains (losses) on investments	2a	- -	
b	Donated services and use of facilities	2b	-	
	Recoveries of prior year grants	2c 2d		
	Other (Describe in Part XIII.)..................................		2e	
	Subtract line 2e from line 1		3	1 704 661
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,704,661.
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	1,704,661.
Part			er Retu	irn.
	Complete if the organization answered "Yes" on Form 990, P	•		
1	Total expenses and losses per audited financial statements		1	1,415,825.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	ļ.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)................[2d		
е	Add lines 2a through 2d		2e	
_	Subtract line 2e from line 1		3	1,415,825.
	Amounts included on Form 990, Part IX, line 25, but not on line 1.		7.	•
	· · · · · · · · · · · · · · · · · · ·	4a		
	Other (Describe in Part XIII.)................	4b		
_			4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.	18.)	5	1,415,825.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional ii	nformatio	on.
			*	

Schedule D (Form	chedule D (Form 990) 2018 Page 5						
Part XIII	Supplemental Information (continued)						
•	1						
••••							
	ŧ						
							
		. 					
•••••							
•••••	······································						

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990

2018	Open to Public

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, ° □ Inspection (h) Purpose of grant or assistance Employer identification number X Yes DONATION 74-2885694 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance . Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. • . . (e) Amount of non- (book, FMV, appraisal, cash assistance other) . . ▲ Go to www.irs.gov/Form990 for the latest information. . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 7,500. grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501 (C) 3 74-2763191 (P) EIN TEXAS CONSTRUCTION ASSOCIATION PO BOX 2659 AUSTIN TX 78768 (1) TEXAS CONSERVATIVE COALITION RESEARCH INSTITUTE 1 (a) Name and address of organization Department of the Treasury Internal Revenue Service Name of the organization Part II Part I <u>6</u> **€** 9 6 (12) **©** ල

Schedule I (Form 990) (2018)

REV 11/06/18 PRO

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ON BOARD DISCRETION (e) Method of valuation (book, FMV, appraisal, other) Pt I Line 2: THE ASSOCIATION MAKES CONTRIBUTIONS TO CHARITABLE ORGANIZATIONS BASED (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III ß 9 N က 4

Schedule I (Form 990) (2018)

REV 11/06/18 PRO

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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization Employer identification number TEXAS CONSTRUCTION ASSOCIATION 74-2885694 Part I **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 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ⊠ Compensation committee Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a × × **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of 5a **b** Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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.

(F) Compensation	in column (B) reported as deferred on prior Form 990	0.	0.							6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0																								Schedule J (Form 990) 2018
	(a)-(i)(a)	461,435.	0.																															Sch
(C) Nontanable	benefits	14,765.	0.																				_			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
(C) Retirement and	other deferred	0.	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																													
C compensation	(iii) Other reportable compensation	93,532.	0.				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;																									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
W-2 and/or 1099-MIS	(ii) Bonus & incentive compensation	100,000.	.0		1						6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6																					5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REV 11/05/18 PRO
(B) Breakdown of	(i) Base compensation	253,138.	.0		1																													œ
		ε	3	ε	3	ε	E	8	Ξ	(6)	€	3	Ξ	ε	Ξ	8	(ii)	(0)	Ξ	Θ	E	Ξ	(E)	Θ	<u>(i</u>	(0)	3	ε	(ii)	E	Ξ	8	(E)	
(B) Breakdown of W-2 and/or 1099-MISC compensation	(A) Name and Title	RAYMOND RISK	1 PRESIDENT/CEO		2		ო		4		5		9		7		8		თ		10		11		12		13		14		15		16	ВАА

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.									c	Schedule J (Form 990) 2018
ı, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, an										
descriptions required for Part I, lines 1a										REV 11/05/18 PRO
Provide the information, explanation, or for any additional information.										ВАА

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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

TEXAS CONSTRUCTION ASSOCIATION	74-2885694
Pt VI, Line 6: THE ASSOCIATION IS COMPOSED OF 17 MEMBER TRADE ASS	OCIATIONS.
THESE ASSOCIATIONS HAVE OVER 1,200 SUBCONTRACTORS AND SUPPLIERS A	S THEIR MEMBERS
REPRESENT OVER 175,000 EMPLOYEES. AN ADDITIONAL APPROXIMATELY 1,2	00 COMPANIES
ARE DIRECT MEMBERS OF THE ASSOCIATION THROUGH ITS MEMBER BENEFIT	PROGRAMS.
Pt VI, Line 7a: THE MEMBER ASSOCIATIONS ELECT REPRESENTATIVES TO	THE BOARD OF
DIRECTORS.	
Pt VI, Line 7b: ANY CHANGES TO THE BYLAWS MUST BE APPROVED BY A V	OTE OF THE
MEMBER ASSOCIATIONS.	
Pt VI, Line 11b: THE TREASURER IS PROVIDED A COPY OF THE FORM 990	FOR REVIEW
PRIOR TO ITS FILING.	
Pt VI, Line 12c: THE PRESIDENT AND THE BOARD ARE REQUIRED TO DISC	LOSE ANY CONFLICTS
OF INTEREST.	
Pt VI, Line 15a: THE EXECUTIVE COMMITTEE SERVES AS THE COMPENSATI	ON COMMITTEE
AND IS MADE UP OF INDEPENDENT PERSONS. THEY REVIEW AND DETERMINE	THE COMPENSATION
OF THE PRESIDENT/CEO.	
Pt VI, Line 19: THE ASSOCIATION'S GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS UPON REQ	UEST.
Pt VI, Line 4: THE BYLAWS WERE AMENDED TO ADD SECTION 2A AFFILI	ATED ASSOCIATION
REPRESENTATION - WITHOUT EXTINGUISHING THE RIGHT TO HAVE A PERSON	REPRESENT THE
ASSOCIATION UNDER SECTION 2 AS PROVIDED IN THE FOLLOWING PARAGRAP	H, IF 3 OR MORE
ASSOCIATIONS CLASSIFIED UNDER ARTICLE III, SECTION 3, CONSIDER TH	EIR ASSOCIATIONS
TO BE AFFILIATED WITH EACH OTHER, THE AFFILIATED ASSOCIATIONS MAY	ELECT TO HAVE
ONE PERSON REPRESENT ALL OF THOSE AFFILIATED ASSOCIATIONS.	·····

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

TEXAS CONSTRUCTION ASSOCIATION

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 33.

Open to Public Inspection 2018

OMB No. 1545-0047

Employer Identification number

74-2885694

(9) Section 512(b)(13) controlled entity? (f)
Direct confrolling
entity Schedule R (Form 990) 2018 ŝ × Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because It had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling 'entity (e) End-of-year assets Public charity status (if section 501(c)(3)) (d) Total income <u>e</u> (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 527 (c)
Legal domicile (state
or foreign country) (b) Primary activity REV 05/17/19 PRO ĭ POLITICAL ACTION COMMITTEE (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA 1011 SAN JACINTO BLVD, #330 AUSTIN TX 78701 (1) TEXAS CONSTRUCTION ASSOCIATION PAC 05-0634633 (3) (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (9) (5) PartII € Ξ 3 ල ଷ € © 9 8

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 (k) , Percentage ownership Ŷ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (i) General or managing partner? Yes No (h) Percentage ownership of Schedule K-1 (Form 1065) amount in box 20 (i) Code V—UBI (9) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g) Share of end-of- Dyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling
entity tax under sections 512—514) (e)
Predominant
income (related,
unrelated,
excluded from REV 05/17/19 PRO (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (a) Name, address, and EIN of related organization Part III Part IV BAA Ξ 8 9 9 Ξ 9 ල € 8 ල 8 € 9 8

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Non	Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule				Yes	8
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	nore related organ	izations listed in Part	s II–IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
a	Gift, grant, or capital contribution to related organization(s)				1b	×
ပ	Gift, grant, or capital contribution from related organization(s)				10	×
ס	Loans or loan guarantees to or for related organization(s)				P	×
ø	Loans or loan guarantees by related organization(s)		, · • •		1e	×
	Dividends from related organization(s)				=	×
0	Sale of assets to related organization(s)				Ja	×
n -c	Durchase of assate from related organization(s)				? -	×
= .	Talchaper of assets from reference of gallization (s)				 	;
	Exchange of assets with related organization(s)				=	× ×
-	rease of facilities, equipment, of other assets to related organization(s)	· · · ·			-	:
د	lease of facilities commont or other accets from related execution(e)				<u>+</u>	×
۔ ۔	Deformance of commons of mambashin or fundacions collected organization for soluted organizations				£ 7	<u> </u>
-	reflormance of services of membership of fundrability solicitations for related organization(s)				=],	;
Ε	Performance of services or membership or fundraising solicitations by related organization(s)				\dashv	×
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				د ×	
0	Sharing of paid employees with related organization(s)				10	×
<u>a</u>	Reimbursement paid to related organization(s) for expenses				1p	×
σ	Reimbursement paid by related organization(s) for expenses				19	×
L	Other transfer of cash or property to related organization(s)				11	×
S	Other transfer of cash or property from related organization(s)				1s	×
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	lete this line, inclu	iding covered relation	iships and transact	ion thresho	olds.
	(a) Name of related organization	(b) Transaction type (a – s)	(c) Amount involved	(d) Method of determining amount involved) ng amount inv	olved
Ξ						
S						
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4		,				
(2)						
(9)					•	
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) (a) (b) (c) (d) (e)	(q)	(2)	(p)	(a)	(a)		£	6		(K)
Name, address, and EIN of entry	Primary activity	e g	rredominant income (related,	Are all parmers section	Share of total income	ä	Usproportionate allocations?	amount in box 20	managing	Percentage
		country)	unrelated, excluded from tax under	501(c)(3) organizations?		assets	_	of Schedule K-1 (Form 1065)		
				Yes No			Yes No		Yes No	
(1)		in								
(2)										
(3)										
(4)										:
(5)										
(9)										
(7)										
(8)										
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Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	· *
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