

Form **990**
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>Texas State Aquarium Association</b>	<b>D</b> Employer identification number <b>23-7044950</b>
<input type="checkbox"/> Address change	Doing business as <b>2710 North Shoreline Blvd.</b>	Room/suite
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	<b>361-881-1200</b>
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Final return/terminated	<b>Corpus Christi TX 78402-1004</b>	<b>G</b> Gross receipts \$ <b>38,971,272</b>
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
	<b>F</b> Name and address of principal officer: <b>Julio Flores</b> <b>2710 North Shoreline Blvd.</b> <b>Corpus Christi TX 78402-1004</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ►
<b>J</b> Website: ► <a href="http://texasstateaquarium.org">texasstateaquarium.org</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	<b>L</b> Year of formation: <b>1986</b>	<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities:  See Schedule O		
	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<b>66</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<b>66</b>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<b>290</b>
	6 Total number of volunteers (estimate if necessary)	6	<b>224</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<b>172,868</b>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<b>0</b>
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	<b>6,678,478</b>
	9 Program service revenue (Part VIII, line 2g)	Current Year	<b>16,429,637</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>4,734,445</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>453,567</b>
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>4,620,771</b>
			<b>16,487,261</b>
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>30,000</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>7,270,161</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ►		<b>410,381</b>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>9,004,842</b>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>16,275,003</b>
	19 Revenue less expenses. Subtract line 18 from line 12		<b>212,258</b>
<b>Net Assets or Fund Balances</b>	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	<b>86,268,786</b>	<b>93,087,200</b>
	21 Total liabilities (Part X, line 26)	<b>27,376,271</b>	<b>12,131,908</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>58,892,515</b>	<b>80,955,292</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	► Signature of officer <b>Julio Flores</b>	Date			
	Type or print name and title	<b>Senior VP/CFO</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>David J. Morales</b>	Preparer's signature <b>David J. Morales</b>	Date <b>06/28/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00029057</b>
	Firm's name ► <b>Gowland, Morales &amp; Smith, PLLC</b>		Firm's EIN ►	<b>87-3876083</b>	
	555 N Carancahua, Suite 1040				
	Firm's address ► <b>Corpus Christi, TX 78401</b>		Phone no.	<b>361-993-1000</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  NoFor Paperwork Reduction Act Notice, see the separate instructions.  
DAAForm **990** (2021)

## Part III Statement of Program Service Accomplishments

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

X

**1** Briefly describe the organization's mission:

**See Schedule O**

# Schedule O Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? .....  Yes  No  
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? .....  Yes  No  
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 \$ **14,140,927** including grants of \$ ..... ) (Revenue \$ ..... )

**See Schedule O**

4b (Code: ..... ) (Expenses \$ **232,941** including grants of \$ ..... ) (Revenue \$ ..... )

**See Schedule O**

**4c** (Code: ..... ) (Expenses \$ **30,000** including grants of \$ **30,000** ) (Revenue \$ ..... )

**See Schedule O**

**4d Other program services (Describe on Schedule O.)**

(Expenses \$ including grants of \$

) (Revenue \$ )

**4e Total program service expenses ► 14,403,868**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		
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		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		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		
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
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		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		
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		
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		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		

**Part IV 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	X
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
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	X
24b		24b	
24c		24c	
24d		24d	
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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
25b	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	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	X
27	27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
28b	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
28c	c 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	29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	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	31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	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	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	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
35a	35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
35b	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	36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	20	Yes	No
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
1c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X		

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**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

		Yes	No
<b>2a</b>	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 .....	<b>2a</b>	<b>290</b>
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....	<b>3a</b>	<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....	<b>3b</b>	<b>X</b>
<b>4a</b>	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)? .....	<b>4a</b>	<b>X</b>
<b>b</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). .....		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....	<b>5c</b>	
<b>6a</b>	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? .....	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? .....	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....	<b>7b</b>	<b>X</b>
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year .....	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 .....	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders .....	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) .....	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .....	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand .....	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>	<b>X</b>
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>	<b>X</b>
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....	<b>17</b>	
	If "Yes," complete Form 6069.		

**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.

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 66	
1b	Enter the number of voting members included on line 1a, above, who are independent	1b 66	
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	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	<input checked="" type="checkbox"/>
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<input checked="" type="checkbox"/>

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		
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?	15a	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	15b	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	16a	<input checked="" type="checkbox"/>
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?	16b	
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?		

### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ► **None**
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**Julio Flores, Jr., VP/CFO**      **2710 North Shoreline**      **TX 78402**      **361-881-1280**  
**Corpus Christi**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **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, 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)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) Thomas Schmid President/CEO	40.00 0.00		X				367,422	0	32,573
(2) Jesse T. Gilbert Senior VP/COO	40.00 0.00		X				246,828	0	18,809
(3) Julio Flores Senior VP/CFO	40.00 0.00		X				232,563	0	18,920
(4) Patricia Ranzini VP Development	40.00 0.00		X				173,052	0	19,515
(5) Nicole Andrade Director of Admin&HR	40.00 0.00			X			145,977	0	16,373
(6) Jennifer Vela Govt & Mktg Officer	40.00 0.00		X				144,335	0	13,799
(7) Justin Sefcik Chief Oper Officer	40.00 0.00		X				125,208	0	30,009
(8) Esperanza Andrade Member	1.00 0.00	X					0	0	0
(9) Dr. Osbert Blow Member	1.00 0.00	X					0	0	0
(10) Allen Borden Member	1.00 0.00	X					0	0	0
(11) Julie Buckley Past Chair/Parliamen	1.00 0.00	X	X				0	0	0

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(12) Mary Campbell	1.00								
Member	0.00	X					0	0	0
(13) Louise Chapman	1.00								
Member	0.00	X					0	0	0
(14) Steven Davidson	1.00								
Member	0.00	X					0	0	0
(15) Ben Donnell	1.00								
Member	0.00	X					0	0	0
(16) John F. Dorn	1.00								
Member	0.00	X					0	0	0
(17) Larry Elizondo	1.00								
Member	0.00	X					0	0	0
(18) Laura Fischer	1.00								
Member	0.00	X					0	0	0
(19) Dr. Robert (Bob) Furgason	1.00								
Member	0.00	X					0	0	0
1b Subtotal							► 1,435,385		149,998
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							► 1,435,385		149,998

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 7

		Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		3	X
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	X

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SpawGlass Contractors, Inc Harlingen TX 78552	3008 W. Spur 54 Gen Contractor	1,215,575
Turner Ramirez Architects Corpus Christi TX 78411	3751 S Alameda Building Design	431,679
Lamar Companies Baton Rouge LA 70896	PO Box 96030 Advertising	261,489
Barkley REI Overland Park KS 66245	P.O. Box 25277 Advertising	229,286
Pettus Advertising Inc. Corpus Christi TX 78401	101 N. Shoreline, Ste 200 Advertising	125,522

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

5

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

Contributions, Grants, and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a				
1b	Membership dues	1b				
1c	Fundraising events	1c				
1d	Related organizations	1d	59,925			
1e	Government grants (contributions)	1e	7,962,684			
f	All other contributions, gifts, grants, and similar amounts not included above					
g	Noncash contributions included in lines 1a-1f	1f	8,407,028			
h	Total. Add lines 1a-1f	1g	\$ 8,819			
				16,429,637		
Program Service Revenue			Business Code			
2a	Admissions			9,148,452	9,148,452	
b	Program Ticket Sales			6,068,488	6,068,488	
c	Memberships			1,601,008	1,601,008	
d	Gift Shop			1,211,652	1,211,652	
e	Animal Programs			192,713	192,713	
f	All other program service revenue			118,091	118,091	
g	Total. Add lines 2a-2f			18,340,404		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		474,451		474,451
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6a	Gross rents	(i) Real	(ii) Personal			
6b		6a				
6c		6b				
d	Net rental income or (loss)					
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7b		7a				
c	Less: cost or other basis and sales exps.		52,745			
7c		7b				
d	Gain or (loss)		-52,745			
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		-52,745	-52,745	
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a	263,092			
b	Less: cost of goods sold	10b	90,224			
c	Net income or (loss) from sales of inventory			172,868	172,868	
Miscellaneous Revenue	11a	Concessions	Business Code			
b	Parking Revenue			2,058,268	2,058,268	
c	Other Income			577,654	577,654	
d	All other revenue			342,684	342,684	
e	Total. Add lines 11a-11d			485,082	485,082	
12	Total revenue. See instructions			3,463,688		
				38,828,303	21,751,347	172,868 474,451

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**Part IX Statement of Functional Expenses**

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

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

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .....		30,000	30,000		
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 Benefits paid to or for members .....					
5 Compensation of current officers, directors, trustees, and key employees .....					
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 .....		4,980,437	4,185,465	842,502	-47,530
8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions) .....		112,858	110,036	7,738	-4,916
9 Other employee benefits .....		536,226	427,735	98,960	9,531
10 Payroll taxes .....		465,806	342,597	102,631	20,578
11 Fees for services (nonemployees):					
a Management .....		217,635	78,415	123,326	15,894
b Legal .....		9,213		9,213	
c Accounting .....		29,250		29,250	
d Lobbying .....					
e 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 .....		876,152	874,781	243	1,128
13 Office expenses .....		363,241	309,474	33,826	19,941
14 Information technology .....					
15 Royalties .....					
16 Occupancy .....		1,631,311	1,594,024	30,296	6,991
17 Travel .....		39,233	37,085	2,094	54
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....					
19 Conferences, conventions, and meetings .....					
20 Interest .....					
21 Payments to affiliates .....					
22 Depreciation, depletion, and amortization .....		2,898,604	2,898,604		
23 Insurance .....		80,746		80,746	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) .....					
a Contracted Services .....		807,279	619,884	187,330	65
b Fees, Permits, & Royalties .....		603,179	580,646	16,541	5,992
c Cost of Food Concession .....		601,230	601,230		
d Capital Additions .....		303,632	303,632		
e All other expenses .....		1,155,593	946,400	181,013	28,180
25 Total functional expenses. Add lines 1 through 24e .....		17,164,658	14,403,868	2,350,409	410,381
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> 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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	3,518,094	13,973,171
	2 Savings and temporary cash investments	2,522,160	5,022,177
	3 Pledges and grants receivable, net	9,130,660	9,619,014
	4 Accounts receivable, net	4	283,125
	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	5	
	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)	6	
	7 Notes and loans receivable, net	7,226,391	7
	8 Inventories for sale or use	27,643	36,557
	9 Prepaid expenses and deferred charges	175,619	166,399
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 119,436,025	
	b Less: accumulated depreciation	10b 60,317,113	59,432,740 10c 59,118,912
	11 Investments—publicly traded securities	4,235,479	4,867,845
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>86,268,786</b>	<b>93,087,200</b>
Liabilities	17 Accounts payable and accrued expenses	875,967	1,594,202
	18 Grants payable	18	
	19 Deferred revenue	25,000	13,528
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other 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	22	
	23 Secured mortgages and notes payable to unrelated third parties	26,475,304	10,524,178
	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	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>27,376,271</b>	<b>12,131,908</b>
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>		
	and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	45,915,262	-455,322,073
	28 Net assets with donor restrictions	12,977,253	536,277,365
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>		
	and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	<b>32 Total net assets or fund balances</b>	<b>58,892,515</b>	<b>80,955,292</b>
	<b>33 Total liabilities and net assets/fund balances</b>	<b>86,268,786</b>	<b>93,087,200</b>

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12) .....	1	38,828,303
2 Total expenses (must equal Part IX, column (A), line 25) .....	2	17,164,658
3 Revenue less expenses. Subtract line 2 from line 1 .....	3	21,663,645
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	4	58,892,515
5 Net unrealized gains (losses) on investments .....	5	399,132
6 Donated services and use of facilities .....	6	
7 Investment expenses .....	7	
8 Prior period adjustments .....	8	
9 Other changes in net assets or fund balances (explain on Schedule O) .....	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	10	80,955,292

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	<input checked="" type="checkbox"/>
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant? .....	2b	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
2c 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? .....	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	<input checked="" type="checkbox"/>
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 .....	3b	

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## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(20) Thomas A. Gates	1.00								
Member	0.00	X					0	0	0
(21) Jason Gilbert	1.00								
Member	0.00	X					0	0	0
(22) Paul J. Guilfoyle	1.00								
Member	0.00	X					0	0	0
(23) Kim Hammer	1.00								
Member	0.00	X					0	0	0
(24) Bruce S. Hawn	1.00								
Secretary	0.00	X	X				0	0	0
(25) R. Scott Heitkamp	1.00								
Member	0.00	X					0	0	0
(26) Joe Henkel	1.00								
Member	0.00	X					0	0	0
(27) Charles A. "Charlie" Hicks	1.00								
Member	0.00	X					0	0	0
1b Subtotal						►			
c Total from continuation sheets to Part VII, Section A						►			
d Total (add lines 1b and 1c)						►			

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	
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	

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(28) Catherine Tobin Hilliard	1.00								
Member	0.00	X					0	0	0
(29) Susan Hutchinson	1.00								
Member	0.00	X					0	0	0
(30) Sidney Evans, II	1.00								
Member	0.00	X					0	0	0
(31) George Finley, III	1.00								
Member	0.00	X					0	0	0
(32) Newman Tree Baker, III	1.00								
Member	0.00	X					0	0	0
(33) Donald E. Kingsbury	1.00								
Treasurer	0.00	X	X				0	0	0
(34) Aleisha Kolb	1.00								
Member	0.00	X					0	0	0
(35) Mark LaRue	1.00								
Member	0.00	X					0	0	0
1b Subtotal						►			
c Total from continuation sheets to Part VII, Section A						►			
d Total (add lines 1b and 1c)						►			

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	
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	

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(36) Nelda Martinez	1.00								
Member	0.00	X					0	0	0
(37) Robert A. May	1.00								
Member	0.00	X					0	0	0
(38) Dr. Larry McKinney	1.00								
Member	0.00	X					0	0	0
(39) Julie McNeil	1.00								
Member	0.00	X					0	0	0
(40) Larry Meyers	1.00								
Member	0.00	X					0	0	0
(41) Dr. Kelly M. Miller	1.00								
Member	0.00	X					0	0	0
(42) Patty Nuss	1.00								
Member	0.00	X					0	0	0
(43) J. Ted Oakley	1.00								
Member	0.00	X					0	0	0
<b>1b Subtotal</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	
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	

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</b>		

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(44) Patricia Outtrim	1.00								
Member	0.00	X					0	0	0
(45) Hoelt J. Pohlmeier	1.00								
Member	0.00	X					0	0	0
(46) Loren Rock	1.00								
Member	0.00	X					0	0	0
(47) Kurt Roush	1.00								
Member	0.00	X					0	0	0
(48) Andy Saenz	1.00								
Member	0.00	X					0	0	0
(49) Keleigh Sasser	1.00								
Member	0.00	X					0	0	0
(50) Darcy Schroeder	1.00								
Vice Chair	0.00	X	X				0	0	0
(51) Kristen Sterett	1.00								
Member	0.00	X					0	0	0
<b>1b Subtotal</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	
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	

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</b>		

## Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(52) Judith Talavera	1.00								
Member	0.00	X					0	0	0
(53) Larry Urban	1.00								
Member	0.00	X					0	0	0
(54) Rhodes Urban	1.00								
Member	0.00	X					0	0	0
(55) Christina Villeda	1.00								
Member	0.00	X					0	0	0
(56) Patricia Hawn Wallace	1.00								
Member	0.00	X					0	0	0
(57) Cassandra Wolfe	1.00								
Member	0.00	X					0	0	0
(58) Dr. David Yoskowitz	1.00								
Member	0.00	X					0	0	0
(59) Charlie Zahn	1.00								
Chair	0.00	X	X				0	0	0
<b>1b Subtotal</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total (add lines 1b and 1c)</b>									

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
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	
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	

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►</b>		

**SCHEDULE A**  
 (Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**Texas State Aquarium Association**Employer identification number  
**23-7044950****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check 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 hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....  
 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
 a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
 b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
 c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
 d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
 f Enter the number of supported organizations .....  
 g Provide the following information about the supported organization(s).  

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2021

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,710,937	3,202,093	4,052,538	6,678,478	16,429,637	33,073,683
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	2,710,937	3,202,093	4,052,538	6,678,478	16,429,637	33,073,683
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) .....						12,084,692
6 Public support. Subtract line 5 from line 4 .....						20,988,991

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	2,710,937	3,202,093	4,052,538	6,678,478	16,429,637	33,073,683
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	339,249	387,728	447,030	472,245	474,451	2,120,703
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10 .....						35,194,386
12 Gross receipts from related activities, etc. (see instructions) .....					12	77,497,673
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) .....	14	59.64 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	79.62 %
16a <b>33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
b <b>33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	%
<b>19a 33 1/3% support tests—2021.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	►	<input type="checkbox"/>
<b>b 33 1/3% support tests—2020.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	►	<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....	►	<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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.

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

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.)

## Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- 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.

	Yes	No
11a		
11b		
11c		

## Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

## Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

## Section D. All Type III Supporting Organizations

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?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

## Section E. Type III Functionally Integrated Supporting Organizations

1 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.
- 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).

2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

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.

3 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.

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.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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.

<b>Section A – Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(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		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount</b> . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions
		(ii) Underdistributions Pre-2021
		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.	
3	Excess distributions carryover, if any, to 2021	
a	From 2016 .....	
b	From 2017 .....	
c	From 2018 .....	
d	From 2019 .....	
e	From 2020 .....	
f	<b>Total</b> of lines 3a through 3e	
g	Applied to underdistributions of prior years	
h	Applied to 2021 distributable amount	
i	Carryover from 2016 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4	Distributions for 2021 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2021 distributable amount	
c	Remainder. Subtract lines 4a and 4b from line 4.	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2017 .....	
b	Excess from 2018 .....	
c	Excess from 2019 .....	
d	Excess from 2020 .....	
e	Excess from 2021 .....	

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

Public Inspection Copy

**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990 or Form 990-PF.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2021**

Name of the organization

Employer identification number

23-7044950

**Texas State Aquarium Association**

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**Texas State Aquarium Association**

Employer identification number

**23-7044950****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 787,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 505,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,553,024	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,409,660	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**Texas State Aquarium Association**

Employer identification number

**23-7044950****Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,910,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,005,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

Employer identification number

23-7044950

**Texas State Aquarium Association****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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 benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Tax Year</b>
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► .....	
4 Number of states where property subject to conservation easement is located ► .....	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► .....	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ .....	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 .....	► \$ .....
b Assets included in Form 990, Part X .....	► \$ .....

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

DAA

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 **Texas State Aquarium Association** 23-7044950 Page 2**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange program  
 e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,936,224	3,536,597	2,809,984	3,125,730	3,125,730
b Contributions	62,044	23,153	28,075	63,927	
c Net investment earnings, gains, and losses	482,111	417,321	742,163	-379,673	466,449
d Grants or scholarships					
e Other expenditures for facilities and programs	50,790	40,847	43,625		1,150
f Administrative expenses					
g End of year balance	4,429,589	3,936,224	3,536,597	2,809,984	3,591,029

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► ..... %  
 b Permanent endowment ► ..... %  
 c Term endowment ► ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,569,593		3,569,593
b Buildings		99,295,193	51,386,514	47,908,679
c Leasehold improvements		11,314,587		11,314,587
d Equipment		5,256,652		5,256,652
e Other			8,930,599	-8,930,599
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			►	<b>59,118,912</b>

**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)</b> ►		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)</b> ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)</b> ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes .....	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)</b> ►	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021 **Texas State Aquarium Association** 23-7044950

Page 4

**Part XI 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	<b>39,405,361</b>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments .....	2a	<b>399,132</b>
b	Donated services and use of facilities .....	2b	<b>87,700</b>
c	Recoveries of prior year grants .....	2c	
d	Other (Describe in Part XIII.) .....	2d	<b>90,226</b>
e	Add lines 2a through 2d .....	2e	<b>577,058</b>
3	Subtract line 2e from line 1 .....	3	<b>38,828,303</b>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b	Other (Describe in Part XIII.) .....	4b	
c	Add lines 4a and 4b .....	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....	5	<b>38,828,303</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements .....	1	<b>17,342,582</b>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities .....	2a	<b>87,700</b>
b	Prior year adjustments .....	2b	
c	Other losses .....	2c	
d	Other (Describe in Part XIII.) .....	2d	<b>90,224</b>
e	Add lines 2a through 2d .....	2e	<b>177,924</b>
3	Subtract line 2e from line 1 .....	3	<b>17,164,658</b>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b .....	4a	
b	Other (Describe in Part XIII.) .....	4b	
c	Add lines 4a and 4b .....	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....	5	<b>17,164,658</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, Line 4 - Intended Uses for Endowment Funds**

**The nature of the endowment fund is that the corpus is to remain invested in perpetuity, and managed by the TSA Investment Committee, under the governance of the TSA Executive Committee. Based on the desire to increase the size of the endowment, every effort will be made to reinvest earned income until such time as the Trustees feel the endowment has reached a certain minimum level. Capital appreciation, or gain in the fund will remain as part of the fund corpus.**

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

COGS reclassified to revenue	\$	<b>90,224</b>
------------------------------	----	---------------

Rounding	\$	<b>2</b>
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Schedule D (Form 990) 2021 **Texas State Aquarium Association** 23-7044950 Page 5  
**Part XIII Supplemental Information (continued)**

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**  
COGS reclassified to revenue \$ 90,224

**SCHEDULE I**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**

Name of the organization

**Texas State Aquarium Association**

Employer identification number

**23-7044950****Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	Chicago Zoological Society 3300 Golf Rd Brookfield IL 60513	36-2167016	501c3	10,000				Sarasota Dolphin Res
(2)	International Crane Foundation E11376 Shady Ln Baraboo WI 53913	39-1187711	501c3	10,000				Texas Crane Project
(3)	Caesar Kleberg Wildlife Res Ins 700 University Blvd Kingsville TX 78363		501c3	10,000				Texas Ocelot Program
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ►

3 Enter total number of other organizations listed in the line 1 table ►

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

DAA

Schedule I (Form 990) (2021)

Schedule I (Form 990) (2021) **Texas State Aquarium Association** 23-7044950

Page 2

**Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds**

Grant recipients submit periodic reports that include the project scope and

implementation procedures, the project results including applicable

metrics, and the scientific conclusions drawn as a result of the project.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

**Texas State Aquarium Association**Employer identification number  
**23-7044950****Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

First-class or charter travel  
 Travel for companions  
 Tax indemnification and gross-up payments  
 Discretionary spending account

Housing allowance or residence for personal use  
 Payments for business use of personal residence  
 Health or social club dues or initiation fees  
 Personal services (such as maid, chauffeur, chef)

	Yes	No
1a	X	

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

1b	X
2	X

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

2	X

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

Compensation committee  
 Independent compensation consultant  
 Form 990 of other organizations

Written employment contract  
 Compensation survey or study  
 Approval by the board or compensation committee

4a	X	
4b	X	
4c	X	

**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:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

5a		X
5b		X

**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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

6a		X
6b		X

**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:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

7		X
8		X

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 **Texas State Aquarium Association** 23-7044950

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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Thomas Schmid 1 President/CEO	(i) 327,422	40,000	0	0	13,500	19,073	399,995
	(ii) 0	0	0	0	0	0	0
Jesse T. Gilbert 2 Senior VP/COO	(i) 206,828	40,000	0	0	10,519	8,290	265,637
	(ii) 0	0	0	0	0	0	0
Julio Flores 3 Senior VP/CFO	(i) 197,563	35,000	0	0	10,100	8,820	251,483
	(ii) 0	0	0	0	0	0	0
Patricia Ranzini 4 VP Development	(i) 166,052	7,000	0	0	6,866	12,649	192,567
	(ii) 0	0	0	0	0	0	0
Nicole Andrade 5 Director of Admin&HR	(i) 134,477	11,500	0	0	6,936	9,437	162,350
	(ii) 0	0	0	0	0	0	0
Jennifer Vela 6 Govt & Mktg Officer	(i) 132,335	12,000	0	0	6,750	7,049	158,134
	(ii) 0	0	0	0	0	0	0
Justin Sefcik 7 Chief Oper Officer	(i) 112,274	12,934	0	0	6,067	23,942	155,217
	(ii) 0	0	0	0	0	0	0
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

**Part III 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.

**Part I, Line 4 - Severance, Nonqualified, and Equity-Based Payments**

	Severance	Nonqualified	Equity-based
--	-----------	--------------	--------------

Thomas Schmid	22,981	0	0
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**SCHEDULE O  
(Form 990)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2021**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

Texas State Aquarium Association

Employer identification number  
23-7044950**Form 990 - Organization's Mission or Most Significant Activities**

The Texas State Aquarium's mission is engaging people with animals, inspiring appreciation for our seas, and supporting wildlife conservation. Its vision is to be a global leader in fostering support for the conservation of the Gulf of Mexico and Caribbean Sea. To accomplish this goal, the Aquarium has developed more than 25 permanent and special exhibits to interpret the animals and sensitive ecosystems of these regions, educating an average of more than 500,000 visitors annually in the wonders of the marine world. The Texas State Aquarium promotes and actively engages in environmental conservation through a number of programs, including a wildlife rehabilitation program that ministers to the needs of hundreds of sick and injured shorebirds, raptors, sea turtles, and marine mammals each year.

**Form 990 - Organization's Mission**

The Texas State Aquarium's mission is engaging people with animals, inspiring appreciation for our seas, and supporting wildlife conservation. Its vision is to be a global leader in fostering support for the conservation of the Gulf of Mexico and Caribbean Sea. To accomplish this goal, the Aquarium has developed more than 25 permanent and special exhibits to interpret the animals and sensitive ecosystems of these regions, educating an average of more than 500,000 visitors annually in the wonders of the marine world. The Texas State Aquarium promotes and actively engages in environmental conservation through a number of programs, including a wildlife rehabilitation program that ministers to the needs of

Texas State Aquarium Association

23-7044950

hundreds of sick and injured shorebirds, raptors, sea turtles, and marine mammals each year.

**Form 990, Part III, Line 4a - First Accomplishment**

It all began in 1969 with the dream of what Corpus Christi could be.

Visionary community leaders had a bold, yet simple purpose with the Texas State Aquarium - create educationally enriching and entertaining exhibits and programs to connect people with nature, and inspire them to care for, and ultimately help conserve, the Gulf of Mexico. Today, after being open to the public for 30 years and having educated and entertained more than 14 million visitors, the Texas State Aquarium is the leading attraction in South Texas, an economic driver of the Coasted Bend tourism economy, a worldwide environmental education center, and an award-winning center for wildlife care and rehabilitation. At the heart of the Aquarium's mission is environmental education. Prior to 2020, tens of thousands of students experienced the Aquarium each year through our outreach and distance learning programs, camps, and on-site programs. When Covid-19 arrived in early 2020, our on-site programs and camps were cancelled, but our online distance learning team rose to the challenge of keeping home-bound students engaged and entertained. We streamed 50 free programs that anyone with social media could access and provided upbeat content across our social media platforms to help people find bright spots during dark times. Along with "virtual field trip" programs, and other private videoconference programs, we reached more than 300,000 children in 10 countries over the course of the year, strengthening their STEM skills and inspiring them to be responsible stewards of their environment.

Texas State Aquarium Association

23-7044950

**Form 990, Part III, Line 4b - Second Accomplishment**

The Aquarium has always aimed to educate guests on the importance of conserving our habitats and wildlife - and we lead by example. The Aquarium has worked diligently to organize and carry out beach clean-up events in partnership with the Texas General Land Office. In addition to coordinating these efforts, Aquarium staff conduct educational programs that highlight the effects garbage has on regional wildlife. In 2021, the Aquarium hosted *Washed Up Texas*, a temporary exhibition of large-scale ocean animal sculptures made of marine debris that has washed up on Texas beaches. The trash-turned-art sculptures act as the vehicle to bring awareness to, and educate the public on, the problem of plastics pollution in our oceans. 2021 also brought National Geographic's traveling exhibition "Planet or Plastic?" to the Texas State Aquarium. The exhibit displayed moving imagery telling the story of the global crisis of marine plastics. The exhibit offered solutions and information to mitigate the issue of plastic waste and to minimize single-use plastic consumption. As a member of the Aquarium Conservation Partnership, the Texas State Aquarium prides itself on its efforts to eliminate single-use plastics from our operations, including offering canned water, paper straws, and recycled material serving containers to our restaurant patrons. Our Pepsi Shoreline Grill was the first restaurant in Texas to be recognized by the Surfrider Foundation as an Ocean Friendly Restaurant. The Texas State Aquarium also supports other organizations in their conservation efforts. Since 2013, our Wildlife Care, Conservation, and Research Fund program has dedicated more than \$500,000 to fund wildlife conservation projects in the Gulf of Mexico, the Sea of Cortez, South America, Australia, and South Africa. These projects have contributed to the conservation of endangered sea turtles, dolphins, oyster

**Texas State Aquarium Association****23-7044950**

reefs, corals, sharks, flamingos, whooping cranes, monarch butterflies, and koalas, among others.

**Form 990, Part III, Line 4c - Third Accomplishment**

Our Wildlife Rescue team ministers to the needs of hundreds of injured shore and water birds, sea turtles, and marine mammals each year. In February 2021, the Aquarium faced the aftermath of Winter Storm Uri. The sudden, prolonged temperature drop in South Texas led to an unprecedented number of cold-stunned sea turtles. The Aquarium's Wildlife Rescue Team worked around the clock to intake, monitor, and treat more than 1,000 sea turtles between February 13-23. More than 950 of the recovered sea turtles were eventually released back into their natural habitat. In June 2021, the Aquarium's Wildlife Rescue Center took in a stranded male bottlenose dolphin calf found living in the shallow lagoon next to his recently deceased mother. Rescue Team employees and volunteers provided 24/7 care for the young dolphin as it gained strength and recovered from malnutrition and dehydration. The dolphin calf, fully recovered but deemed non-releasable, was eventually transferred to the non-profit organization Dolphin Research Center in the Florida Keys. It is through these and many more programs that the Texas State Aquarium helps preserve our region's rich environmental heritage and empowers millions of visitors to take action to help preserve and protect our natural environment. And finally, as a private, not-for-profit institution, the Aquarium has a tremendous economic impact (over \$155 million in 2021) without the need for county or state funding subsidies for operations.

**Form 990, Part VI - Additional Information**

Texas State Aquarium Association

23-7044950

The Executive Committee consists of the Chair, Chair-Elect, Vice Chairs, Secretary, Treasurer, and the immediate Past-Chair, three elected members at large, up to four members appointed by the Chair, and the President & CEO as an Ex-Officio member. The members at-large shall be elected by the Board of trustees from nominees presented by the Governance and Nominating Committee and serve a one year term.

The Executive committee shall be responsible to the Board of Trustees with full power to act in the operation of the Association between meetings of the Board of Trustees. It shall report its actions and refer matters of policy to the board of Trustees. Meeting of the Executive Committee shall be held at such times as may be determined by the Chair. A majority of the members of the Executive committee shall constitute a quorum.

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**  
 Form 990 will be available to the Board of Trustees by e-mail submission, prior to filing.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**  
 The Executive Committee of the Board of Trustees conducts a Performance Appraisal of the President/CEO at the end of the year. The Texas State Aquarium follows a policy whereby the board compensation committee reviews not only this benefit, but reviews and sets the CEO salary based on survey information and an employee evaluation. They have access to historical salary data and comparable salaries from the survey information.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**  
 Each year, the organization will have the Federal IRS Tax Form 990, Annual

Schedule O (Form 990) 2021

Page **2**

Name of the organization

Employer identification number

**23-7044950****Texas State Aquarium Association****Independent Audit Report, governing documents and Conflict of Interest****Policy available for review upon request.**

**SCHEDULE R**  
**(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

Texas State Aquarium Association

Employer identification number

23-7044950

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	.....					
(2)	.....					
(3)	.....					
(4)	.....					
(5)	.....					

**Part II 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.

	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	
							Yes	No
(1)	Friends of the Texas State Aquarium 2710 North Shoreline Blvd Corpus Christi TX 78402	47-2413408	TX	501c3	12a	N/A		X
(2)	TSAA Beverage Services Association 2710 North Shoreline Blvd Corpus Christi TX 78402	47-2717822	TX	501c3	12a	N/A		X
(3)	Texas State Aquarium Institute for 2710 North Shoreline Blvd Corpus Christi TX 78402	86-3285806	TX	501c3	12a	N/A		X
(4)	.....							
(5)	.....							

## Schedule R (Form 990) 2021 Texas State Aquarium Association 23-7044950

Page 2

**Part III 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
Yes	No									
(1)										
(2)										
(3)										
(4)										

**Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
(1)								
(2)								
(3)								
(4)								

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....
- b Gift, grant, or capital contribution to related organization(s) .....
- c Gift, grant, or capital contribution from related organization(s) .....
- d Loans or loan guarantees to or for related organization(s) .....
- e Loans or loan guarantees by related organization(s) .....
- f Dividends from related organization(s) .....
- g Sale of assets to related organization(s) .....
- h Purchase of assets from related organization(s) .....
- i Exchange of assets with related organization(s) .....
- j Lease of facilities, equipment, or other assets to related organization(s) .....
- k Lease of facilities, equipment, or other assets from related organization(s) .....
- l Performance of services or membership or fundraising solicitations for related organization(s) .....
- m Performance of services or membership or fundraising solicitations by related organization(s) .....
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o Sharing of paid employees with related organization(s) .....
- p Reimbursement paid to related organization(s) for expenses .....
- q Reimbursement paid by related organization(s) for expenses .....
- r Other transfer of cash or property to related organization(s) .....
- s Other transfer of cash or property from related organization(s) .....

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	<b>Friends of the Texas State Aquarium</b>	<b>c</b>	<b>52,425</b>	<b>Cash</b>
(2)	<b>TSAA Beverage Services Association</b>	<b>c</b>	<b>7,500</b>	<b>Cash</b>
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

# Public Inspection Copy

## Form 990-T

Department of the Treasury  
Internal Revenue ServiceExempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021

Open to Public Inspection  
for 501(c)(3)  
Organizations Only

A <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number	
B Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Print or Type  <b>Texas State Aquarium Association</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2710 North Shoreline Blvd.</b> City or town, state or province, country, and ZIP or foreign postal code <b>Corpus Christi TX 78402-1004</b>		E Group exemption number (see instructions)	
C Book value of all assets at end of year ► <b>93,087,200</b>				F <input type="checkbox"/> Check box if an amended return.	
G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust					
H Check if filing only to ► <input type="checkbox"/> Claim credit from Form 8941		Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		► <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T)		► <b>1</b>			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation		► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
L The books are in care of ► <b>Julio Flores, Jr., VP/CFO</b>		Telephone number ► <b>361-881-1280</b>			
<b>Part I Total Unrelated Business Taxable income</b>					
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	<b>-33,137</b>		
2	Reserved	2			
3	Add lines 1 and 2	3	<b>-33,137</b>		
4	Charitable contributions (see instructions for limitation rules)	4			
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	<b>-33,137</b>		
6	Deduction for net operating loss. See instructions	6	0		
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	<b>-33,137</b>		
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000		
9	Trusts. Section 199A deduction. See instructions	9			
10	<b>Total deductions.</b> Add lines 8 and 9	10	1,000		
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0		
<b>Part II Tax Computation</b>					
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0		
2	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0		
3	<b>Proxy tax.</b> See instructions	3			
4	Other tax amounts. See instructions	4			
5	Alternative minimum tax (trusts only)	5			
6	<b>Tax on noncompliant facility income.</b> See instructions	6			
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies	7	0		

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2021)

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a		
b	Other credits (see instructions) .....	1b		
c	General business credit. Attach Form 3800 (see instructions) .....	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	1d		
e	<b>Total credits.</b> Add lines 1a through 1d .....	1e		
2	Subtract line 1e from Part II, line 7 .....	2		
3	Other amounts due. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	3		
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here ► .....	4	0	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5		
6a	Payments: A 2020 overpayment credited to 2021 .....	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies ► <input type="checkbox"/> .....	6b		
c	Tax deposited with Form 8868 .....	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d		
e	Backup withholding (see instructions) .....	6e		
f	Credit for small employer health insurance premiums (attach Form 8941) .....	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....	6g		
	<input type="checkbox"/> Form 4136 .....			
	<input type="checkbox"/> Other .....			
	Total ► .....	7		
7	<b>Total payments.</b> Add lines 6a through 6g .....	8		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	9		
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	10	0	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	11		
11	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> ► <b>Refunded</b> ► .....	11		

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

		Yes	No
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ► .....		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ .....		
4	Enter available pre-2018 NOL carryovers here ► \$ <b>-80,870</b> . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. .....		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	722320	\$ 275,929	
		\$ .....	
		\$ .....	
		\$ .....	
6a	Did the organization change its method of accounting? (see instructions)		
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		X

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b> ►	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)?	
	► <b>Senior VP/CFO</b>			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of officer	Date	Title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>David J. Morales</b>	Preparer's signature <b>David J. Morales</b>	Date <b>06/28/23</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>87-3876083</b>
	Firm's name ► <b>Gowland, Morales &amp; Smith, PLLC</b>		Firm's EIN ►		
	555 N Carancahua, Suite 1040				
	Firm's address ► <b>Corpus Christi, TX 78401</b>		Phone no.	<b>361-993-1000</b>	

**SCHEDULE A**  
**(Form 990-T)****Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**Department of the Treasury  
Internal Revenue Service**A** Name of the organization  
**Texas State Aquarium Association**Open to Public Inspection for  
501(c)(3) Organizations Only**C** Unrelated business activity code (see instructions) ► **722320****B** Employer identification number  
**23-7044950****D** Sequence: **1** of **1****E** Describe the unrelated trade or business ► **Unrelated Business Activity**

<b>Part I</b> <b>Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	<b>263,092</b>		
<b>b</b>	Less returns and allowances		<b>c</b> Balance ►	
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>90,224</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>172,868</b>		<b>172,868</b>
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Part IV)			
<b>7</b>	Unrelated debt-financed income (Part V)			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
<b>10</b>	Exploited exempt activity income (Part VIII)			
<b>11</b>	Advertising income (Part IX)			
<b>12</b>	Other income (see instructions; attach statement)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>172,868</b>		<b>172,868</b>

**Part II** **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b>	Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b>	Salaries and wages		<b>2</b>	<b>96,599</b>
<b>3</b>	Repairs and maintenance		<b>3</b>	
<b>4</b>	Bad debts		<b>4</b>	
<b>5</b>	Interest (attach statement). See instructions		<b>5</b>	
<b>6</b>	Taxes and licenses		<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562). See instructions		<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>	<b>0</b>
<b>9</b>	Depletion		<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans		<b>10</b>	
<b>11</b>	Employee benefit programs		<b>11</b>	<b>24,150</b>
<b>12</b>	Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b>	Excess readership costs (Part IX)		<b>13</b>	
<b>14</b>	Other deductions (attach statement)		<b>14</b>	<b>85,256</b>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	<b>206,005</b>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	<b>-33,137</b>
<b>17</b>	Deduction for net operating loss. See instructions		<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	<b>-33,137</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold**Enter method of inventory valuation ► **Cost Method**

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	90,224
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	90,224
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	90,224
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	_____
B	_____
C	_____
D	_____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....	►	_____
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....	_____	_____
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....	►	_____

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A	_____
B	_____
C	_____
D	_____

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				

8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....	►	_____
9 Allocable deductions. Multiply line 3c by line 6 .....	_____	_____
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....	►	_____
11 Total dividends-received deductions included in line 10 .....	►	_____

Schedule A (Form 990-T) 2021 **Texas State Aquarium Association** 23-7044950

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**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)**

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organization		
3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10.  
Enter here and on Part I,  
line 8, column (A)

Add columns 6 and 11.  
Enter here and on Part I,  
line 8, column (B)

Totals ►

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

Add amounts in column 2.  
Enter here and on Part I,  
line 9, column (A)

Add amounts in column 5.  
Enter here and on Part I,  
line 9, column (B)

Totals ►

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 Description of exploited activity: _____	2
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income .....	5
6 Expenses attributable to income entered on line 5 .....	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

Schedule A (Form 990-T) 2021

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A   
B   
C   
D

Enter amounts for each periodical listed above in the corresponding column.

A	B	C	D

2 Gross advertising income .....

a Add columns A through D. Enter here and on Part I, line 11, column (A) ► \_\_\_\_\_

3 Direct advertising costs by periodical .....


a Add columns A through D. Enter here and on Part I, line 11, column (B) ► \_\_\_\_\_

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....


5 Readership costs .....


6 Circulation income .....


7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....


8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....


a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 ► \_\_\_\_\_

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 ► \_\_\_\_\_

**Part XI Supplemental Information (see instructions)**

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**Federal Statements****Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts**

Activity Description	UBIT Num	Available Carryover
Unrelated Business Activity	722320	\$ 275,929
Total		\$ 275,929

**Federal Statements****Unrelated Business Activity****Statement 1 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
Admin & OH Salary Allocation	\$ 21,831
Insurance	1,483
Utilities	2,596
Debt Service	1,742
Advertising	3,099
Other Exec Expenses	706
Other MIS Exp	858
Other Accounting Exp	173
Other Personnel Expenses	430
Other Operational Exp	
Other Physical Plant Exp	1,384
Other Development Exp	199
Other Marketing Exp	85
Other Membership Exp	300
Other Sales Exp	312
Other	37,398
Overhead - Depreciation	12,660
Total	\$ <u>85,256</u>