990

Department of the Treasury Internal Revenue Service

## Retuil of Organization Exempt From II. Ime Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

2021 Open to Public Inspection

OMB No. 1545-0047

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

A	For the 2021 of	alendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization THE TEXAS HILL COUNTRY HIGHER	1	D Employer	Identification number
Ш	Address change	EDUCATION DEVELOPMENT FOUNDATION			
	Name change	Doing business as			069497
$\overline{\Box}$	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 2818 EAST US HIGHWAY 290	Room/suite	830-9	990-4948
_	Final return/	City or town, state or province, country, and ZIP or foreign postal code			200 1010
닏	terminated	FREDERICKSBURG TX 78624	I.	G Gross rece	ipts\$ 453,909
	Amended return	F Name and address of principal officer:	H was now were considerable		25 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -
	Application pending	DAVE CAMPBELL	H(a) Is this a group  H(b) Are all subor  If "No," a	dinates inclu	5 5
_	Tax-exempt status:	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			
-		I/A	H(c) Group exem		
_	Form of organization		ear of formation: 20	105	M State of legal domicile: TX
_ P	All the supplementary makes a series (Costs).	ummary escribe the organization's mission or most significant activities:			
Activities & Governance	OF F TEXA 2 Check th	is box  if the organization discontinued its operations or disposed of more than 25	OUNTRY REG	ION OF	
S		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)			17
/itie	5 Total nur	nber of individuals employed in calendar year 2021 (Part V, line 2a)		5	1
÷					0
×		elated business revenue from Part VIII, column (C), line 12			0
	b Net unre	lated business taxable income from Form 990-T, Part I, line 11	******	7b	0
	D 110t unite	atea basiness taxable meetile from Form 555 1, Fatch, line 11	Prior Year		Current Year
Revenue	8 Contribut	ions and grants (Part VIII, line 1h)	112	,940	197,600
	9 Program	service revenue (Part VIII, line 2g)			0
šve		nt income (Part VIII, column (A), lines 3, 4, and 7d)	95	,602	41,290
ď		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,631	-201,882
	All a fine a distribution of the contract of	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,089	37,008
		nd similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	paid to or for members (Part IX, column (A), line 4)			0
w		other compensation, employee benefits (Part IX, column (A), lines 5–10)	89	,888	92,156
Expenses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			0
per	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 28,896	STAR IT SELVER WAIT	IQL STILL	
Ä	* ** * \$50.00 * * \$10.00 \$10.00 \$10.00 \$10.00	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	158	,383	141,323
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		,271	233,479
		less expenses. Subtract line 18 from line 12		,360	-196,471
is or	10 110101100	The state of the s	Beginning of Curre		End of Year
land	20 Total ass	ets (Part X, line 16)	6,546	,929	6,550,656
Net Assets or Fund Balances	21 Total liab	ilities (Part X, line 26)	82	,258	29,707
문	22 Net asse	ts or fund balances. Subtract line 21 from line 20	6,464	,671	6,520,949
		gnature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and stateme complete. Declaration of preparer (other than officer) is based on all information of which preparer h			owledge and belief, it is
	-				
Sig	1	ignature of officer		Date	
He		BRAD HARDIN TREAS	URER		
		ype or print name and title			
22.00	200 - 100 - 000 -	e preparer's name Preparer's signature	Date	Check	if PTIN
Paid	Gregor	y Knopp Gregory Knopp	11/01/	22 self-em	
	parer Firm's na		Fin	m's EIN 🕨	85-4035939
Jse	Only	PO BOX 3432			8 29 6 8 70 9 000
	Firm's add		Ph	one no.	830-990-4294
Мау	the IRS discus	s this return with the preparer shown above? See instructions			Yes No

	n 990 (2021) THE TEXAS HILL COUNTRY HIGHER 74-3069497	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1_		
	THE ORGANIZATION'S MISSION IS TO SUPPORT THE DEVELOPMENT AND	
	OF PUBLIC HIGHER EDUCATION OPPORTUNITIES IN THE HILL COUNTRY	REGION OF
7	TEXAS.	**********************
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 X 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 X 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 other	
	the total expenses, and revenue, if any, for each program service reported.	
	the total experience, and reterines, in any, for each program corrido reported.	
49	(Code: ) (Expenses \$ 130,019 including grants of \$ ) (Revenue	\$ 173,280)
	THE ORGANIZATIN'S PURPOSE IS TO SUPPORT THE DEVELOPMENT AND S	TICHATNABI IT INV
	OF PUBLIC HIGHER EDUICATION OPORTUNITIES IN THE HILL COUNTRY	REGION OF
Т	EXAS AND TO SUPORT THE STUDENTS ATTENDING THE CENTER	********
		************************
		2017/100
		*************************
	$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $	
No.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$)
I	I/A	*************
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4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$
	I/A	T
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	·	******************
		*************************
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	1
4e	Total program service expenses ▶ 130, 019	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	_ 5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	200		
220	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	10.00	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10		10	х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		8.00
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		letto/448	
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	A TIAC II		7/8
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
2220	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	STEP SHOWS STATE OF		
	Schedule D, Parts XI and XII	12a	х	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	<u>x</u>
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1110		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
842	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		<u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b o4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			v
	domestic government on Fart IA, Column (A), line 17 // Yes, complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

		100	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	( an		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Ves " complete Schedule I	23		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ASSES MODELLE STATE OF THE STAT	1.0.00	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	30000		27708-2
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			200
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	enous.		1,5
20	persons? If "Yes," complete Schedule L, Part III	27	Et lab	Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	100	Hillian	100
а	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	250,00	SINE	
a	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	* * * * * * * * * * * * * * * * * * *		
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	20-0-40-700		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	485900		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	222		.,
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	20	х	
Pa	urt V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Concodulo C Contains a response of note to any line in this Fait V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9	1.00	165	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0			TEE5
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			75
	reportable gaming (gambling) winnings to prize winners?	1c		х
DESCRIPTION OF THE PERSON OF T				1000

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			(HS)
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		17.45	T.W.O.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			Tan i
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	3,125		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	The second		
22	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	14400		
227	gifts were not tax deductible?	6b		111/10/01/1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	(6,6)6	STATE OF	
	and services provided to the payor?	7a	+	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		-	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		x
	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d		er semasia	
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1983	x
e f	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		<del>                                     </del>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	11.00	West.	
200	sponsoring organization have excess business holdings at any time during the year?	8		- 10
9	Sponsoring organizations maintaining donor advised funds.		SW 28	53550
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:		Har	78.55 S
а	Initiation fees and capital contributions included on Part VIII, line 12		188	REE
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	100		
11	Section 501(c)(12) organizations. Enter:	7.00		
a	Gross income from members or shareholders 11a	- Carrier	1000	W
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	17/1/2		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		in.	MATE
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	ESAME	William	EXM
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	11515000	Education and
0	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	0.00	(1)	
1	the organization is licensed to issue qualified health plans  13b			W
C	Enter the amount of reserves on hand	American	(063(240)	v
4a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a	1	X
ь 5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-	_
		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		PANIS -	
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
YATA'	If "Yes," complete Form 4720, Schedule O.		1X3.1X	17151
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	10000		
123	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.	MATERIAL PROPERTY.	5.00	4.16

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

Sec	ction A. Governing Body and Management			
4-	Enter the number of voting members of the governing body at the end of the tax year   1a   17	Smith Si	Yes	No
1a		-		
	If there are material differences in voting rights among members of the governing body, or	13,020		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent 1b 17			
ь		- 373	W. S.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1000000	HINGE,	v
	any other officer, director, trustee, or key employee?	. 2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct	1 .		v
290	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	203		
19000	one or more members of the governing body?	. 7a		<u>x</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	10.000		
	stockholders, or persons other than the governing body?	7b		_x_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	: 1000	ES/NOX	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		_X_
Sec	tion 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		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1840.	N/K/S	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15.21		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	100000000000000000000000000000000000000		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	WE555	30,725	11 C 1 C
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
		16a	27.31139999	x
b	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		SER
77	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	100		
	organization's exempt status with respect to such arrangements?	16b	2000	
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	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.			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
20	financial statements available to the public during the tax year.			
20 M7	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ARY LITTLE 2818 EAST US HIGHWAY 290, SUITE 6		^ 4	0.40
P.F	REDERICKBURG TX 78624 83	10-99	U-4	948

# 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.

  <u>See</u> 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 tille	(B) Average hours per week	off	x, unl	Pos check ess pe nd a d	rson	than one s both an r/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) BRAD HARDIN									
TREASURER	2.00 0.00	х		х					0
(2) TRUDY HUTTON									
<u> , , , , , , , , , , , , , , , , , , ,</u>	2.00								
DIRECTOR	0.00	Х					(	0	0
(3) BUD HARRIS	2.00								
DIRECTOR	0.00	х						o	0
(4) CHRISTINE GRANAL							<u> </u>		
	2.00								
DIRECTOR	0.00	X					(	0	0
(5) MIKE RENO									
<u> </u>	2.00								
DIRECTOR	0.00	Х	_				(	0	0
(6) EVELYN WASHBURNE	2.00								
DIRECTOR	0.00	х						o	0
(7) CAROLINE EIDSON	0.00	1						,	
(,,	2.00								
DIRECTOR	0.00	x						0	0
(8) LEEANN BAILEY									
	2.00								
DIRECTOR	0.00	Х					(	0	0
(9) DAVE CAMPBELL	F 00								
CHAIRMAN	5.00 0.00	x		х				o	0
(10) RAY HAWKINS	0.00	^	_	_				,	0
(10)Terr Internet	2.00								
DIRECTOR	0.00	x						o	0
(11) PATRICK MOORE									
************************	2.00				+				
DIRECTOR	0.00	X						0	0

Part VII Section A. Officers		Stee						74-30 f nd Highest Compensate				age
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than of box, unless person is both officer and a director/trust					one an	(D) Reportable compensation from the	(E) Reportable compensation from related	(I Estimate of o compe	d amoun ther	Í
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organiza related org	the tion and	ns
(12) JIM MIKULA	com succes					100						
DIRECTOR	2.00 0.00	x						0	0	\ 		(
(13) MARC WILLIAMS	NO. 105 (1997)											
DIRECTOR	2.00 0.00	x						0	0			(
(14) JESSE BARTER	2 00											
DIRECTOR	2.00	х						0	0			(
(15) J THOMAS HUTT	2.00											
DIRECTOR	0.00	x						0	0			(
(16) ERIC MUSTARD	2.00											
DIRECTOR	0.00	x						0	0			(
(17) RORIE CARTIER	100 March Contracts											
DIRECTOR	2.00 0.00	x						0	0			(
2												-
1b Subtotal	ets to Part VII, S	Secti	on A	١			<b>A</b>					
d Total (add lines 1b and 1c) .  Total number of individuals (inc.)							<b></b>		0400.000 - 7			
2 Total number of individuals (in- reportable compensation from				tnos	e iis	ted a	DOVE	e) who received more than	\$100,000 of			
2 Did the consideration list on the		41145		374.510						[70]	Yes	No
3 Did the organization list any fo employee on line 1a? If "Yes,"	complete Sche	ector dule .	J for	stee, sucl	, кеу h ina	emp Iividu	al .	ee, or highest compensated		3		x
4 For any individual listed on line organization and related organ	a 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation	from the			110
individual								T.		4		х
5 Did any person listed on line 1: for services rendered to the org	a receive or acc	rue c	comp	ensa	ation	fron			individual	10.00000	TERLE !	x
Section B. Independent Contractor		63,	COITI	piete	301	iedu	eJi	ior sucri person		5	200	Λ
Complete this table for your five compensation from the organization.	e highest compo zation. Report co	ensa ompe	ted i	ndep	end for th	ent c	ontr	actors that received more that year ending with or with	than \$100,000 of in the organization's tax ye	ear.		
Name and I	(A) business address					102-23		Descrip	(B) lion of services	C	(C) ompensa	ation
2 Total number of independent c received more than \$100,000 c								se listed above) who	0			

Form 990 (2021) THE TEXAS HILL COUNTRY HIGHER

P	art \	/III Statem Check i	ent of f Sch	of Revenue nedule O cont	ains a i	esponse or note	to any line in this	s Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts t	1a	Federated camp	paigns	• • • • • • • • • • • • • • • • • • • •	1a		52 2.77点兴事催息			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es		1b					
S, G	С	Fundraising eve	ents		1c	24,320				
# Z	d	Related organiz	ations		1d					
S, G	е	Government grants (co	ontributio	ons)	1e					
U V	f	All other contributions,	gifts, gr	ants,	-	PRINCIPLE VERNINGS				
he ti		and similar amounts n			1f	173,280				
Ē	g	Noncash contributions lines 1a-1f			1g \$	60,900				
S T		Total. Add lines					197,600			
<u> </u>	- 11	Total. Add lines	i ia-i				197,000			
33	2a					Business Code				
/ice	b					(120)A(2)(10			-	
Program Service						300000000000000000000000000000000000000				
E										
P G	a									
F	e									
		All other program							Charles of the Association	ANTONIA SE SENTE ONFICE
_	g							Reference and the real	modern by buen awards in	ASSESSMENT AND AND IN
	3	Investment inco			is, intere	20.500000000000000000000000000000000000	41 200	41 200		
		other similar am					41,290	41,290		
	4			ent of tax-exemp		ACTION DESCRIPTION OF PROPERTY STATES OF THE PROPERTY OF THE P				
	5	Royalties		······		0.0001/20 0.000			The same of the same	
				(i) Real	550	(ii) Personal				
	6a	Contract Contract	6a		,669					
	b	Less: rental expenses	6b		,414					
	С	Rental inc. or (loss)	6c	-272	,745			Spill War Supersum	a LIASTA RESIDEN	Halo popularinal sta
	d	Net rental incom Gross amount from	e or (	loss)	<u></u>		-272,745	-272,745		
	/ a	sales of assets		(i) Securities		(ii) Other				
		other than inventory	7a							
ine	b	Less: cost or other								
ven		basis and sales exps.	7b							
Re	С	Gain or (loss)	7c					Philips (1979) The State of		
Other Revenue	d	Net gain or (loss	3)			>				
ㅎ	8a	Gross income from	fundra	aising events	DOMESTICAL PROPERTY OF THE PARTY OF THE PART	and the second and th				
		(not including \$		24,320						
		of contributions rep	orted	on line						
		1c). See Part IV, Iir	ne 18		8a	129,350		4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		
	b	(2)	enses		8b	58,487				
	С	The second of th			events		70,863			
	9a	Gross income from	om ga	aming						
		activities. See P	art IV	, line 19	9a					
	b	Less: direct expe	enses		9b					
		Net income or (le			ities	<b>&gt;</b>				
		Gross sales of in					AND DESCRIPTION OF		averile via	Kiles Value
	0.05.70	returns and allow			10a					
	b	Less: cost of goo	ods so	old	10b					
	1333	Net income or (le								
ur.				wi 1114		Business Code				
on a	11a					v. 354.7047/4 1				
ane	b									
Miscellaneous Revenue	6		25.20.0000			30483311 - 11.h				
lisc Re	d	All other revenue				1.7.1.1.1.1				
2		Total. Add lines								A Company of the Company
		Total revenue.					37,008	-231,455	0	0

#### 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 (B) Program service (A) Total expenses (C) Management and (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 85,590 59,913 25,677 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 6,566 4,596 1,970 10 Fees for services (nonemployees): Management b Legal 12,151 12,151 Accounting C Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column 28,896 28,896 (A) amount, list line 11g expenses on Schedule O.) 10,770 10,770 Advertising and promotion 12 3,681 3,681 Office expenses 13 Information technology 14 15 Royalties 20,495 20,495 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 1,000 1,000 23 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.) SCHOLARSHIP & GRANTS 34,245 34,245 16,289 INVESTMENT FEES 16,289 b 10,445 10,445 BAD DEBT C 2,698 2,698 MEALS d All other expenses 653 653 233,479 130,019 74,564 28,896 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note	to diff inte	I I I I I I I I I I I I I I I I I I I	(A)		(B)				
				Beginning of year		End of year				
1	Cash—non-interest-bearing			159,647	1	307,316				
2				48,807	2	41,316				
3	Pledges and grants receivable, net				3					
4	Accounts receivable, net			135	4	82				
5	Loans and other receivables from any current or former									
	trustee, key employee, creator or founder, substantial of	or 35%								
	controlled entity or family member of any of these person			5						
6	Loans and other receivables from other disqualified per		AT-20V CE							
3	under section 4958(f)(1)), and persons described in sec	ction 4958(	c)(3)(B)		6					
7 0	Notes and loans receivable, net			10,454	7					
8	Inventories for sale or use				8					
9				28,896	9	675				
10	a Land, buildings, and equipment: cost or other									
2	basis. Complete Part VI of Schedule D	10a	7,105,117	4 554 005						
	Less: accumulated depreciation	10b	2,732,688	4,551,385		4,372,429				
11	Investments—publicly traded securities			1 545 605	11	1 800 000				
12	Investments—other securities. See Part IV, line 11			1,747,605	12	1,780,338				
13		Investments—program-related. See Part IV, line 11								
14	Intangible assets			14	40 500					
15	Other assets. See Part IV, line 11		C E4C 000	15	48,500					
16	Total assets. Add lines 1 through 15 (must equal line 3			6,546,929	16	6,550,656				
17	Accounts payable and accrued expenses			17						
18	Grants payable		18							
20	Deferred revenue		19							
21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV		21							
	Loans and other payables to any current or former offic	OF EAST OF STREET, LINE STATE	21	victor shows a waller stop.						
22	trustee, key employee, creator or founder, substantial of		3)							
22	controlled entity or family member of any of these person		SANCE AND SANCE OF THE SANCE OF		22					
23	Secured mortgages and notes payable to unrelated thir				23					
24	Unsecured notes and loans payable to unrelated third p		PARTY OF A STATE OF THE STATE O		24					
25	Other liabilities (including federal income tax, payables	4,4,4,4,4	hird							
	parties, and other liabilities not included on lines 17-24)									
0	of Schedule D		5000 50000000	82,258	25	29,707				
26	Total liabilities. Add lines 17 through 25			82,258		29,707				
	Organizations that follow FASB ASC 958, check her				12 to 17					
	and complete lines 27, 28, 32, and 33.									
27				5,699,161	27	5,350,183				
28				765,510	28	1,170,766				
	Organizations that do not follow FASB ASC 958, che	eck here	· 🗇		Sept. Al	Date of the second				
	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 equipmen	t fund			30					
31	Retained earnings, endowment, accumulated income, of	or other fur	nds		31					
27 28 29 30 31 32	Total net assets or fund balances			6,464,671	32	6,520,949				
33	Total liabilities and net assets/fund balances			6,546,929	33	6,550,656				

Form 990 (2021)

2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	7,008 3,479 5,471 1,671 2,749
2 2 23 3 Revenue less expenses. Subtract line 2 from line 1 3 -194 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 464 5 Net unrealized gains (losses) on investments 5 255 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 6, 520  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis	3,479 5,471 1,671
2 2 23 3 Revenue less expenses. Subtract line 2 from line 1 3 -194 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6, 464 5 Net unrealized gains (losses) on investments 5 255 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 6, 520  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Separate basis Consolidated basis Both consolidated and separate basis	6,471 1,671
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Separate basis Consolidated basis Both consolidated and separate basis  Separate basis Consolidated basis Both consolidated and separate basis	1,671
A Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  5 Net unrealized gains (losses) on investments  6 Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	
5   252 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   6,520  Part XII   Financial Statements and Reporting	2,749
5 Donated services and use of facilities 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 6, 52 (Marchanges) 11 Accounting method used to prepare the Form 990:	
Prior period adjustments   7   8   9   9   9   9   9   9   9   9   9	
8 Prior period adjustments 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 6, 52 (Mart XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 2b 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:  Separate basis Consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? 2b  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:  Separate basis Consolidated basis Both consolidated and separate basis	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b 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:  Separate basis Consolidated basis Both consolidated and separate basis	
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990:   X   Cash   Accrual   Other   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   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   Separate basis, consolidated basis, or both:   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:   Separate basis   Consolidated basis   Both consolidated and separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Separate basis   Consolidated basis   Both consolidated and separate basis   Separate basis   Consolidated basis   Separate ba	,949
Accounting method used to prepare the Form 990: X Cash Accrual Other	
Accounting method used to prepare the Form 990: X Cash Accrual Other	
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  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:  Separate basis Consolidated basis Both consolidated and separate basis	es No
Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  2b  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:  Separate basis Consolidated basis Both consolidated and separate basis	
2a  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	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  2b  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:  Separate basis Consolidated basis Both consolidated and separate basis	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  2b  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:  Separate basis Consolidated basis Both consolidated and separate basis	X
Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  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:  Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?  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:  Separate basis Consolidated basis Both consolidated and separate basis	Fill Rest
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:  Separate basis Consolidated basis Both consolidated and separate basis	
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:  Separate basis Consolidated basis Both consolidated and separate basis	X
separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	de Stan
	an North
the audit, review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain on	OH WEST
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 OMR Circular A-1332	
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	
Form	

#### SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE TEXAS HILL COUNTRY HIGHER EDUCATION DEVELOPMENT FOUNDATION

Employer identification number 74-3069497

Pa	art I	Reas	on for Public Charity	Status. (All organization	ns must o	complete	this part.) See instruction	ons.	
The	orga			se it is: (For lines 1 through 12					
1	$\bigcap$			sociation of churches describe		7	7		
2	П			(A)(ii). (Attach Schedule E (Fo					
3	П			ce organization described in s		)(b)(1)(A)(i	III).		
4	П			그 가는 이 경투에 가장하게 되었는데 되는데 되는데 되었다.				ospital's name	
77.75	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	$\Box$	1.50		of a college or university owne	d or opera	ted by a go	wernmental unit described in		
,	ш			TO SELECT TO SERVICE AND ADDRESS OF THE SERVICE	d or opera	ted by a go	overnmental unit described in		
6	section 170(b)(1)(A)(iv). (Complete Part II.)								
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
	L		section 170(b)(1)(A)(vi). (C		iroin a gov	emmentar	unit of from the general public		
8				170(b)(1)(A)(vi). (Complete Pa	art II )				
9	Н					ted in coni	unction with a land-grant colleg	ne.	
	ш			of agriculture (see instructions			() () () [	90	
		university:					. Talkan kanada katan dari kanada kanada Kanada kanada kanad		
10	X	An organizat	ion that normally receives (1	) more than 33 1/3% of its sup	port from	contributio	ns, membership fees, and gro	SS	
				npt functions, subject to certain					
			(1)	nd unrelated business taxable			100		
2000		3 5 D		0, 1975. See section 509(a)(2			40x (32.41)		
11	Н			exclusively to test for public sa				86.0 × 0.0	
12			할 것도 있는 경험 경험을 가입니다. 사람들은 사람들이 되었다면 가지 않는 사람들은 사람들이 되었다면 없다.	40 8 10 7 0 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ns of, or to carry out the purpo		
							0(a)(2). See section 509(a)(3). oplete lines 12e, 12f, and 12g.	Check	
	а								
	a		보이 가는 아일 이렇게 하면 하면 되었다면 보고 있다.	2007의 교기 (2007) 보고 왕기 하고 있다면 하다고 있는 경기에 다른 이 없는 것이라고 있다고 있다.			rganization(s), typically by givi	ng	
	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		[전도] [[전경기 [1] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[12] [14] [14] [14] [14] [14] [14] [14] [14		its suppor	rted organization(s), by having		
			그 용어지는 귀나를 받아들어야 하면 생각을 들어가 하는 맛이 들어 들었다.			0.505	control or manage the support		
				Part IV, Sections A and C.					
	С	Type III f	unctionally integrated. A s	upporting organization operate	ed in conn	ection with	, and functionally integrated w	ith,	
		its suppo	rted organization(s) (see ins	tructions). You must comple	te Part IV,	Sections	A, D, and E.		
	d		이 경기의 없이 많이 이 없는 것이 하실 때 있다면 하게 된 이 아이지 않는데 이 사람이 되었다면 하셨다.	[2] [2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2			with its supported organization	2.00	
							requirement and an attentivene	ess	
				nust complete Part IV, Secti					
	е	Check th	is box if the organization rec	eived a written determination t n-functionally integrated suppo	from the IF	S that it is	a Type I, Type II, Type III		
	f		nber of supported organizati		orting organ	nzation.			
	g			e supported organization(s).					
(1)		e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of	
(,,		anization	(17 - 115	(described on lines 1–10		ur governing	support (see	other support (see	
				above (see instructions))	docu	ment?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
Chryslett.									
(E)									
					1	1 1			

Section A. Public Support

Page 2

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

Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	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	Total. Add lines 1 through 3			<u></u>				
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)							
6	Public support. Subtract line 5 from line 4		<b>一体积 于美国的</b> 联		PERFECT.	MATERIAL SERVICE		
	tion B. Total Support				A CONTRACTOR OF THE CONTRACTOR			
Cale	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
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	Total support. Add lines 7 through 10	es ez antokomela	Valenti de la companya de la company			STANDARD STANDARD		
12	Gross receipts from related activities, etc.	(see instructions)				12		
13	First 5 years. If the Form 990 is for the or	ganization's first, s	second, third, fourtl	n, or fifth tax year	as a section 501(c)	(3)		
	organization, check this box and stop her	e						
Sec	tion C. Computation of Public Sເ	ipport Percent	tage		***************************************			
14	Public support percentage for 2021 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	%	
15	Public support percentage from 2020 Scho	edule A, Part II, lin	e 14		************	15	%	
16a	33 1/3% support test-2021. If the organ			13, and line 14 is	33 1/3% or more, c			
	box and stop here. The organization quali						▶ [	
b	33 1/3% support test-2020. If the organ				15 is 33 1/3% or mo	ore, check		
	this box and stop here. The organization						▶ [	
7a	10%-facts-and-circumstances test—202	1. If the organizati	ion did not check a	box on line 13. 1	6a. or 16b. and line	14 is		
	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in							
	Part VI how the organization meets the factorization	cts-and-circumstan	nces test. The orga	nization qualifies	as a publicly suppo		▶ [	
b	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization in Part VI how the organization meets the	<ol> <li>If the organizati meets the facts-ar facts-and-circumst</li> </ol>	ion did not check a nd-circumstances tances test. The or	box on line 13, 1 test, check this bo ganization qualific	6a, 16b, or 17a, and ox and <b>stop here.</b> E es as a publicly sup	xplain ported	▶ [	
18	Private foundation. If the organization dic instructions	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	e		
		EXECUTE EXPENSES AND AND AND		**************	************			
						Schedule	A (Form 990) 2	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	116,579	120,113	62,896	112,940	197,600	610,128
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	70,375	188,433	360,803	225,713	256,309	1,101,633
3	Gross receipts from activities that are not an unrelated trade or business under section 513	117 1.75					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	186,954	308,546	423,699	338,653	453,909	1,711,761
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,711,761
-	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	186,954	308,546	423,699	338,653	453,909	1,711,761
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	58,995	41,565	61,181	95,602	41,290	298,633
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	58,995	41,565	61,181	95,602	41,290	298,633
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	245,949	350,111	484,880	434,255	495,199	2,010,394
14	First 5 years. If the Form 990 is for the org						
	organization, check this box and stop here			€ 5	97 9.00	F88	▶ 🗆
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2021 (line 8,	column (f), divided	by line 13, column	(f))		15	85.15%
16	Public support percentage from 2020 Sche	edule A, Part III, line	15			16	83.65%
	tion D. Computation of Investme						
17	Investment income percentage for 2021 (li	ne 10c, column (f),	divided by line 13,	column (f))		17	15 %
18	Investment income percentage from 2020 S					18	16%
19a	• • • • • • • • • • • • • • • • • • • •						(To
	17 is not more than 33 1/3%, check this bo						▶ <u>X</u>
b	33 1/3% support tests—2020. If the organ						
20	line 18 is not more than 33 1/3%, check th						<b>&gt;</b>
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	9b, check this box	and see instruction	ns	🕨 📘

#### Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- 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).
- 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).
- 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.
- 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.
- 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.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		HINK
Rive		N/A
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2	in the	RVT B
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	de hill	25
4a		1000
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4b	Walley.	roge n
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9c	S ISVENIE TO	
		713
10a		
10b	West fresh	ALC:

Pa	rt IV Supporting Organizations (continued)			rage o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	4.504		
а				
	11c below, the governing body of a supported organization?	11a		
b		11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	15 87		
888	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			Mr. or other
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	15/35		in the day
	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	17 E		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	999	1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		7.4	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1000	
_	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	37		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1000		
	or management of the supporting organization was vested in the same persons that controlled or managed	650		
0 4	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		10000000	
20		Tanaca	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	THE STATE OF		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	200	N. E.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Taker.	EMEDS.	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	7060375476	Delivery and
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	16		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		100	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	CICE IV SVIII	2812EVI05
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	MAL		
	supported organizations played in this regard.	3	(1000)	
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions.			_
a	The organization satisfied the Activities Test. Complete line 2 below.	*		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions)		
2	Activities Test. Answer lines 2a and 2b below.	[	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1088 16	103	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		a such	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	The state of	Water	14.5
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	46.4		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	12000	SERVE	A - 100
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	W. S.	727	- XT - TO - TO
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

1	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on Nov. 20, 19	70 (explain in Part VI).	
Sec	tion A – Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	58,16115		
	instructions for short tax year or assets held for part of year):	EW E	HE IN A SWHILD STORE - WA	
	a Average monthly value of securities	1a		
- 1	Average monthly cash balances	1b		
,	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2		2		
3	Subtract line 2 from line 1d.	3		
4		4		
5	Control of the Contro	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	and the second	
3,4	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		4
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	Distributable Amount. Subtract line 5 from line 4, unless subject to	9		
-	emergency temporary reduction (see instructions).	6		0
7	Check here if the current year is the organization's first as a non-functionally inte		supporting organization	

Schedule A (Form 990) 2021

(see instructions).

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Current Year					
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	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 sup	ported organizations				
4	Amounts paid to acquire exempt-use assets	CONTRACTOR OF THE PROPERTY OF				
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)				
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions, Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organizations	zation is responsive				
11/2/1	(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					
Sect	ion 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	The second of the second of the		Amount for 2021		
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			REMARKS THE RESERVE A		
а	From 2016					
	From 2017					
	From 2018					
d	From 2019					
	From 2020	va tash nitri Makilani	AND ASSESSMENT OF THE PARTY.	NEW ESTATE LANDON PER		
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount	all with the maintaining is				
i	Carryover from 2016 not applied (see instructions)					
ı	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from	DESAME				
	Section D, line 7: \$					
а	Applied to underdistributions of prior years	etese up mexicolinas		SWIND ARROWS ON A		
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.		K-SSITTEN INFINITY			
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					
3	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
25 2	and 4c.					
8	Breakdown of line 7:	STATE OF STA	Partie State			
a	Excess from 2017			Western Average and Alexand		
	Excess from 2018	SAMPLE SECTION AND RESERVED				
С	Excess from 2019					
	Excess from 2020	THE MANAGEMENT OF THE				
	Excess from 2021					

Schedule A (For	m 990) 2021	THE TEXAS	HILL COUNTR	V HICHER	74-3069497	Page 8
Part VI	Supplemental Info III, line 12; Part IV, 3 B, lines 1 and 2; Pa 3a, and 3b; Part V,	rmation. Provide Section A, lines 1, rt IV, Section C, li line 1; Part V, Sec	the explanations re 2, 3b, 3c, 4b, 4c, 5 ne 1; Part IV, Section ation B, line 1e; Par	equired by Part II, line ia, 6, 9a, 9b, 9c, 11a, on D, lines 2 and 3; P	10; Part II, line 17a or 1 11b, and 11c; Part IV, S art IV, Section E, lines 1 , 6, and 8; and Part V, S	7b; Part Section c, 2a, 2b,
* 14 000000 400000000 400000 40000						A COLUMN DESCRIPTION OF STREET
* ***********			**************************************	THE CHARLES AND RESIDENCE AND ADDRESS AND	an ecept centerna concern a teration	******
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### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

THE TEXAS HILL COUNTRY HIGHER EDUCATION DEVELOPMENT FOUNDATION

Employer identification number

74-3069497

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a sibutions.					
Special Rules						
regulations under secti 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or 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.						
contributor, during the y contributions totaled me during the year for an e General Rule applies to	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 nust 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).						

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

Schedule B (Form 990) (2021)

Name of organization

THE TEXAS HILL COUNTRY HIGHER

Page 1 of 1

Employer identification number 74-3069497

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1,	JOHN & MARCIA DRAPER PO BOX 2408 FREDERICKSBURG TX 78624	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KENNETH CARR PO BOX 2445 FREDERICKSBURG TX 78624	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
3.	Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY 301 JUNCTION HIGHWAY  KERRVILLE TX 78028	Total contributions  \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOLTON SMITH 1003 DARLOW DRIVE MCPHERSON KS 67460	\$ 48,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c)	(d)
5	Name, address, and ZIP + 4 HOODOO, LLC AUGUST E'S 601 EAST SAN ANTONIO STREET FREDERICKSBURG TX 78624	Total contributions  \$ 12,450	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

THE TEXAS HILL COUNTRY HIGHER

Employer identification number 74-3069497

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	ART WORK	s 48,500	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	FUNDRAISING FOOD DONATION	s 12,450	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7 884668		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
* 277/772		\$	east continues in
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
× ××××××		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	tionnamentomics

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE TEXAS HILL COUNTRY HIGHER 74-3069497 EDUCATION DEVELOPMENT FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Sche	edule D (Form 990) 2021 THE TEXA	S HILL COUNT	TRY HIGHER	/4-3	3069497	Page 2
Pa	art III Organizations Maintainir	ng Collections of A	Art, Historical Tre	easures, or Othe	er Similar Assets	(continued)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records,	check any of the follo	wing that make sign	ficant use of its	
а	Public exhibition	d $\square$ Lo	oan or exchange prog	ram		
b	- 1	<u>.</u> П о	ther	070010		
c			***************************************			
4	Provide a description of the organization's	collections and explain h	now they further the or	ganization's exempt	purpose in Part	
	XIII.	concetions and explain i	low they farther the of	gamzation a exempt	parpose in rain	
5	During the year, did the organization solicit	or receive denations of	art historical transure	e or other similar		
3	assets to be sold to raise funds rather than			. (1997) (1948) (1947) (1948) (1949)		Yes No
D.	art IV Escrow and Custodial Ar		it of the organization s	collection?	**********	Tes _ No
	Complete if the organization		on Form 900 Par	t IV line 9 or rer	orted an amount	on Form
	990, Part X, line 21.	in answered Tes C	on Form 990, Far	riv, iiie a, oi iep	onted an amount	OH FOITH
-10	Is the organization an agent, trustee, custo	dian as athas intermedia	ni far aantributiana ar	ather seeds not		
ıa	트리트 이번에 가장 없는 경험 독대를 하고 있다면 하면 하는 것이 되었다. 이 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	dian or other intermedia	ry for contributions or	other assets not		□ v □ v-
	included on Form 990, Part X?					Yes No
р	If "Yes," explain the arrangement in Part XI	II and complete the follo	wing table:			Americal
	125 SE 8 S S S S					Amount
С	9 9 4444444444444444444444				1c	
d	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on					
b	If "Yes," explain the arrangement in Part XI	II. Check here if the exp	lanation has been pro	vided on Part XIII		AB
Pa	art V Endowment Funds.					A000-2-00-00000000000000000000000000000
	Complete if the organization	n answered "Yes" o	on Form 990, Par	t 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	500,000	500,000	500,000	500,00	0 500,000
	Contributions					
	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
	Other expenditures for facilities and					
-	A A SA					
	programs Administrative expenses				-	
		500,000	500,000	500,000	500,00	0 500,000
2	End of year balance  Provide the estimated percentage of the cu				300,00	0 300,000
2	마음 하면 하는 것이 되었다. 이 경험 하는 것이 없는 사람들이 되었다. 그 사람들이 얼마를 하는 것이 없는 것이 없다.	PR 2점 (14) (15) [15] [16] [16] [16] [16] [16] [16] [16] [16	(line rg, column (a)) n	eld as:		
a	Board designated or quasi-endowment	%				
D	Permanent endowment ▶%					
С	Term endowment ▶  %	VI. 19. Sec. 1 (19.02)				
	The percentages on lines 2a, 2b, and 2c sh					
3a	Are there endowment funds not in the poss	ession of the organization	on that are held and a	dministered for the		Two and Two
	organization by:					Yes No
	(i) Unrelated organizations	**********				3a(i) X
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organize	zations listed as require	d on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	ne organization's endow	ment funds.			909 No. 100 100 100 100 100 100 100 100 100 10
Pa	art VI Land, Buildings, and Equ					
	Complete if the organizatio	n answered "Yes" o	on Form 990, Par	t IV, line 11a. Se	e Form 990, Part	X, line 10.
	Description of property	(a) Cost or other bas	is (b) Cost or oth	ner basis (c)	Accumulated	(d) Book value
	Management of the Control of the Con	(investment)	(other	) d	lepreciation	
1a	Land			JK0.4905904	STANDARD STANDARD	
b	Buildings		6.29	1,810 2	,084,217	4,207,593
c	Leasehold improvements	·				
	Equipment		81	3,307	648,471	164,836
	Other					202,000
	I. Add lines 1a through 1e. (Column (d) must		Column (R) line 10c	1	<b>&gt;</b>	4,372,429
· otal	in , as allow to allough to, fooluling (a) must	oqual i olili əəo, rall x	, column (D), mie 100	<del>7 </del>		3,312,323

Schedule D (F	Investments – Other Securities.	HIGHER	74-3069497	Page 3
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11b. See Form 990, P	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation:
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other S	SB&T INVESTMENT ACCT	988,349		
(A) CO	MMUNITY FOUND OF THE TX HILL CO	791,989	Market	
(B)				
(c)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	1,780,338	NAME OF TAXABLE PARTY.	
Part VIII	Investments – Program Related.	1,,00,000		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of Cost or end-of-yea	valuation:
(1)				
(2)				
_(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)		The regular depositions	I WELL AS INVESTIGATE
Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line	e 11d. See Form 990, P	
	(a) Description			(b) Book value
(1)	·			
(2)				
(3)				
(4)				<del></del>
(5) (6)				
(7)				
(8)				
(9)	8		Water and the second	
	n (b) must equal Form 990, Part X, col. (B) line 15.)	ARTER CONTRACTOR AND ADMINISTRA	<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Foline 25.	orm 990, Part IV, line	11e or 11f. See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			22.25
	RNED REVENUE			23,350
	JNTS PAYABLE			3,779 1,792
	OLL WITHHOLDINGS IT CARDS PAYABLE			786
	II CUUDS ENIMBRE			700
(6)				
(8)				
(9)				
AND THE RESERVE OF THE PARTY OF	n (b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>	29,707

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (F	orm 990) 2021	THE TEXAS	S HILL	COUNTRY	HIGHER	74-30694	197 Page 5
Part XIII	Supplemen	ntal Information	n (continue	d)			
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#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

THE TEXAS HILL COUNTRY HIGHER Employer Identification number Name of the organization EDUCATION DEVELOPMENT FOUNDATION 74-3069497 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (II) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 2 3 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	-3	^	-	^		-	-	
Δ.	- 4	()	6	ч	4	ч	-	

Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts g	reater than \$5,000					
			(a) Event #1	TURES _	(b) Event #2	N	(c) Other events	(d) Total events (add col. (a) through
ω			(event type)		(event type)		(total number)	col. (c))
Revenue	1	Gross receipts	15	3,670				153,670
		Less: Contributions	2	4,320				24,320
	3	Gross income (line 1 minus line 2)	12	9,350				129,350
		Cash prizes						
		Noncash prizes						
Direct Expenses		Rent/facility costs			(//			
ct Exp	7	Food and beverages	3	4,339				34,339
Dire	8	Entertainment						
	9	Other direct expenses	2	4,148		7		24,148
	10	Direct expense summary.	Add lines 4 through 9 i	n column (d)				58,487 70,863
_		Net income summary. Su	btract line 10 from line 3	3, column (d) .			<u>&gt;</u>	70,863
Р	art		plete if the organiza rm 990-EZ, line 6a.	ition answer	ed "Yes" on Form S	990, Part	IV, line 19, or repor	ted more than
	-	\$15,000 0111 01			(b) Pull tabs/instant			(d) Total gaming (add
Revenue			(a) Bingo		bingo/progressive bingo		(c) Other gaming	col. (a) through col. (c))
Rev								
3-31	_1_	Gross revenue						
ses	2	Cash prizes						
Exper	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs		-				
	5	Other direct expenses		1000				
	6	Volunteer labor	Yes	%	Yes	. %	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 i	n column (d)			<b>&gt;</b>	
	8	Net gaming income summ						
		rect garring moonto carrin	nary. Cabitact into 1 from	ii iii o i j oolali	(5)	***********	THE PERSON OF TH	give P
9		ter the state(s) in which the				*******	**********	
a b		he organization licensed to No," explain:						
		ere any of the organization's	s gaming licenses revol	ked, suspende	d, or terminated during	the tax year	?	Yes No
1773	* **	overent och sammen. Carana ankon anaren etta ankaran ankaran ett	*************					
	1.0						*********	

Sche	dule G (Form 990) 2021 THE	TEXAS H	ILL COUNTRY	HIGHER	74-3069497			Page	3
11	Does the organization conduct gar	ming activities with	nonmembers?				Yes		No
12	Is the organization a grantor, bene	eficiary or trustee o	of a trust, or a member	of a partnership or o	ther entity			_	
	formed to administer charitable ga	ıming?				F	Yes	$\Box$	No
13	Indicate the percentage of gaming					2 <del>-</del>	-0/1		
а	The organization's facility					13a		%	,
b	An outside facility					13b		%	_
14	Enter the name and address of the	e person who prep	ares the organization's	s gaming/special eve	nts books and	M = 30			
	records:	11 <b>1</b> 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	•	•					
	Name <b>&gt;</b>								
	Address ►		*************						
15a	Does the organization have a cont	ract with a third pa	arty from whom the org	ganization receives ga	aming	_	<u></u>	_	
	revenue?					L	Yes	· 📙 1	No
b	If "Yes," enter the amount of gamin	ng revenue receive	ed by the organization	<b>\$</b>	and the				
	amount of gaming revenue retained	d by the third part	y ▶ \$						
C	If "Yes," enter name and address of	of the third party:							
	Name ▶						1.50.1		
	Address ►								
						*********			
16	Gaming manager information:								
	Name ▶					* * * *			
	Gaming manager compensation	• \$							
	Description of services provided >								
	Director/officer	Employee	Independent	contractor					
17	Mandatory distributions:								
а	Is the organization required under	state law to make	charitable distributions	s from the gaming pro	oceeds to				
	retain the state gaming license?					T.	Yes		No
b	Enter the amount of distributions re	equired under state	e law to be distributed	to other exempt orga	inizations or		<b>→</b> 75555		
	spent in the organization's own exe	and the state of t							
Pa				ns required by Pa	art I, line 2b, columns (iii)	and (v);	and		_
	Part III, lines 9, 9b,	10b, 15b, 15c,	16, and 17b, as a	pplicable. Also pr	ovide any additional infor	mation.			
	See instructions.			8 8 B					
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#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0074

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

EDUCATION DEVELOPMENT FOUNDATION

Employer Identification number 74-3069497

P	art I Types of Property		HOPPENT FOOT		174 500949	•		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amour	nts		
1	Art — Works of art			- monorphismos				
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household		Three FLE Williams					
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
12.10	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
10.00	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies				-			
21	Taxidermy							
22	Historical artifacts				1 2.2			
23	Scientific specimens							
24	Archeological artifacts							- 10
25	Other ► ( ARTWORK & FOOD )	х	2	60,900				
26	Other ►(							
27	Other ►(							
28	Other ►(							
29	Number of Forms 8283 received by t	the organiz	ation during the tax year	for contributions for				
	which the organization completed Fo	rm 8283, F	Part V, Donee Acknowled	dgement	29			
							Yes	No
30a	During the year, did the organization	receive by	contribution any proper	y reported in Part I, lines 1	through	98	11/19/	
	28, that it must hold for at least three	years from	n the date of the initial c	ontribution, and which isn't	required	N. IVE	74-21	
	to be used for exempt purposes for the	he entire h	olding period?			30a		X
b	If "Yes," describe the arrangement in	Part II.				VI BYE		
31	Does the organization have a gift acc	ceptance p	olicy that requires the re	view of any nonstandard				
	contributions?		4 m i -3.0 4 a 2016 a 2017 2017 1018 1018 1018 . A 1664 A 1679 Talah mahasan 1018 a 1688 1018 1018 1018 1018 1018 1018 1018		MENTER CONSTRUCTOR OF PROPERTY CONTROL AND PROPERTY CONTROL	31		Х
32a	Does the organization hire or use this	rd parties o	or related organizations t	o solicit, process, or sell no	oncash			
	contributions?		97	200		32a		х
b	If "Yes," describe in Part II.						180 M	12511
33	If the organization didn't report an am	nount in co	lumn (c) for a type of pro	perty for which column (a)	is checked,		Contract of	
	describe in Part II.			raver een market skel en een skelen kommen kan 1900 in 1900 in 	(ALV - 1906) (ARV	Marie .		

Schedule M (For	m 990) 2021	THE TEXA	AS HILL	COUNTRY	HIGHER		-3069497	Page 2
Part II	Supplement the organi	ental Inform ization is rep	ation. Provident orting in Parting	de the inforn t I, column (t	nation require b), the number	ed by Part I, liner of contributional informational inform	ons, the number	d 33, and whether of items received,
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#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2021

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

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

THE TEXAS HILL COUNTRY HIGHER

Open to Public Inspection
Employer identification number

EDUCATION DEVELOPMENT	FOUNDATION			
Form 990, Part VI, Line 11b - Org	ganization'	s Process to	Review Form	990
THE FORM 990 IS DISTRIBUTED TO THE	HE BOARD BE	FORE FILING	AND BOARD ME	MBERS
ARE ASKED TO REVIEW THE FORM BEFO	ORE FILING	DATE. THE P	ORM IS APPRO	VED AT A
REGULAR BOARD MEETING	**************************************	* 1400-000-000 PEGG - CD4 PX X X X X X P P P P P	*	C NOCK BOOK NOWS CONTROL TO A SECURIC
17 C 18 (2003) 19 (2004) 19 (2004) 2000 (2003) 2000 (2003) 2004 (2004) 2004 (2004) 2004 (2004) 2004 (2004) 200				
Form 990, Part VI, Line 12c - Enf				
THE ORGANIZATION HAS ALL DIRECTOR		production benchmarks a substitute transfer.		
STATEMENT AT THE FIRST MEETING OF				
		* *************		
Form 900 Bart WI Time 10 - Corre	ina Danu	monto Dical	Evolos	•••••
Form 990, Part VI, Line 19 - Gove				
ALL ORGANIZATION DOCUMENTS ARE MA			BLIC UPON RE	QUEST
THROUGH THE ORGANIZATIONS OFFICE.			********	
Form 990, Part IX, Line 11g - Oth	er Fees fo	r Services	*********	
Description				
Tot/Prog Service	Mgt &	General	Fundra	ising
Other Fees	************			
\$ <b>0</b>	\$	0	\$2	8,896
************************************				CONTRACTOR CONTRACTOR
			***********************************	

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

hment 4

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE TEXAS HILL COUNTRY HIGHER EDUCATION DEVELOPMENT FOUNDATION

Identifying number 74-3069497

Business or activity to which this form relates UNIVERSITY FACILITIES Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 3 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .... 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 178,956 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction placed in (business/investment use period service only-see instructions) 19a 3-year property 5-year property 7-year property C 10-year property d 15-year property e 20-year property 25-year property 25 yrs. S/L 27.5 yrs. MM S/L Residential rental property MM S/L 27.5 yrs. 39 yrs. MM S/L Nonresidential real property MM S/L Section C-Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs. 30-year S/L 30 yrs. MM d 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 178,956 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

24147 THE TEXAS HILL COUL

74-3069497

FYE: 12/31/2021

11/01/2022 4:33 PM

# RY HIGHER Federal Asset Report **UNIVERSITY FACILITIES**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per	Conv Meth	Prior	Current
Prior  1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MACRS: OFFICE EQUIPMENT SIGN LAPTOP 2 PC COMPUTERS DELL PCS FACILITY FURNITURE INTERIOR ART & SIGNAGE TECHNOLOGY CLASSROOM BENCHES STONE LANDSCAPING & IRRIGATION BUILDING INFRASTRUCTURE SECURITY SIGNS FOOD SERVICE COUNTER SCIENCE LAB TABLES ELECTRONIC UPGRADE HEB ROOM LANDSCAPING FURNITURE & EQUIPMENT CHAPEL PORTABLE SOUND SYSTEM dell laptop AV SYSTEM HEB ROOM	7/01/05 7/28/06 7/07/07 5/18/10 10/04/10 7/01/10 7/01/10 7/01/10 7/01/10 7/01/10 7/01/10 2/14/11 3/14/11 5/09/11 10/03/11 4/15/20 7/01/12 1/01/13 12/06/15 2/14/17 8/16/17	2,128 990 795 3,388 6,988 223,455 49,564 85,374 18,175 114,976 5,096,359 1,195,451 2,820 3,197 2,340 613 45,677 15,600 33,188 89,963 1,925 1,872 110,279 7,105,117		X X X X X X X X X X X	2,128 990 795 1,694 0 111,727 24,782 42,687 9,087 57,488 5,096,359 640,591 720 814 145 35 0 7,800 16,594 89,963 962 936 55,139 6,161,436	10 5 10 10 39 20 10 10 7 7	HY S/L HY S/L	2,128 990 795 3,388 6,988 201,113 44,605 85,374 16,361 103,481 1,366,653 554,860 2,100 2,383 2,195 578 45,677 10,920 23,232 18,359 1,081 1,009 59,462 2,553,732	0 0 0 0 0 0 0 0 0 0 0 0 0 130,675 32,029 72 81 0 0 0 780 1,660 2,307 137 187 11,028
	Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals	ers -	7,105,117 0 0 7,105,117			6,161,436 0 0 6,161,436			2,553,732 0 0 2,553,732	178,956 0 0 178,956