

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

DECEMBER 31, 2018

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**PREPARED FOR:**

SAN ANTONIO AREA FOUNDATION  
303 PEARL PARKWAY NO. 114  
SAN ANTONIO, TX 78215-1285

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**PREPARED BY:**

RSM US LLP  
19026 RIDGEWOOD PARKWAY, SUITE 400  
SAN ANTONIO, TX 78259

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

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**RETURN MUST BE MAILED ON OR BEFORE:**

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**SPECIAL INSTRUCTIONS:**

Form **990**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

<b>A</b> For the <b>2018</b> calendar year, or tax year beginning and ending																													
<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>SAN ANTONIO AREA FOUNDATION</b></td> <td><b>D</b> Employer identification number <b>74-6065414</b></td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="2"><b>E</b> Telephone number <b>210-225-2243</b></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><b>303 PEARL PARKWAY</b></td> <td><b>114</b></td> <td rowspan="2"><b>G</b> Gross receipts \$ <b>83,078,388.</b></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code <b>SAN ANTONIO, TX 78215-1285</b></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <b>LYNDA CABELL</b> <b>SAME AS C ABOVE</b></td> <td><b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527</td> <td><b>H(b)</b> Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <b>WWW.SAAFDN.ORG</b></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶</td> <td><b>H(c)</b> Group exemption number ▶ <b>3910</b></td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <b>1964</b></td> <td><b>M</b> State of legal domicile: <b>TX</b></td> </tr> </table>	<b>C</b> Name of organization <b>SAN ANTONIO AREA FOUNDATION</b>		<b>D</b> Employer identification number <b>74-6065414</b>	Doing business as		<b>E</b> Telephone number <b>210-225-2243</b>	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>303 PEARL PARKWAY</b>	<b>114</b>	<b>G</b> Gross receipts \$ <b>83,078,388.</b>	City or town, state or province, country, and ZIP or foreign postal code <b>SAN ANTONIO, TX 78215-1285</b>		<b>F</b> Name and address of principal officer: <b>LYNDA CABELL</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		<b>H(b)</b> Are all subordinates included? Yes No	<b>J</b> Website: ▶ <b>WWW.SAAFDN.ORG</b>		If "No," attach a list. (see instructions)	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>H(c)</b> Group exemption number ▶ <b>3910</b>	<b>L</b> Year of formation: <b>1964</b>		<b>M</b> State of legal domicile: <b>TX</b>
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**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>WE ARE THE COMMUNITY FOUNDATION FOR THE GREATER SAN ANTONIO AREA. WE HOLD ENDOWMENTS AND FUNDS WHICH</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>55</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>350</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-28,218.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>-28,218.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>31,152,385.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>3,354,898.</b>	<b>3,264,489.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>18,346,962.</b>	<b>9,065,826.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,168,119.</b>	<b>793,010.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>54,022,364.</b>	<b>49,550,967.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>43,771,436.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>11,438,711.</b>	<b>4,107,921.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>535,722.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>134,976.</b>	<b>4,426,717.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>55,345,123.</b>	<b>43,808,261.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-1,322,759.</b>	<b>5,742,706.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>265,821,348.</b>	<b>End of Year</b> <b>249,001,761.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>21,867,635.</b>	<b>23,835,810.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>243,953,713.</b>	<b>225,165,951.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>LYNDA CABELL, CFO</b> Type or print name and title		Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPHINE BEHREND</b>	Preparer's signature <i>Josephine Behrend</i>	Date <b>11/14/2019</b>
	Firm's name ▶ <b>RSM US LLP</b>	Firm's EIN ▶ <b>42-0714325</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00715390</b>
	Firm's address ▶ <b>19026 RIDGEWOOD PARKWAY, SUITE 400 SAN ANTONIO, TX 78259</b>	Phone no. <b>210/828-6281</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MAKING GRANTS FOR CHARITABLE PURPOSES TO NONPROFIT AND EDUCATIONAL ORGANIZATIONS, PRINCIPALLY IN THE SAN ANTONIO METROPOLITAN AREA AND SURROUNDING COUNTIES.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 36,523,917. including grants of \$ 35,056,123. ) (Revenue \$ 2,633,320. ) THE SAN ANTONIO AREA FOUNDATION IS A COMMUNITY FOUNDATION WHICH CONSISTS OF TRUSTS AND FUNDS CONTRIBUTED BY INDIVIDUALS, CORPORATIONS AND PUBLIC AGENCIES TO BENEFIT BEXAR COUNTY AND CERTAIN SOUTH TEXAS COUNTIES. THE INDIVIDUAL FUNDS AND TRUSTS MAKE CHARITABLE CONTRIBUTIONS AS SPECIFIED IN THEIR GOVERNING INSTRUMENTS.

4b (Code: ) (Expenses \$ 351,960. including grants of \$ 0. ) (Revenue \$ 277,598. ) THE SAN ANTONIO AREA FOUNDATION IS SUPPORTING AND SUSTAINING NONPROFITS IN BEXAR AND THE SURROUNDING COUNTIES.

4c (Code: ) (Expenses \$ 463,580. including grants of \$ 217,500. ) (Revenue \$ 261,454. ) THE SAN ANTONIO AREA FOUNDATION IS HELPING TO INCREASE GRADUATION RATES THROUGH OUR HIGH SCHOOL COMPLETION INITIATIVE. GRANTS ARE AWARDED TO NONPROFITS THAT PROVIDE OUT-OF-SCHOOL TIME PROGRAMS TO BEXAR COUNTY STUDENTS IN THIRD THROUGH NINTH GRADES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 314,301. including grants of \$ 0. ) (Revenue \$ 116,638. )

4e Total program service expenses 37,653,758.

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 48	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 55		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b> X	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ..... <b>3b</b> X	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b> X	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b> X	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b> N/A	N/A	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b> N/A	N/A	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b> N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b> N/A		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b> N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b> N/A		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b> N/A		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b> N/A		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b> N/A		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..... <b>14b</b>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	19	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LYNDA CABELL - 210-228-3764**  
**303 PEARL PARKWAY, NO. 114, SAN ANTONIO, TX 78215-1285**

**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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN HAYES CHAIR	2.00 1.00	X		X				0.	43,250.	0.
(2) THEODORE (THEO) GUIDRY II, CPA VICE CHAIR	2.00 1.00	X		X				0.	0.	0.
(3) MICHELLE R. SCARVER, CPA, PFS SECRETARY	1.00 1.00	X		X				0.	0.	0.
(4) GENERAL JAMES T. HILL TREASURER	1.00 1.00	X		X				0.	0.	0.
(5) MARIE SMITH PAST CHAIR	1.00 1.00	X						0.	0.	0.
(6) G.P. SINGH, PH.D. DIRECTOR	1.00 1.00	X						0.	32,500.	0.
(7) JANE PHIPPS DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) LUIS DE LA GARZA DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) JANIE BARRERA DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) HAROLD BERG, CPA DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) JAMES D. (DARRYL) BYRD DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) LAURA EHRENBERG-CHESLER DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) DAVID KOMET DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) ADENA WILLIAMS LOSTON, PH.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) BRAD PARMAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) ALEX PEREZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) MATTHEW C. REEDY DIRECTOR	1.00 1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRUCE TILLEY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(19) HARRY W. WOLFF, JR. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(20) REBECCA BRUNE PRESIDENT/COO	40.00 8.00			X			284,884.	0.	18,172.	
(21) LYNDA CABELL CFO	40.00 8.00			X			212,215.	0.	8,502.	
(22) ARENDA BURNS VP OF HUMAN RESOURCES AND ORGANIZATI	40.00 8.00			X			154,775.	0.	16,304.	
(23) LISA BRUNSVOLD VP OF DEVELOPMENT AND DONOR SERVICES	40.00 8.00			X			154,919.	0.	15,671.	
(24) REBECCA HELTERBRAND VP OF STRATEGY AND INNOVATION	40.00 8.00			X			152,590.	0.	9,350.	
(25) PATRICIA MEJIA VP OF COMMUNITY ENGAGEMENT AND IMPAC	40.00 8.00			X			36,002.	0.	35.	
(26) APRIL HANSARD CONTROLLER	40.00 8.00					X	125,084.	0.	11,839.	
<b>1b Sub-total</b>							1,120,469.	75,750.	79,873.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							1,120,469.	75,750.	79,873.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTON ROSE FULBRIGHT US LLP, 1301 MCKINNEY, SUITE 5100, HOUSTON, TX 77010	STRATEGIC SERVICES	364,065.
RSM US LLP, 331 W. 3RD STREET, SUITE 200, DAVENPORT, IA 52801	AUDIT/TAX SERVICES	298,735.
COLONIAL CONSULTING, LLC, 750 THIRD AVENUE 20TH FLOOR, NEW YORK, NY 10017	INVESTMENT MANAGEMENT	125,632.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	121,140.				
	<b>d</b> Related organizations .....	<b>1d</b>	1,276,656.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	35,029,846.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		15,964,035.				
	<b>h Total.</b> Add lines 1a-1f .....		36,427,642.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMIN FEE REVENUE	<b>Business Code</b> 900099	2,608,799.	2,608,799.			
	<b>b</b> PROGRAM REVENUE	900099	655,690.	655,690.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		3,264,489.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,951,352.		-28,218.	3,979,570.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		582,049.			582,049.	
	<b>6 a</b> Gross rents .....	(i) Real	243,671.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		243,671.			
	<b>d</b> Net rental income or (loss) .....		243,671.			243,671.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	38,523,695.				
		(ii) Other	28,054.				
		<b>b</b> Less: cost or other basis and sales expenses .....		33,409,221.	28,054.		
		<b>c</b> Gain or (loss) .....		5,114,474.	0.		
	<b>d</b> Net gain or (loss) .....		5,114,474.			5,114,474.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 121,140. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	32,915.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	90,146.			
<b>c</b> Net income or (loss) from fundraising events .....			-57,231.			-57,231.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME		900099	24,521.	24,521.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			24,521.			
<b>12 Total revenue.</b> See instructions .....			49,550,967.	3,289,010.	-28,218.	9,862,533.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,018,818.	30,018,818.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,240,305.	5,240,305.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	14,500.	14,500.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,063,421.	134,981.	764,538.	163,902.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,524,025.	665,479.	1,698,420.	160,126.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,396.	21,453.	61,691.	5,252.
9 Other employee benefits	166,260.	37,902.	121,943.	6,415.
10 Payroll taxes	265,819.	57,105.	186,391.	22,323.
11 Fees for services (non-employees):				
a Management				
b Legal	31,100.	4,816.	26,284.	
c Accounting	241,673.		241,673.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	945,912.		945,912.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,048,497.	626,557.	412,058.	9,882.
12 Advertising and promotion	7,580.	6,760.	820.	
13 Office expenses	108,924.	21,922.	74,658.	12,344.
14 Information technology	207,808.	55,822.	135,214.	16,772.
15 Royalties	145,236.	145,236.		
16 Occupancy	546,528.	278,449.	201,059.	67,020.
17 Travel	36,835.	6,880.	29,809.	146.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	75,565.	975.	74,225.	365.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	247,671.	72,258.	162,924.	12,489.
23 Insurance	86,748.	153.	86,595.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>REPAIRS AND MAINTENANCE</b>	302,089.	94,621.	179,323.	28,145.
b <b>EVENT EXPENSES</b>	111,406.	67,222.	19,506.	24,678.
c <b>BAD DEBT</b>	77,291.	77,291.		
d <b>DUES &amp; SUBSCRIPTIONS</b>	73,273.	311.	72,646.	316.
e All other expenses	132,581.	3,942.	123,092.	5,547.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>43,808,261.</b>	<b>37,653,758.</b>	<b>5,618,781.</b>	<b>535,722.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	7,088,268.	<b>1</b>	5,313,358.
	<b>2</b> Savings and temporary cash investments .....	10,659,664.	<b>2</b>	823,646.
	<b>3</b> Pledges and grants receivable, net .....	2,724,716.	<b>3</b>	3,362,529.
	<b>4</b> Accounts receivable, net .....	1,399,269.	<b>4</b>	10,409,038.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	159,063.	<b>7</b>	69,550.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	189,220.	<b>9</b>	222,559.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,677,514.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,096,375.	783,913.	<b>10c</b> 581,139.
	<b>11</b> Investments - publicly traded securities .....	223,902,798.	<b>11</b>	212,525,703.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	18,914,437.	<b>12</b>	15,694,239.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	265,821,348.	<b>16</b>	249,001,761.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	410,081.	<b>17</b>	710,383.
	<b>18</b> Grants payable .....	2,236,541.	<b>18</b>	5,003,842.
	<b>19</b> Deferred revenue .....	94,553.	<b>19</b>	352,487.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	17,582,638.	<b>21</b>	16,073,789.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	172,011.	<b>24</b>	148,011.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,371,811.	<b>25</b>	1,547,298.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	21,867,635.	<b>26</b>	23,835,810.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	125,424,617.	<b>27</b>	129,304,278.
	<b>28</b> Temporarily restricted net assets .....	95,668,894.	<b>28</b>	69,376,997.
	<b>29</b> Permanently restricted net assets .....	22,860,202.	<b>29</b>	26,484,676.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	243,953,713.	<b>33</b>	225,165,951.	
<b>34</b> Total liabilities and net assets/fund balances .....	265,821,348.	<b>34</b>	249,001,761.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	49,550,967.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	43,808,261.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	5,742,706.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	243,953,713.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-21,595,088.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,935,380.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	225,165,951.

**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:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in 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? .....  
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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization **SAN ANTONIO AREA FOUNDATION** Employer identification number **74-6065414**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	22877097.	62490983.	29031061.	31152385.	36427642.	181979168
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	22877097.	62490983.	29031061.	31152385.	36427642.	181979168
<b>5</b> 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) .....						59327919.
<b>6 Public support.</b> Subtract line 5 from line 4.						122651249

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	22877097.	62490983.	29031061.	31152385.	36427642.	181979168
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	5936013.	6502286.	3545561.	5679323.	4533401.	26196584.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	806,406.	85,783.	1254468.	3924291.	24,521.	6095469.
<b>11 Total support.</b> Add lines 7 through 10						214271221
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	57.24 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	60.90 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2018**

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number  <b>74-6065414</b>
----------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,340,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,010,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>2,775,717.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>2,018,995.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>976,295.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>12,155,366.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number  <b>74-6065414</b>
----------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>8,480,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,276,656.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number  <b>74-6065414</b>
----------------------------------------------------------------	---------------------------------------------------------

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	STOCK _____ _____ _____	\$ 866,753.	12/28/18
3	STOCK RECEIVED 3/28 AND 12/1 _____ _____ _____	\$ 2,775,717.	12/01/18
4	STOCK _____ _____ _____	\$ 2,018,995.	06/12/18
6	STOCK RECEIVED 12/1 AND 12/5 _____ _____ _____	\$ 10,155,366.	12/05/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number  <b>74-6065414</b>
----------------------------------------------------------------	---------------------------------------------------------

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization **SAN ANTONIO AREA FOUNDATION** Employer identification number **74-6065414**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	190	
2 Aggregate value of contributions to (during year) .....	26,971,664.	
3 Aggregate value of grants from (during year) .....	23,986,862.	
4 Aggregate value at end of year .....	83,731,576.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 .....

▶ \$ \_\_\_\_\_ 0.

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_ 1.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_ 0.

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,465,063.	279,200,990.	66,338,772.	71,271,930.	70,164,857.
b Contributions		287,134,454.	233,469,139.	654,192.	2,055,947.
c Net investment earnings, gains, and losses	-5,728,016.	13,311,157.	5,135,256.	-2,991,649.	2,128,273.
d Grants or scholarships	17,307,058.	13,748,095.	22,873,988.		
e Other expenditures for facilities and programs	-1,070,073.	459,588,700.	2,868,189.	2,595,701.	3,077,147.
f Administrative expenses		3,844,743.			
g End of year balance	80,500,062.	102,465,063.	279,200,990.	66,338,772.	71,271,930.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.13 %
  - b Permanent endowment  22.58 %
  - c Temporarily restricted endowment  77.29 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes                                 | No                       |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| (i) unrelated organizations                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,192,265.	734,627.	457,638.
d Equipment		464,890.	348,758.	116,132.
e Other		1,020,359.	1,012,990.	7,369.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				581,139.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN		
(B) PERPETUAL TRUST	7,665,752.	END-OF-YEAR MARKET VALUE
(C) MINERAL INTERESTS	2,566,353.	END-OF-YEAR MARKET VALUE
(D) PARTNERSHIP INVESTMENTS	4,490,531.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	971,603.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>15,694,239.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	28,998.
(3) INTERCOMPANY PAYABLES	1,518,300.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>1,547,298.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

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

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

THE FOUNDATION SERVES AS TRUSTEE OF A TRUST WHICH OWNS A BUILDING WHICH HOUSES AN ART SCHOOL AND ARTWORK COLLECTION. THIS COLLECTION IS PRESERVED, UNENCUMBERED, AND CANNOT BE DISPOSED OF FOR FINANCIAL GAIN. THE FOUNDATION RECORDS ADDITIONS AND DELETIONS OF THE COLLECTION IN THE STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS. AS SUCH, THE COLLECTION IS RECORDED AT A NOMINAL VALUE OF \$1 IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION.

**PART IV, LINE 2B:**

IN ACCORDANCE WITH ACCOUNTING STANDARDS, IF A NOT-FOR-PROFIT ORGANIZATION ESTABLISHES A FUND AT A COMMUNITY FOUNDATION WITH ITS OWN FUNDS AND

**Part XIII** Supplemental Information *(continued)*

SPECIFIES ITSELF AS THE BENEFICIARY OF THAT FUND, THE COMMUNITY FOUNDATION MUST ACCOUNT FOR THE TRANSFER OF SUCH ASSETS AS A LIABILITY. THE FOUNDATION REFERS TO SUCH FUNDS AS AGENCY FUNDS.

THE FOUNDATION MAINTAINS LEGAL OWNERSHIP OF AGENCY FUNDS AND, AS SUCH, CONTINUES TO REPORT THE FUNDS AS ASSETS OF THE FOUNDATION. HOWEVER, IN ACCORDANCE WITH THIS STANDARD, A LIABILITY HAS BEEN ESTABLISHED FOR THE FAIR MARKET VALUE OF THE FUNDS.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GRANT MAKING PURPOSES IN PERPETUITY.

PART X, LINE 2:

THE ASC 740 PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX ASSET OR LIABILITY IN THE CURRENT YEAR. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number <b>74-6065414</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	3,196,451.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	14,500.
<b>3 a</b> Subtotal .....	0	0			3,210,951.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			3,210,951.



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		VANCOUVER, BC, CANADA	SUPPORT THE CREATIVE WORK OF ALANA LEVANDOSKI'S MUSICAL COMPOSITION	6,500.	CHECK	0.	N/A	N/A
		VICTORIA, BC, CANADA	SUPPORT GENERAL OPERATING EXPENSES	8,000.	CHECK	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **2**

3 Enter total number of other organizations or entities ..... **0**

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**THE FOUNDATION VERIFIES THE GRANTEE'S ELIGIBILITY FOR THE GRANTS/ASSISTANCE, INCLUDING 501(C)(3) STATUS OR ITS EQUIVALENT.**

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

**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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a 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?  Yes  No
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3 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.  

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**Part II 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 greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		REN. WITH THE STARS		NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	154,055.			154,055.
	<b>2</b> Less: Contributions .....	121,140.			121,140.
	<b>3</b> Gross income (line 1 minus line 2) .....	32,915.			32,915.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	11,884.			11,884.
	<b>7</b> Food and beverages .....	32,507.			32,507.
	<b>8</b> Entertainment .....	20,571.			20,571.
	<b>9</b> Other direct expenses .....	25,184.			25,184.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				90,146.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-57,231.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: **TX**

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? .....  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? .....  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility .....	<b>13a</b>	%
b An outside facility .....	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer     
  Employee     
  Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **SAN ANTONIO AREA FOUNDATION** Employer identification number **74-6065414**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
4DOGSACKES RESCUE 203 W. SUNSET ROAD SAN ANTONIO, TX 78209	81-2518844	501(C)(3)	20,000.	0.	N/A	N/A	OPERATING SUPPORT
ABANDONED PET PROJECT P.O. BOX 2413 BOERNE, TX 78006	47-1067342	501(C)(3)	25,000.	0.	N/A	N/A	SPAY AND NEUTER SERVICES
ADAPTIVE SPORTS CENTER P.O. BOX 1639 CRESTED BUTTE, CO 81224	84-1063447	501(C)(3)	216,667.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
AID THE SILENT 34910 I.H. 10 WEST # 701 BOERNE, TX 78006	47-2883437	501(C)(3)	50,000.	0.	N/A	N/A	PURCHASE A VAN
ALAMO COLLEGES FOUNDATION 1819 N. MAIN AVENUE SAN ANTONIO, TX 78212-3941	74-2422589	501(C)(1)	36,491.	0.	N/A	N/A	GENERAL SCHOLARSHIP FUND AT THE ACCD FOUNDATION
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL - P.O. BOX 9 - SAN ANTONIO, TX 78291-0009	74-2461534	501(C)(3)	25,815.	0.	N/A	N/A	THE CURIOUS GEORGE PROGRAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **307.**

**3** Enter total number of other organizations listed in the line 1 table **9.**

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

Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR YOUTH ORGANIZING 915 5TH STREET NW WASHINGTON, DC 20001	46-2465621	501(C)(3)	7,500.	0.	N/A	N/A	LOCAL VOTER REGISTRATION AND VOTER TURNOUT PROGRAMS
AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - 125 BROAD STREET 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
AMERICAN HEART ASSOCIATION, INC. 8415 WURZBACH SAN ANTONIO, TX 78229	13-5613797	501(C)(3)	12,200.	0.	N/A	N/A	GENERAL OPERATING EXPENSES (BIOMEDICAL RESEARCH)
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - P.O. BOX 4124 - NEW YORK, NY 10163	13-1656634	501(C)(3)	15,000.	0.	N/A	N/A	SPINAL REPAIR WORK IN ETHIOPIA AND GHANA.
AMERICAN KIDNEY FUND, INC. 11921 ROCKVILLE PIKE, SUITE 300 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES / MEDICINE & HEALTHCARE
AMERICAN LUNG ASSOCIATION 2550 NORTH LOOP WEST, SUITE 265 HOUSTON, TX 77092	74-1109621	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
AMERICAN RED CROSS ATTN: OFFICE OF THE GENERAL COUNSEL - T&E 2025 E STREET, NW - WASHINGTON, DC	53-0196605	501(C)(3)	88,990.	0.	N/A	N/A	GENERAL OPERATING EXPENSES; DISASTER RELIEF FOR WILDFIRES AND TORNADOES
AMERICAN SUNRISE - A NONPROFIT COMMUNITY BUILDER - 2007 W. COMMERCE STREET - SAN ANTONIO, TX 78207	74-3001093	501(C)(3)	9,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
ANIMAL DEFENSE LEAGUE OF TEXAS 11300 NACOGDOCHES ROAD SAN ANTONIO, TX 78217	74-6002033	501(C)(3)	82,088.	0.	N/A	N/A	NON-ROUTINE AND SPAY/NEUTER SURGERIES & GENERAL OPERATING EXPENSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL RESOURCE CENTER P.O.BOX 701268 SAN ANTONIO, TX 78270	74-2846005	501(C)(3)	11,692.	0.	N/A	N/A	QUARTERLY DISTRIBUTION TO SUPPORT THE SPAY/NEUTER PROJECT
ANTONIAN COLLEGE PREPARATORY HIGH SCHOOL - 6425 WEST AVENUE - SAN ANTONIO, TX 78213	74-1492576	501(C)(3)	83,333.	0.	N/A	N/A	REMODELING OF THE SCHOOL
ARANSAS COUNTY UNITED FUND, INC. P.O. BOX 581 ROCKPORT, TX 78381	23-7135070	501(C)(3)	98,790.	0.	N/A	N/A	CONTINUED RELIEF EFFORTS IN ROCKPORT, TEXAS
ARCHDIOCESE OF SAN ANTONIO 2718 WEST WOODLAWN SAN ANTONIO, TX 78228	74-1009740	501(C)(3)	26,670.	0.	N/A	N/A	GENERAL OPERATING EXPENSES (DEAF MINISTRY)
ASR FOUNDATION 221 NORTHCREST DRIVE SAN ANTONIO, TX 78213	36-4876249	501(C)(3)	15,837.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
ASSISTANCE LEAGUE OF SAN ANTONIO P.O. BOX 13130 SAN ANTONIO, TX 78213-0130	74-2330690	501(C)(3)	20,000.	0.	N/A	N/A	OPERATION SCHOOL BELL
ATHLETES IN ACTION 651 TAYLOR DRIVE XENIA, OH 45385	95-6006173	501(C)(3)	10,000.	0.	N/A	N/A	FINAL FOUR LEGENDS BREAKFAST
AUTISM SERVICE CENTER OF SAN ANTONIO - 4242 WOODCOCK DRIVE, SUITE 101 - SAN ANTONIO, TX 78228	26-2592058	501(C)(3)	28,435.	0.	N/A	N/A	THE AUTISM COMMUNITY NETWORK (ACN) - CLINICAL DIAGNOSTIC PROGRAM
AUTISTIC TREATMENT CENTER 10503 METRIC DRIVE DALLAS, TX 75243	75-1518193	501(C)(3)	255,000.	0.	N/A	N/A	FACILITY EXPANSION & GENERAL OPERATING EXPENSES

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVANCE SAN ANTONIO, INC. 118 NORTH MEDINA STREET SAN ANTONIO, TX 78207	74-1769114	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
AWAKENINGS, INC. P.O. BOX 8409 HOUSTON, TX 77288	72-1601093	501(C)(3)	13,000.	0.	N/A	N/A	CONFERENCE ATTENDANTS
BAMBERGER RANCH PRESERVE 2341 BLUE RIDGE DRIVE JOHNSON CITY, TX 78636	30-0041245	501(C)(3)	39,334.	0.	N/A	N/A	6-MONTH ENVIRONMENTAL INTERNSHIP POSITION
BANK OF AMERICA CHARITABLE GIFT FUND - 100 FEDERAL STREET MA1-225-04-02 - BOSTON, MA 02110	04-6010342	501(C)(3)	187,145.	0.	N/A	N/A	CREATE FUND
BLESSED SACRAMENT ACADEMY 1135 MISSION ROAD SAN ANTONIO, TX 78210-4598	74-1369411	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
BLUE RIDGE EDUCATIONAL CENTER P.O. BOX 1820 FRONT ROYAL, VA 22630	56-2490870	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
BLUE RIDGE OPPORTUNITY SERVICES, INC. - 37 WATER STREET - FRONT ROYAL, VA 22630	54-1615390	501(C)(3)	20,000.	0.	N/A	N/A	EDUCATION AND HEALTHCARE FOR PERSONS WITH AUTISM OR OTHER DISABILITIES
BOERNE CHARGER ORCHESTRA PARENTS ORGANIZATION, INC. - 201 CHARGER BOULEVARD - BOERNE, TX 78006-1976	47-2469909	501(C)(3)	6,345.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
BOERNE PUBLIC SCHOOL FOUNDATION C/O BOERNE EDUCATION FOUNDATION P.O. BOERNE, TX 78006	74-2828331	501(C)(3)	24,199.	0.	N/A	N/A	PURCHASE SUPPLIES AND EQUIPMENT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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BOYS & GIRLS CLUBS OF SAN ANTONIO 123 RALPH AVENUE SAN ANTONIO, TX 78204	74-1109637	501(C)(3)	233,065.	0.	N/A	N/A	BGCSA EASTSIDE YOUTH DEVELOPMENT PARK
BOYSVILLE, INC. P.O. BOX 369 CONVERSE, TX 78109	74-1207553	501(C)(3)	47,394.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
BRACKENRIDGE PARK CONSERVANCY P.O. BOX 6311 SAN ANTONIO, TX 78209	26-3416330	501(C)(3)	15,000.	0.	N/A	N/A	BRACKENRIDGE PARK COMMUNITY CAT PROJECT (BPCCP)
BRADY CENTER TO PREVENT GUN VIOLENCE - 1225 EYE STREET, NW; SUITE 1100 - WASHINGTON, DC 20005	52-1285097	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
BRIGHTON CENTER 14207 HIGGINS ROAD SAN ANTONIO, TX 78217	74-2331826	501(C)(3)	775,250.	0.	N/A	N/A	CAPITAL CAMPAIGN
BRISCOE WESTERN ART MUSEUM 210 W. MARKET STREET SAN ANTONIO, TX 78205	30-0211961	501(C)(3)	35,000.	0.	N/A	N/A	2018 EXHIBITIONS, LEGACY EVENT, ANNUAL FUND, AND MATCHING GIFT
CACTUS PEAR MUSIC FESTIVAL P.O. BOX 880 CONVERSE, TX 78109	74-2796236	501(C)(3)	13,869.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CAMP ARANZAZU 5420 LOOP 1781 ROCKPORT, TX 78382	74-3032285	501(C)(3)	25,000.	0.	N/A	N/A	CHILDREN TO ATTEND CAMP ARANZAZU
CAMP CORRAL 801 N. WEST STREET RALEIGH, NC 27603	45-3555807	501(C)(3)	10,000.	0.	N/A	N/A	SCHOLARSHIPS

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CAMP TO SUCCESS P.O. BOX 782303 SAN ANTONIO, TX 78278	46-2992483	501(C)(3)	281,400.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CAMP WINNARAINBOW 1301 HENRY STREET BERKELEY, CA 94709	94-2869998	501(C)(3)	10,000.	0.	N/A	N/A	SCHOLARSHIP FUND
CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - P.O. BOX 628222 - ORLANDO, FL 32862-8222	33-0863088	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CASA OF MCLENNAN COUNTY 1001 WASHINGTON AVENUE WACO, TX 76701	45-5401776	501(C)(3)	5,000.	0.	N/A	N/A	REMODELING OF OFFICE BUILDING
CASTROVILLE NIP & TUCK 307 MADRID STREET CASTROVILLE, TX 78009	20-3874779	501(C)(3)	20,000.	0.	N/A	N/A	LOW COST SPAY AND NEUTER PROGRAM FOR MEDINA COUNTY
CATHOLIC ARCHDIOCESE OF INDIANAPOLIS - 1400 N. MERIDIAN STREET - INDIANAPOLIS, IN 46202	45-0608082	501(C)(3)	5,000.	0.	N/A	N/A	OUR LADY OF FATIMA RETREAT HOUSE TO SUPPORT THE MINISTRY OF FATHER KEITH HOSEY
CATHOLIC CHARITIES ARCHDIOCESE OF SAN ANTONIO, INC. - 202 WEST FRENCH PLACE - SAN ANTONIO, TX 78212	74-1109743	501(C)(3)	5,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CATHOLIC COMMUNITY FOUNDATION 111 BARILLA PLACE SUITE 101 SAN ANTONIO, TX 78209	20-5817370	501(C)(3)	45,000.	0.	N/A	N/A	CATHOLIC CHARITIES ENDOWMENT FUND PAS ACCT. #XAP700968
CENTER FOR ACTION AND CONTEMPLATION - P.O. BOX 12464 - ALBUQUERQUE, NM 87195	85-0354965	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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CENTER FOR REFUGEE SERVICES 8703 WURZBACH, SUITE A-1 SAN ANTONIO, TX 78240	27-2787747	501(C)(3)	41,113.	0.	N/A	N/A	GENERAL OPERATING EXPENSES & COMMUNITY INTEGRATION PROMOTION
CENTRAL CATHOLIC HIGH SCHOOL 1403 N. ST. MARY'S STREET SAN ANTONIO, TX 78215-1785	74-1143115	501(C)(3)	100,000.	0.	N/A	N/A	CAPITAL CAMPAIGN
CHARCOT-MARIE-TOOTH ASSOCIATION P.O. BOX 105 GLENOLDEN, PA 19036	22-2480896	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CHARITY BALL LEGACY FOUNDATION P.O. BOX 6508 SAN ANTONIO, TX 78209	34-2006488	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CHILD AND ADULT RESOURCE AND EDUCATION CENTER - 5235 DAVID EDWARDS DRIVE - SAN ANTONIO, TX 78233	26-3766082	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL - P.O. BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)(3)	542,364.	0.	N/A	N/A	CAMP CABIN CONSTRUCTION & SUMMER CAMPING PROGRAM
CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS - 205 W. OLMOS DRIVE, SUITE 101 - SAN ANTONIO, TX 78212	74-2828178	501(C)(3)	23,250.	0.	N/A	N/A	CAMP HEROES SUMMER, 2018
CHILDREN'S HOSPITAL OF SAN ANTONIO FOUNDATION - 100 N.E. LOOP 410, SUITE 706 - SAN ANTONIO, TX 78216-4700	74-1224362	501(C)(3)	30,286.	0.	N/A	N/A	CHILDREN'S HEALTHY EYES EXAM PROGRAM
CHOSEN CARE INC. 351 MAIN PLAZA NEW BRAUNFELS, TX 78130	81-2872095	501(C)(3)	48,391.	0.	N/A	N/A	CHOSEN CARE MENTORING & SUPPORT PROGRAM & BUILDING CAPACITY CAMPAIGN

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CHRIST EPISCOPAL CHURCH 510 BELKNAP PLACE SAN ANTONIO, TX 78212-3493	74-1180188	501(C)(3)	60,343.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CHRIST HEALING CENTER P.O. BOX 12778 SAN ANTONIO, TX 78212	20-2733486	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CHRISTIAN ASSISTANCE MINISTRY, INC. - 110 MCCULLOUGH AVENUE - SAN ANTONIO, TX 78215	74-1947967	501(C)(3)	511,492.	0.	N/A	N/A	WAREHOUSE RENOVATION (WITH NAMING RIGHTS)
CHRISTIAN SENIOR SERVICES 4306 N.W. LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	25,150.	0.	N/A	N/A	MEALS ON WHEELS PROGRAM
CHRYSALIS INTERNATIONAL, INC. 10524 MOSS PARK RD., SUITE 650 ORLANDO, FL 32832	52-2292761	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CITIZENS FOR COMMUNITY ACTION 124 SUNRISE DRIVE SUNRISE BEACH, TX 78643	74-2393838	501(C)(3)	5,000.	0.	N/A	N/A	AREA FIRE-FIGHTING EXPENSES
CITY YEAR SAN ANTONIO 109-B N. SAN SABA SAN ANTONIO, TX 78207	22-2882549	501(C)(3)	130,700.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK DRIVE SAN ANTONIO, TX 78229	74-1153067	501(C)(3)	512,387.	0.	N/A	N/A	TECHNOLOGY SUPPORT
CONRAD SMILES 414 CALUMET PLACE SAN ANTONIO, TX 78209	47-5600684	501(C)(3)	15,606.	0.	N/A	N/A	GENERAL OPERATING EXPENSES AND WEBSITE DESIGN

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CONTEMPLATIVE OUTREACH 10 PARK PLACE SECOND FLOOR, SUITE B BUTLER, NJ 07405	13-3345685	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CONTEMPORARY ART FOR SAN ANTONIO 116 BLUE STAR SAN ANTONIO, TX 78204	74-2419615	501(C)(3)	51,000.	0.	N/A	N/A	2019 EXHIBITIONS AND PUBLIC PROGRAMS
CROSSROADS MINISTRY OF ESTES PARK, INC. - P.O. BOX 3616 - ESTES PARK, CO 80517	74-2465229	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CROSSTIES MINISTRIES, INC. P.O. BOX 2202 WACO, TX 76703	75-2849153	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
CURREY CREEK BAPTIST CHURCH P.O. BOX 397 BOERNE, TX 78006	74-2985752	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
DALLAS BAPTIST UNIVERSITY 3000 MOUNTAIN CREEK PARKWAY DALLAS, TX 75211	75-6001300	501(C)(3)	5,000.	0.	N/A	N/A	PEDERSEN RESIDENTIAL COLLEGE CAMPAIGN
DALLAS WOMEN'S FOUNDATION CAMPBELL CENTRE II 8150 N. CENTRAL DALLAS, TX 75206	75-2048261	501(C)(3)	100,000.	0.	N/A	N/A	KNIGHT/BAKER WOMEN'S WORLD IMPROVEMENT FUND
DELIVERANCE TEMPLE CHURCH OF GOD IN CHRIST - 7901 CAMERON ROAD - AUSTIN, TX 78754	51-0545821	501(C)(3)	644,150.	0.	N/A	N/A	CONSTRUCTION COSTS ASSOCIATED WITH DELIVERANCE TEMPLE
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	94-2776664	501(C)(4)	10,990.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C)(3)	26,200.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
ECUMENICAL CENTER FOR RELIGION AND HEALTH - 8310 EWING HALSELL DRIVE - SAN ANTONIO, TX 78229-3715	74-1587388	501(C)(3)	400,500.	0.	N/A	N/A	CHILDRENS THERAPEUTIC ARTS ADDITION
EDUCATION SERVICE CENTER, REGION 20 - ATTN: BUSINESS SERVICES 1314 HINES AVENUE - SAN ANTONIO, TX 78208	74-1587461	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
ELKS NATIONAL FOUNDATION, INC. 2750 N. LAKEVIEW AVENUE CHICAGO, IL 60614	26-3718342	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
ELLA AUSTIN COMMUNITY CENTER P.O. BOX 8147 SAN ANTONIO, TX 78208	74-1166908	501(C)(3)	17,800.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
EMANCIPET, INC. 7010 EASY WIND DRIVE #260 AUSTIN, TX 78752	74-2913624	501(C)(3)	15,250.	0.	N/A	N/A	RELOCATION BUILDING FUND
ENOCH SAYS 427 EVANS AVENUE SAN ANTONIO, TX 78209-0000	82-4215205	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
EPISCOPAL DIOCESE OF WEST TEXAS P.O. BOX 6885 SAN ANTONIO, TX 78209	74-1143118	501(C)(3)	7,000.	0.	N/A	N/A	CAPITAL IMPROVEMENTS AT DUNCAN PARK
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC - 702 SAN PEDRO AVENUE - SAN ANTONIO, TX 78212	74-1117341	501(C)(3)	64,490.	0.	N/A	N/A	GENERAL OPERATING EXPENSES & SENIOR SERVICES IN-HOME PERSONAL CARE

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FELLOWSHIP FOUNDATION, INC. P.O. BOX 23813 WASHINGTON, DC 20026-3813	53-0204604	501(C)(3)	27,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FELLOWSHIP OF CHRISTIAN ATHLETES 16161 COLLEGE OAK, SUITE 101 SAN ANTONIO, TX 78249	44-0610626	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FIRST BAPTIST CHURCH BLANCO P.O. BOX 280 BLANCO, TX 78606	74-1540070	501(C)(3)	11,500.	0.	N/A	N/A	YOUTH MISSION TRIP SUMMER 2018
FIRST BAPTIST CHURCH SAN ANTONIO 515 MCCULLOUGH AVENUE SAN ANTONIO, TX 78215-2105	74-2689599	501(C)(3)	120,000.	0.	N/A	N/A	DONATION TOWARD UTHRIE COURTYARD
FIRST PRESBYTERIAN CHURCH 404 NORTH ALAMO SAN ANTONIO, TX 78205	74-1175837	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FISHER HOUSE FOUNDATION 111 ROCKVILLE PIKE, SUITE 420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	10,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FOLKLORE FILMS, INC. P.O. BOX 8409 HOUSTON, TX 77288	82-1544149	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	50,000.	0.	N/A	N/A	SONGHAI HAITI PROJECT
FORT DAVIS HIGHER EDUCATION FOUNDATION - P.O. BOX 335 - FORT DAVIS, TX 79734	06-1653768	501(C)(3)	5,032.	0.	N/A	N/A	SCIENCE LAB EQUIPMENT FOR FORT DAVID ISD

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FREDERICKSBURG COMMUNITY HEALTH CENTER, INC. - 140 INDUSTRIAL LOOP, SUITE 100 - FREDERICKSBURG, TX 78624-5459	91-2129853	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FREE BY THE TRUTH MINISTRY, INC. 1119 CHURING DRIVE SAN ANTONIO, TX 78245	81-5153384	501(C)(3)	5,000.	0.	N/A	N/A	REVOLVING LOAN FUND FOR FORMER INMATES AND THEIR FAMILIES
FRIENDS OF CIBOLO WILDERNESS 140 CITY PARK ROAD BOERNE, TX 78006	74-2564700	501(C)(3)	9,316.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FRIENDS OF HOSPICE SAN ANTONIO, INC. - P.O. BOX 40487 - SAN ANTONIO, TX 78229-0487	74-2608764	501(C)(3)	19,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
FRIENDS OF KAHANA 52-210 KAMEHAMEHA HWY. KAHANA, HI 96717	99-0316733	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES AND REBUILDING OF THE HISTORICAL FISH POND
GENEVA SCHOOL OF BOERNE 113 CASCADE CAVERNS ROAD BOERNE, TX 78015	74-2903692	501(C)(3)	28,246.	0.	N/A	N/A	PURCHASE TECHNOLOGY EQUIPMENT
GIRLS INCORPORATED OF SAN ANTONIO 118 N. MEDINA STREET SAN ANTONIO, TX 78207	20-5468038	501(C)(3)	7,000.	0.	N/A	N/A	GIRLS INCORPORATED TEEN PROGRAMS
GOD'S DOGS RESCUE 12750 TRAWALTER LANE VON ARMY, TX 78073	47-2023186	501(C)(3)	60,000.	0.	N/A	N/A	TRANSPORT VAN DAMAGES & ADOPTION
GRAVITY, A CENTER FOR CONTEMPLATIVE ACTIVISM - P.O. BOX 7 - OMAHA, NE 68101	46-1925075	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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GUADALUPE COMMUNITY CENTER 1801 W. CESAR E. CHAVEZ BLVD. SAN ANTONIO, TX 78207	74-1109837	501(C)(3)	15,000.	0.	N/A	N/A	AFTER SCHOOL & SUMMER YOUTH PROGRAM
GUARDIAN HOUSE 1818 SAN PEDRO SAN ANTONIO, TX 78212	74-2780384	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HALFTIME INSTITUTE 1431 GREENWAY DRIVE, SUITE 230 IRVING, TX 75038	46-1367917	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HALLMARK UNIVERSITY, INC. 10401 IH 10 WEST SAN ANTONIO, TX 78230	45-4620000	501(C)(3)	7,500.	0.	N/A	N/A	EASTSIDE CYBERFORCE PRIME
HAND IN HAND P.O. BOX 80102 PORTLAND, OR 97280	93-1269590	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HAVEN FOR HOPE 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	20-8075412	501(C)(3)	35,693.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)(3)	38,000.	0.	N/A	N/A	CAMPUS CLINIC FOR YOUTH IN CRISIS
HEART OF TEXAS PREGNANCY RESOURCE CENTER - 1005 WEST HIGHWAY 290 - DRIPPING SPRINGS, TX 78620	46-0673585	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HEARTBEAT 5431 N.E. 20TH AVENUE PORTLAND, OR 97211	27-1047308	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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HEARTGIFT FOUNDATION 7970 FREDERICKSBURG ROAD, SUITE 101 SAN ANTONIO, TX 78229	74-2967809	501(C)(3)	25,000.	0.	N/A	N/A	EXPENSES RELATED TO SAN ANTONIO CHAPTER
HELP END LOCAL POVERTY (D.B.A HELP ONE NOW) - P.O. BOX 26716 - RALEIGH, NC 27611	26-3618295	501(C)(3)	168,000.	0.	N/A	N/A	FERRIER PRE-SCHOOL EXPANSION
HERITAGE SCHOOL 310 SMOKEHOUSE ROAD FREDERICKSBURG, TX 78624	74-2709925	501(C)(3)	5,000.	0.	N/A	N/A	LOWER SCHOOL BUILDING FUND
HIGHLAND LAKES UNITED METHODIST CHURCH - P.O. BOX 1005 - BUCHANAN DAM, TX 78609	31-1813333	501(C)(3)	9,900.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HILL COUNTRY CHRISTIAN SCHOOL 1401 DAVIS LANE SAN MARCOS, TX 78666	74-6229155	501(C)(3)	5,788.	0.	N/A	N/A	PLAYGROUND EQUIPMENT
HILL COUNTRY COMMUNITY NEEDS COUNCIL - P.O. BOX 73 - FREDERICKSBURG, TX 78624	74-2276776	501(C)(3)	10,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HILL COUNTRY DAILY BREAD MINISTRIES - 234 W. BANDERA ROAD #133 - BOERNE, TX 78006	30-0148195	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
HILL COUNTRY SCIENCE MILL P.O. BOX 38 JOHNSON CITY, TX 78636	46-0600789	501(C)(3)	209,357.	0.	N/A	N/A	AQUAPONICS CONSERVATORY FOR THE HILL COUNTRY SCIENCE MILL
HISPANIC LEADERSHIP DEVELOPMENT FOUNDATION - 200 E. GRAYSON, SUITE 203 - SAN ANTONIO, TX 78233	74-2956228	501(C)(3)	5,000.	0.	N/A	N/A	MIDDLE SCHOOL CORE 4 STEM PROGRAM

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HOLY REDEEMER CATHOLIC CHURCH 1819 NEVADA SAN ANTONIO, TX 78203	74-1109740	501(C)(3)	10,000.	0.	N/A	N/A	CAPITAL ACCOUNT
HOSPICE BRAZOS VALLEY, INC. 502 WEST 26TH STREET BRYAN, TX 77803	74-2229794	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
I CARE SAN ANTONIO, INC. ONE HAVEN FOR HOPE WAY BUILDING ONE, SUITE 200 - SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	50,250.	0.	N/A	N/A	EYE ON DIABETES
IMPACT SAN ANTONIO FOUNDATION, INC. - 7970 FREDERICKSBURG ROAD, SUITE 101-369 - SAN ANTONIO, TX 78229-3890	20-1154171	501(C)(3)	5,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
INCARNATE WORD RETIREMENT COMMUNITY - 4707 BROADWAY - SAN ANTONIO, TX 78209	74-1109717	501(C)(3)	5,000.	0.	N/A	N/A	EXPANDING THE MINISTRY CAMPAIGN FOR THE VILLAGE AT INCARNATE WORD
INNER CITY DEVELOPMENT, INC. 1300 CHIHUAHUA STREET SAN ANTONIO, TX 78207	74-1619603	501(C)(3)	10,000.	0.	N/A	N/A	THANKSGIVING 365
INTERNATIONAL CENTER FOR RELIGION AND DIPLOMACY - 1003 K STREET, N.W., SUITE 400 - WASHINGTON, DC 20001	54-1853311	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
J. BRADLEY AUST SURGICAL SOCIETY 7703 FLOYD CURL DRIVE, MSC 7740 SAN ANTONIO, TX 78229-3900	23-7403400	501(C)(6)	12,998.	0.	N/A	N/A	ANNUAL RESIDENT APPRECIATION DINNER
JEFF ANDLER MINISTRIES 7410 APPLE CREEK DRIVE CHARLOTTE, NC 28227	02-0599980	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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JEWISH FEDERATION OF SAN ANTONIO 12500 N.W. MILITARY HWY., SUITE 200 SAN ANTONIO, TX 78231	74-1109662	501(C)(3)	335,900.	0.	N/A	N/A	EDUCATIONAL PROGRMS AND THE HOLOCAUST MEMORIAL MUSEUM
JUNIOR ACHIEVEMENT OF SOUTH TEXAS, INC. - 403 E. RAMSEY, SUITE 201 - SAN ANTONIO, TX 78216	74-2061852	501(C)(3)	6,499.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
JUVENILE DIABETES RESEARCH FOUNDATION - 8610 N. NEW BRAUNFELS, SUITE 700 - SAN ANTONIO, TX 78217	23-1907729	501(C)(3)	75,000.	0.	N/A	N/A	FUND A CURE
KETTERING UNIVERSITY 1700 UNIVERSITY AVENUE FLINT, MI 48504	38-2410852	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
KEYSTONE SCHOOL 119 E. CRAIG PLACE SAN ANTONIO, TX 78212	74-1193335	501(C)(3)	10,000.	0.	N/A	N/A	HEADMASTER'S DISCRETIONARY FUND
KINETIC KIDS, INC. P.O. BOX 690993 SAN ANTONIO, TX 78269-0993	74-3080076	501(C)(3)	28,067.	0.	N/A	N/A	GENERAL OPERATING EXPENSES & SPORT AND RECREATION FOR SPECIAL NEEDS KIDS
KIPP SAN ANTONIO, INC. 731 FREDERICKSBURG ROAD SAN ANTONIO, TX 78201	41-2090713	501(C)(3)	1,000,000.	0.	N/A	N/A	NAMING RIGHTS TO THE KIPP ESPERANZA DUAL ACADEMY ELEMENTARY SCHOOL WING
LAITY RENEWAL FOUNDATION, INC. 719 EARL GARRETT STREET KERRVILLE, TX 78028-3324	74-2749249	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
LANDA GARDENS CONSERVANCY P.O. BOX 12243 SAN ANTONIO, TX 78212	20-1508875	501(C)(3)	5,836.	0.	N/A	N/A	MAINTENANCE OF THE GARDENS

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LAS CASAS FOUNDATION 222 E. HOUSTON, SUITE 640 SAN ANTONIO, TX 78205	74-2512597	501(C)(3)	12,400.	0.	N/A	N/A	LAS CASA'S SCHOLARSHIP PROGRAM
LAST CHANCE FOREVER P.O. BOX 460993 SAN ANTONIO, TX 78246	74-2213535	501(C)(3)	25,000.	0.	N/A	N/A	LAST CHANCE FOREVER/THE BIRD OF PREY CONSERVANCY
LATCHED SUPPORT 407 DE SOTO DRIVE UNIVERSAL CITY, TX 78148	82-2701432	501(C)(3)	5,000.	0.	N/A	N/A	IN-HOME BREASTFEEDING ASSISTANCE
LAUREN INTERNATIONAL 1057 WOODSTOCK AVENUE JACKSONVILLE, FL 32254	59-2981750	501(C)(3)	54,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
LEADERSHIP NETWORK 12700 PARK CENTRAL DRIVE, SUITE 500 DALLAS, TX 75251	75-2208735	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
LOW VISION RESOURCE CENTER 1250 N.E. LOOP 410, SUITE 630 SAN ANTONIO, TX 78209	74-2930723	501(C)(3)	30,391.	0.	N/A	N/A	OWL RADIO
LULAC REY FEO SCHOLARSHIP COMMITTEE INC. - 11514 JONES MALTSBERGER - SAN ANTONIO, TX 78216	74-1878074	501(C)(3)	10,315.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
MAKE-A-WISH FOUNDATION OF CENTRAL AND SOUTH TEXAS, INC. - 1931 N.W. MILITARY HIGHWAY, SUITE 210 - SAN ANTONIO, TX 78213	74-2357788	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
MARK SEVEN - DEPAUL HOUSE OF STUDIES - 143 HONEYSUCKLE LANE - SAN ANTONIO, TX 78213	94-3144632	501(C)(3)	10,000.	0.	N/A	N/A	CAPITAL ACCOUNT

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MAYS CANCER CENTER 7979 WUZBACH ROAD, SUITE U617 MAIL SAN ANTONIO, TX 78229	23-7220856	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES (BIOMEDICAL RESEARCH)
MCNAY ART MUSEUM P.O. BOX 6069 SAN ANTONIO, TX 78209	74-1195277	501(C)(3)	46,634.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10021	13-1624082	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
METHODIST CHILDREN'S HOME 1111 HERRING AVENUE WACO, TX 76708	74-1109750	501(C)(3)	55,072.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
MEXICO MEDICAL MISSIONS 1302 WAUGH DRIVE, #685 HOUSTON, TX 77019	74-2548761	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
MID-TEXAS SYMPHONY SOCIETY ATTN: C.J. WASHINGTON, EXECUTIVE DIRECTOR 1000 W. COURT STREET #3216 - SEGUI	74-2003063	501(C)(3)	5,765.	0.	N/A	N/A	PLAYGROUND EQUIPMENT
MILE HIGH MINISTRIES 913 N. WYANDOT STREET DENVER, CO 80204	84-0782214	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
MISION DE CANDELILLA 2042 N. LLANO STREET FREDERICKSBURG, TX 78624	30-0413371	501(C)(3)	12,500.	0.	N/A	N/A	VAN FOR MEXICO TRIPS
MISSION ROAD DEVELOPMENTAL CENTER 8706 MISSION ROAD SAN ANTONIO, TX 78214	74-6024405	501(C)(3)	253,000.	0.	N/A	N/A	NEW CONSTRUCTION COSTS OF THE HARVEY E. NAJIM COTTAGE

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MISSION ROAD MINISTRIES 8706 MISSION ROAD SAN ANTONIO, TX 78214-3144	74-2958552	501(C)(3)	301,500.	0.	N/A	N/A	UNICORN SUPPORTIVE EMPLOYMENT LUNCHEON
MORNINGSIDE MINISTRIES 700 BABCOCK ROAD SAN ANTONIO, TX 78201	74-1388420	501(C)(3)	9,776.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
MOZART FESTIVAL TEXAS 256 SAMANTHA DRIVE SCHERTZ, TX 78154	47-5538446	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES OF ARTS & CULTURE
NATIONAL ASSOCIATION OF LATINO ARTS AND CULTURES - 1208 BUENA VISTA STREET - SAN ANTONIO, TX 78207	74-2581293	501(C)(3)	5,000.	0.	N/A	N/A	NATIONAL ASSESSMENT OF THE LATINO ARTS FIELD: SAN ANTONIO EDITION
NATIONAL JEWISH HEALTH P.O. BOX 17169 DENVER, CO 80217-0169	74-2044647	501(C)(3)	12,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
NATIONAL PUBLIC RADIO, INC. 1111 NORTH CAPITOL ST. NE WASHINGTON, DC 20002	52-0907625	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501(C)(3)	25,000.	0.	N/A	N/A	MONARCH HEROES
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
NEW BRAUNFELS COMMUNITY CAT COALITION - 3353 MORNINGSIDE DRIVE, SUITE C - NEW BRAUNFELS, TX 78132	47-4188081	501(C)(3)	12,000.	0.	N/A	N/A	FIXING FERALS

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NEW ISRAEL FUND P.O. BOX 96712 WASHINGTON, DC 20090-6712	94-2607722	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
OLD SPANISH MISSIONS, INC. P.O. BOX 7804 SAN ANTONIO, TX 78207-0804	74-2155244	501(C)(3)	5,000.	0.	N/A	N/A	RESTORATION, PRESERVATION AND MAINTENANCE OF THE OLD SPANISH MISSIONS
OMEGA CENTER, INC. 1334 PERRY ST., NE WASHINGTON, DC 20017	81-3500340	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
OUR LADY OF THE LAKE UNIVERSITY 411 S.W. 24TH STREET SAN ANTONIO, TX 78207-4689	74-1109631	501(C)(3)	70,355.	0.	N/A	N/A	INTERNATIONAL FOLK CULTURE CENTER
OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH, INC. - 381 RIVERSIDE DRIVE, SUITE 110 - FRANKLIN, TN 37064	58-1375506	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
P16PLUS COUNCIL OF GREATER BEXAR COUNTY - 1142 E. COMMERCE ST., SUITE 200 - SAN ANTONIO, TX 78205	80-0174484	501(C)(3)	170,613.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
PILGRIM CONGREGATIONAL CHURCH OF POMONA CALIF - 600 N. GAREY AVENUE - POMONA, CA 91767	95-1786078	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
PIPE CREEK CHRISTIAN SCHOOL P.O. BOX 63778 PIPE CREEK, TX 78063	31-1695498	501(C)(3)	25,000.	0.	N/A	N/A	CAPITAL IMPROVEMENTS AND OTHER SPECIAL PROJECTS
PLANNED PARENTHOOD SOUTH TEXAS 2140 BABCOCK ROAD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	129,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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PRIMARILY PRIMATES, INC. 26099 DULL KNIFE TRAIL SAN ANTONIO, TX 78255	74-2164756	501(C)(3)	36,000.	0.	N/A	N/A	CHIMPANZEE HABITAT RENOVATION
PROJECT MEND 5727 I.H. 10 WEST SAN ANTONIO, TX 78201	74-2647324	501(C)(3)	542,197.	0.	N/A	N/A	PURCHASE 100 WHEELCHAIRS FOR LOW-INCOME INDIVIDUALS
PROJECT MERCY, INC. 7011 ARDMORE AVENUE FORT WAYNE, IN 46809	35-1410753	501(C)(3)	135,000.	0.	N/A	N/A	FINANCIAL SUPPORT FOR OPERATIONS
PROJECT RED FOUNDATION 24165 I.H. 10 WEST, SUITE 217-#188 SAN ANTONIO, TX 78257	46-3924933	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
PROMESA ACADEMY CHARTER SCHOOL 6715 HOPE FARM SAN ANTONIO, TX 78249	82-2921031	501(C)(3)	5,645.	0.	N/A	N/A	CHARTER SCHOOL OPENING IN 2019
RAICES 1305 N. FLORES STREET SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	20,300.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
REACHING MAXIMUM INDEPENDENCE, INC. - 6336 MONTGOMERY DRIVE - SAN ANTONIO, TX 78239	74-2243259	501(C)(3)	48,090.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
RED LETTER CHRISTIANS P.O. BOX 7131 ST. DAVIDS, PA 19087	46-1204060	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
RESIST, INC. P.O. BOX 441155 SOMERVILLE, MA 02144	04-2433182	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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RESPITE CARE OF SAN ANTONIO, INC. P.O. BOX 12633 SAN ANTONIO, TX 78212	74-2467770	501(C)(3)	12,500.	0.	N/A	N/A	SPRING GALA
RETINA RESEARCH FOUNDATION 1977 BUTLER BLVD. HOUSTON, TX 77030	23-7087830	501(C)(3)	6,000.	0.	N/A	N/A	BIOMEDICAL RESEARCH
RIDGWAY CHAUTAUQUA SOCIETY, INC. P.O. BOX 236 RIDGWAY, CO 81432	45-4764455	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
RISE RECOVERY P.O. BOX 15322 SAN ANTONIO, TX 78212	74-2216041	501(C)(3)	24,722.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
RIVER CITY LIVING CHURCH 702 DONALDSON AVENUE SAN ANTONIO, TX 78201-4851	74-2346008	501(C)(3)	15,907.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
RONALD MCDONALD HOUSE OF DALLAS 4707 BENGAL STREET DALLAS, TX 75235-8007	75-2794920	501(C)(3)	6,500.	0.	N/A	N/A	CAPITAL CAMPAIGN; FAMILY OVERNIGHT ROOM.
SA CANCER COUNCIL 7979 WURZBACH ROAD , SUITE U600 SAN ANTONIO, TX 78229	74-2387944	501(C)(3)	6,000.	0.	N/A	N/A	CURE CANCER CARD
SA YOUTH P.O. BOX 7844 SAN ANTONIO, TX 78207-0844	74-2333088	501(C)(3)	150,527.	0.	N/A	N/A	SUMMER READING PROGRAM
SACRAMENTO SPCA 6201 FLORIN-PERKINS ROAD SACRAMENTO, CA 95828	94-1312343	501(C)(3)	10,990.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

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SADDLE LIGHT CENTER FOR THERAPEUTIC HORSEMANSHIP, INC. - 17530 OLD EVANS ROAD - SELMA, TX 78154	74-2612738	501(C)(3)	22,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES & 2018 HORSE AND BARN FUND
SAFIRE 11111 IOTA DRIVE SAN ANTONIO, TX 78217	45-5299640	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAINT MARY'S HALL, INC. 9401 STARCREST DRIVE SAN ANTONIO, TX 78217	74-0877330	501(C)(3)	7,500.	0.	N/A	N/A	2016-17 SMH FUND
SAISD FOUNDATION 141 LAVACA SAN ANTONIO, TX 78210	74-2861587	501(C)(3)	205,964.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAN ANTO CULTURAL ARTS 2120 EL PASO STREET SAN ANTONIO, TX 78207	74-2852981	501(C)(3)	7,500.	0.	N/A	N/A	COMMUNITY MURAL & PUBLIC ART PROGRAM
SAN ANTONIO ACADEMY OF TEXAS 117 E. FRENCH PLACE SAN ANTONIO, TX 78212-5899	74-0878670	501(C)(3)	534,000.	0.	N/A	N/A	SAN ANTONIO ACADEMY OF TEXAS' TEACHER INCENTIVE PROGRAM
SAN ANTONIO BOTANICAL GARDEN SOCIETY, INC. - P.O. BOX 6569 - SAN ANTONIO, TX 78209	74-2178792	501(C)(3)	8,614.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAN ANTONIO CHRISTIAN DENTAL CLINIC, INC. - 1 HAVEN FOR HOPE WAY MHMHC BLDG. 1, SUITE 400 - SAN ANTONIO, TX 78207	74-2428161	501(C)(3)	45,000.	0.	N/A	N/A	2018 PREVENTIVE PATIENT CARE PROGRAM
SAN ANTONIO CITY WIDE NSBE JUNIOR CHAPTER - 9934 AUTUMN DAWN - CONVERSE, TX 78109	26-0799649	501(C)(3)	7,500.	0.	N/A	N/A	MATHCOUNTS

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SAN ANTONIO CLUBHOUSE, INC. 6851 CITIZENS PARKWAY, FIRST FLOOR SAN ANTONIO, TX 78229-3602	82-0559940	501(C)(3)	9,490.	0.	N/A	N/A	SA CLUBHOUSE HEALTH AND WELLNESS PROGRAM
SAN ANTONIO CONSERVATION SOCIETY FOUNDATION - 107 KING WILLIAM STREET - SAN ANTONIO, TX 78204	74-1664620	501(C)(3)	8,551.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAN ANTONIO FERAL CAT COALITION P.O. BOX 692308 SAN ANTONIO, TX 78269	76-0766948	501(C)(3)	36,000.	0.	N/A	N/A	TRAPPER TEAM 2019
SAN ANTONIO FOOD BANK, INC. 5200 ENRIQUE M. BARRERA PKWY. SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	1,492,550.	0.	N/A	N/A	CHAMPIONS AGAINST HUNGER CAMPAIGN & CHILDREN'S MEAL MULTIPLIER
SAN ANTONIO HUMANE SOCIETY 4804 FREDRICKSBURG ROAD SAN ANTONIO, TX 78229	74-6024105	501(C)(3)	60,700.	0.	N/A	N/A	SAHS SPAY/NEUTER PROGRAM
SAN ANTONIO INDEPENDENT SCHOOL DISTRICT - 2 HAVEN FOR HOPE WAY - SAN ANTONIO, TX 78210	74-6002167	501(C)(3)	51,339.	0.	N/A	N/A	SAISD CHEF DRIVEN PROGRAM
SAN ANTONIO JEWISH SENIOR SERVICES 13409 N.W. MILITARY HWY., SUITE 210 SAN ANTONIO, TX 78231	74-6061449	501(C)(3)	5,250.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAN ANTONIO LIGHTHOUSE 2305 ROOSEVELT SAN ANTONIO, TX 78210-4920	74-1339051	501(C)(3)	15,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES & SAL SENIOR'S PROGRAM
SAN ANTONIO LITTLE THEATER DBA PUBLIC THEATER OF SAN ANTONIO - 800 W. ASHBY PLACE - SAN ANTONIO, TX 78212	74-1166905	501(C)(3)	26,203.	0.	N/A	N/A	2018-19 PRESENTING SEASON

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SAN ANTONIO METROPOLITAN MINISTRY, INC. - 1919 NW LOOP 410, SUITE 100 - SAN ANTONIO, TX 78213	74-2285793	501(C)(3)	51,026.	0.	N/A	N/A	EDUCATION INTERVENTION PROGRAM
SAN ANTONIO MUSEUM OF ART 200 WEST JONES AVENUE SAN ANTONIO, TX 78215	74-2689943	501(C)(3)	39,685.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAN ANTONIO PETS ALIVE! P.O. BOX 830006 SAN ANTONIO, TX 78283	45-4141531	501(C)(3)	21,000.	0.	N/A	N/A	MEDICAL CLINIC
SAN ANTONIO PUBLIC LIBRARY FOUNDATION - 625 SHOOK AVENUE - SAN ANTONIO, TX 78212	74-2283582	501(C)(3)	16,313.	0.	N/A	N/A	GENERAL OPERATING EXPENSES & SAN ANTONIO BOOK FESTIVAL
SAN ANTONIO REPORT 110 E. HOUSTON STREET, SUITE 207 SAN ANTONIO, TX 78205	47-4820476	501(C)(3)	43,250.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAN ANTONIO SYMPHONY LEAGUE P.O. BOX 6986 SAN ANTONIO, TX 78209	30-0190857	501(C)(3)	5,050.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SAN ANTONIO YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION - 303 PEARL PKWY., SUITE 114 - SAN ANTONIO, TX 78215	27-5164994	501(C)(3)	11,000.	0.	N/A	N/A	SCHOLARSHIP FUND
SAN ANTONIO YOUTH LITERACY 1616 E. COMMERCE, BUILDING 2 SAN ANTONIO, TX 78205	74-2325098	501(C)(3)	100,100.	0.	N/A	N/A	SUMMER READING PROGRAM AT THE BOYS & GIRLS CLUB AND SA YOUTH LITERACY
SAN ANTONIO ZOOLOGICAL SOCIETY, INC. - 3903 N. ST. MARY'S STREET - SAN ANTONIO, TX 78212-3199	74-1323695	501(C)(3)	14,551.	0.	N/A	N/A	GENERAL OPERATING EXPENSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SASTEMIC 102 MABRY DRIVE, SUITE 100 SAN ANTONIO, TX 78226	45-2690350	501(C)(3)	5,000.	0.	N/A	N/A	SCHOOL CHILDREN PROGRAMS AT SAMSAT
SAY SI 1518 SOUTH ALAMO SAN ANTONIO, TX 78204	74-2759456	501(C)(3)	5,000.	0.	N/A	N/A	CELEBRATION OF INSITE ARCHITECTS' 30TH ANNIVERSARY
SCHREINER UNIVERSITY 2100 MEMORIAL BLVD. KERRVILLE, TX 78028	74-1193459	501(C)(3)	56,220.	0.	N/A	N/A	TECHNOLOGY EQUIPMENT
SCHWAB CHARITABLE FUND 1958 SUMMIT PARK DRIVE, SUITE 200 ORLANDO, FL 32810	31-1640316	501(C)(3)	83,871.	0.	N/A	N/A	CREATE FUND
SHRINERS HOSPITALS FOR CHILDREN ATTENTION: LEGAL DEPARTMENT P.O. BO TAMPA, FL 33631-3356	36-2193608	501(C)(3)	29,388.	0.	N/A	N/A	CRIPPLED CHILDREN'S ENDOWMENT FUND
SICKLE CELL DISEASE ASSOCIATION OF AMERICA MICHIGAN CHAPTER - 18516 JAMES COUZENS FWY. - DETROIT, MI 48235	38-1963640	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN ROAD EVANSTON, IL 60201	36-2170145	501(C)(3)	6,714.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SOCIAL VENTURE PARTNERS INTERNATIONAL - 220 SECOND AVENUE SOUTH SUITE 300 - SEATTLE, WA 98104	68-0492186	501(C)(3)	7,560.	0.	N/A	N/A	INNOVATE GRANT MAKING
SOMERSET ISD EDUCATION FOUNDATION P.O. BOX 34 SOMERSET, TX 78069	11-3841532	501(C)(3)	25,808.	0.	N/A	N/A	SOMERSET ISD ROBOTICS AFTER SCHOOL PROGRAM

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SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES & EDUCATIONAL PROGRAMS
SOUTHWEST SCHOOL OF ART 300 AUGUSTA STREET SAN ANTONIO, TX 78205	74-6068932	501(C)(3)	34,109.	0.	N/A	N/A	SUMMER CAMP REGISTRATIONS AT SOUTHWEST SCHOOL
SOUTHWESTERN UNIVERSITY P.O. BOX 770 GEORGETOWN, TX 78627	74-1233796	501(C)(3)	50,000.	0.	N/A	N/A	REPAIR AND MODERNIZE AN EXISTING UNIVERSITY OBSERVATORY
SPORTS OUTDOOR AND RECREATION SOAR PARK - C/O MORGAN'S WONDERLAND 5223 DAVID EDWARDS DRIVE - SAN ANTONIO, TX 78233	26-1219640	501(C)(3)	88,500.	0.	N/A	N/A	ANNUAL CAMPAIGN
SPOTLIGHT THEATER & ARTS GROUP, ETC., INC. - P.O. BOX 75 - BULVERDE, TX 78163	74-2089292	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
ST. ANDREW'S UNITED METHODIST CHURCH - 722 ROBINHOOD PLACE - SAN ANTONIO, TX 78209	74-1318467	501(C)(3)	45,000.	0.	N/A	N/A	CAPITAL ACCOUNT
ST. ANTHONY CATHOLIC SCHOOL 205 W. HUISACHE AVENUE SAN ANTONIO, TX 78212	74-2368777	501(C)(3)	100,000.	0.	N/A	N/A	REMODELING OF THE SCHOOL
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105-3678	62-0646012	501(C)(3)	17,190.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
ST. JUDE'S RANCH FOR CHILDREN 1400 RIDGE CREEK LANE BULVERDE, TX 78163	74-2469139	501(C)(3)	250,000.	0.	N/A	N/A	CONSTRUCTION OF GIRL'S HOME

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ST. MARK'S EPISCOPAL CHURCH 315 EAST PECAN STREET SAN ANTONIO, TX 78205-1819	74-1143125	501(C)(3)	94,640.	0.	N/A	N/A	2018 MISSION AND MINISTRY
ST. MARY'S SEWANEE P.O. BOX 188 SEWANEE, TN 37375	62-1359755	501(C)(3)	105,000.	0.	N/A	N/A	HOSPITALITY BUILDING CAPITAL CAMPAIGN
ST. MARY'S UNIVERSITY ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228-8544	74-1143128	501(C)(3)	13,220.	0.	N/A	N/A	ST. MARY'S ATHLETICS DEPARTMENT
ST. PIUS X CATHOLIC CHURCH 3303 URBAN CREST SAN ANTONIO, TX 78209	74-1305240	501(C)(3)	25,000.	0.	N/A	N/A	ST. VINCENT DE PAUL SOCIETY
ST. STEPHEN'S EPISCOPAL SCHOOL 6500 ST. STEPHEN'S DRIVE AUSTIN, TX 78746-9948	74-1109670	501(C)(3)	90,000.	0.	N/A	N/A	CAMPUS BUILDING FUND
STANFORD UNIVERSITY P. O. BOX 20466 STANFORD, CA 94309-0466	94-1156365	501(C)(3)	72,000.	0.	N/A	N/A	PEGASUS REVIEW JOURNAL, DEPARTMENT OF PSYCHIATRY AND SCIENCES
STILL WATER CHRISTIAN MINISTRIES, INC. - P.O. BOX 1885 - BOERNE, TX 78006	74-3007857	501(C)(3)	26,280.	0.	N/A	N/A	SUMMER CAMPS SCHOLARSHIPS
STRONG FOUNDATION 414 N. HACKBERRY SAN ANTONIO, TX 78202	43-1835596	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
SUMMER DREAMS, INC. P. O. BOX 140 HUNT, TX 78024	74-2899917	501(C)(3)	50,000.	0.	N/A	N/A	LAND PAYMENT SUPPORT

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SUNSHINE COTTAGE SCHOOL FOR DEAF CHILDREN - 603 E. HILDEBRAND AVENUE - SAN ANTONIO, TX 78212-2693	74-1143132	501(C)(3)	17,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES (EDUCATION)
SYMPHONY SOCIETY OF SAN ANTONIO 711 NAVARRO STREET, SUITE 235 SAN ANTONIO, TX 78205	74-1185669	501(C)(3)	106,628.	0.	N/A	N/A	YOUNG PEOPLE'S CONCERT PROGRAM
TEACH FOR AMERICA, INC. ONE RIVERWALK PLACE 700 N. ST. MARY'S ST. SUITE 200 - SAN ANTONIO, TX 78205	13-3541913	501(C)(3)	11,000.	0.	N/A	N/A	SCHOOL LEADERS COHORT LEARNING PROGRAM
TEAMABILITY, INC. 1711 NORTH TRINITY SAN ANTONIO, TX 78201	30-0208271	501(C)(3)	90,000.	0.	N/A	N/A	LEARNING BY DOING
TEXAS A&M UNIVERSITY-SAN ANTONIO ONE UNIVERSITY WAY SAN ANTONIO, TX 78224	74-2245072	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP GRANT FROM THE SAN ANTONIO MEXICO FRIENDSHIP COUNCIL (IME BECAS)
TEXAS BIOMEDICAL RESEARCH INSTITUTE - P.O. BOX 760549 - SAN ANTONIO, TX 78245-0549	74-1109630	501(C)(3)	13,500.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
TEXAS BURN SURVIVOR SOCIETY 8531 N. NEW BRAUNFELS, SUITE 102 SAN ANTONIO, TX 78217	74-2786500	501(C)(3)	7,000.	0.	N/A	N/A	EMERGENCY ASSISTANCE FUND
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297044 FORT WORTH, TX 76129	75-0827465	501(C)(3)	50,000.	0.	N/A	N/A	ESTABLISH AN ENDOWMENT FUND IN THE ENGINEERING DEPARTMENT
TEXAS LUTHERAN UNIVERSITY 1000 WEST COURT STREET SEGUIN, TX 78155	74-1109748	501(C)(3)	50,000.	0.	N/A	N/A	SCHOLARSHIP FUND

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TEXAS PUBLIC RADIO 8401 DATAPOINT DRIVE, SUITE 800 SAN ANTONIO, TX 78229-5903	74-2559514	501(C)(3)	44,745.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
TEXAS RAMP PROJECT P.O. BOX 832065 RICHARDSON, TX 75083	33-1139484	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
TEXAS SCHOOL FOR THE DEAF FOUNDATION - P.O. BOX 42727 - AUSTIN, TX 78704	20-1867184	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES (EDUCATION)
THE ANTIOCH PARTNERS 7132 PORTLAND AVENUE, SUITE 136 RICHFIELD, MN 55423	26-2888198	501(C)(3)	34,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
THE ARC OF SAN ANTONIO 13430 WEST AVENUE SAN ANTONIO, TX 78216	74-1200110	501(C)(3)	50,200.	0.	N/A	N/A	TEEN SUMMER ADVENTURE CLUB PROGRAM
THE ARMY RETIREMENT RESIDENCE COMMUNITY-SAN ANTONIO - 7400 CRESTWAY DRIVE - SAN ANTONIO, TX 78239	74-2244155	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
THE CANNOLI FUND P.O. BOX 831444 SAN ANTONIO, TX 78283-1444	45-2476260	501(C)(3)	5,000.	0.	N/A	N/A	SOS (SAVE OUR STRAYS)
THE CHARITY BALL ASSOCIATION OF SAN ANTONIO, INC. - P.O. BOX 2357 - SAN ANTONIO, TX 78298-2357	74-1488436	501(C)(3)	14,000.	0.	N/A	N/A	CHILDREN'S CHARITIES
THE CHILDREN'S SHELTER 2939 W. WOODLAWN SAN ANTONIO, TX 78228	74-1109660	501(C)(3)	857,698.	0.	N/A	N/A	RENOVATION OF THE HARVEY E. NAJIM CHILDREN'S HOPE CENTER II BUILDING SPACE

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THE CULINARY INSTITUTE OF AMERICA, SAN ANTONIO - 312 PEARL PARKWAY, BLDG. 3 - SAN ANTONIO, TX 78215	06-0653264	501(C)(3)	149,216.	0.	N/A	N/A	CIA PRO CHEF SCHOLARSHIPS
THE DAISY FUND P.O. BOX 90564 SAN ANTONIO, TX 78209	46-0569568	501(C)(3)	50,000.	0.	N/A	N/A	PET FOOD, VETERINARY CARE, PROJECT KINDNESS, PAWEDU, DAISY'S BARN
THE DOSEUM 2800 BROADWAY SAN ANTONIO, TX 78209	74-2659746	501(C)(3)	7,500.	0.	N/A	N/A	THE DOSEUM'S 3RD BIRTHDAY PARTY
THE KLRN ENDOWMENT FUND, INC. P.O. BOX 9 SAN ANTONIO, TX 78291-0009	74-2709188	501(C)(3)	7,765.	0.	N/A	N/A	UNDERWRITING OF PROGRAMS ON ART
THE NONPROFIT COUNCIL 1150 N. LOOP 1604 W. STE. 108-511 SAN ANTONIO, TX 78248	03-0485670	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
THE NRA FOUNDATION, INC. 11250 WALPLES MILL ROAD FAIRFAX, VA 22030	52-1710886	501(C)(3)	5,000.	0.	N/A	N/A	HUNTERS LEADERSHIP FORUM
THE SALVATION ARMY 521 W. ELMIRA SAN ANTONIO, TX 78212	58-0660607	501(C)(3)	167,259.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
THE SCHOOL BOARD PROJECT 122 LEWIS STREET SAN ANTONIO, TX 78212	81-3833174	501(C)(3)	70,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
THE SUMMIT FOUNDATION P.O. BOX 4000 BRECKENRIDGE, CO 80424	74-2341399	501(C)(3)	10,000.	0.	N/A	N/A	SUMMIT COUNTY AND NEARBY COUNTIES

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THE TEXAS CAVALIERS CHARITABLE FOUNDATION - 1250 N.E. LOOP 410, SUITE 234 - SAN ANTONIO, TX 78209	74-2546003	501(C)(3)	27,000.	0.	N/A	N/A	ADOPT A CHARITY PROGRAM
THE UNIVERSITY OF TEXAS AT AUSTIN STUDENTS ACCOUNTS RECEIVABLE P. O. AUSTIN, TX 78713-7398	74-6000203	501(C)(1)	162,656.	0.	N/A	N/A	UNIVERSITY LEADERSHIP NETWORK - COLLEGE OF LIBERAL ARTS
THE WINSTON SCHOOL SAN ANTONIO 8565 EWING HALSELL DRIVE SAN ANTONIO, TX 78229-3718	74-2529262	501(C)(3)	302,500.	0.	N/A	N/A	WINSTON SCHOOL'S CAPITAL CAMPAIGN
THE WITTE MUSEUM 3801 BROADWAY SAN ANTONIO, TX 78209	74-1400537	501(C)(3)	133,435.	0.	N/A	N/A	EXPANSION
THE YMCA OF GREATER SAN ANTONIO 231 E. RHAPSODY SAN ANTONIO, TX 78216	74-1109634	501(C)(3)	42,194.	0.	N/A	N/A	Y TEEN PROGRAMS
THORNHILL PWS ISL, INC. 219 PADDLEWHEEL DRIVE FLORISSANT, MO 63033-6309	20-3817334	501(C)(3)	5,000.	0.	N/A	N/A	CAPITAL EXPENDITURES
THRIVEWELL CANCER FOUNDATION P.O. BOX 29331 SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	42,038.	0.	N/A	N/A	2018 LUNCHEON & PATIENT ASSISTANCE PROGRAM
TRACYSDOGS 11765 WEST AVENUE, #141 SAN ANTONIO, TX 78216	45-2766874	501(C)(3)	30,000.	0.	N/A	N/A	SHELTER TO HAPPYLIFE TRANSPORTS PHASE III
TRI-CITY ANIMAL SANCTUARY P.O. BOX 194 SOMERSET, TX 78069	42-1589520	501(C)(3)	50,000.	0.	N/A	N/A	ATASCOSA SPAY NEUTER ASSISTANCE PROGRAM

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TRINITY UNIVERSITY 326 ONE TRINITY PLACE SAN ANTONIO, TX 78212-7200	74-1109633	501(C)(3)	5,923.	0.	N/A	N/A	MUSIC DEPARTMENT
TRUST FOR HOUSING P.O. BOX 2007 TELLURIDE, CO 81435	82-4263384	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
UNICORN CENTERS, INC. 4630 HAMILTON WOLFE ROAD SAN ANTONIO, TX 78329-3331	74-2354808	501(C)(3)	37,568.	0.	N/A	N/A	ANNUAL LUNCHEON
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - P.O. BOX 898 - SAN ANTONIO, TX 78293-0898	74-1272381	501(C)(3)	291,500.	0.	N/A	N/A	PURCHASE FOOD FOR DISTRIBUTION
UNIVERSITY HEALTH SYSTEM P.O. BOX 2096 SAN ANTONIO, TX 78297-2096	74-6002164	501(C)(3)	60,365.	0.	N/A	N/A	ORTHOPEDIC FELLOWSHIP PROGRAM (#4016)
UNIVERSITY HEALTH SYSTEM FOUNDATION - 903 W. MARTIN, MS 1-2 - SAN ANTONIO, TX 78207	74-2335396	501(C)(3)	13,207.	0.	N/A	N/A	TRAUMA & ADDICTION EDUCATION AND RECOVERY
UNIVERSITY OF TEXAS AT SAN ANTONIO ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1977996	501(C)(1)	19,500.	0.	N/A	N/A	POLLINATOR GARDEN
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MC 7828 - SAN ANTONIO, TX 78229	74-1587488	501(C)(1)	479,756.	0.	N/A	N/A	GLENN AND ANN BIGGS ENDOWMENT & SCHOLARSHIPS & GENERAL OPERATING EXPENSES
UNIVERSITY OF TEXAS, M.D. ANDERSON CANCER CENTER - DEVELOPMENT OFFICE--UNIT 705 - HOUSTON, TX 77230-1439	74-6001118	501(C)(1)	41,200.	0.	N/A	N/A	BIOMEDICAL RESEARCH

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UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY SAN ANTONIO, TX 78209	74-1109661	501(C)(3)	46,457.	0.	N/A	N/A	MUSIC DEPARTMENT & SYNTHESIS OF ANTICANCER NATURAL COMPOUNDS
VICTORY OUTREACH OF TEXAS, INC. P.O. BOX 37387 SAN ANTONIO, TX 78237	23-7399475	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
VISITATION HOUSE MINISTRIES 945 W. HUISACHE SAN ANTONIO, TX 78201	74-2447137	501(C)(3)	15,000.	0.	N/A	N/A	VISITATION HOUSE TRANSITIONAL HOUSING AND EDUCATION PROGRAM
VOLUNTEER SERVICES COUNCIL OF THE SAN ANTONIO STATE HOSPITAL - 6711 S. NEW BRAUNFELS - SAN ANTONIO, TX 78223	74-1589603	501(C)(3)	12,668.	0.	N/A	N/A	PATRIC SEXTON DENNIS MEMORIAL CENTER
WALNUT HILL SCHOOL FOR THE ARTS 12 HIGHLAND STREET NATICK, MA 01760	04-2103636	501(C)(3)	238,333.	0.	N/A	N/A	CAPITAL CAMPAIGN FOR THEATER
WAYWARD WHISKERS CAT RESCUE 6407 PACER TRAIL SAN ANTONIO, TX 78240	46-3499261	501(C)(3)	20,000.	0.	N/A	N/A	WAYWARD WHISKERS VETERINARY FUND
WEAVE INCORPORATED 1900 K STREET SACRAMENTO, CA 95811	94-2493158	501(C)(3)	10,990.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
WHAT'S NEXT WASHINGTON 1620 43RD AVENUE EAST SEATTLE, WA 98112	82-1537507	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
WILDLIFE RESCUE & REHABILITATION, INC. - P.O. BOX 369 - KENDALIA, TX 78027	74-2012897	501(C)(3)	20,808.	0.	N/A	N/A	RESCUE, REHABILITATION, & RELEASE OF NATIVE TEXAS WILDLIFE

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WINGS RESCUE CENTER P.O. BOX 1912 ROCKPORT, TX 78381	30-0931951	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES FOR ANIMAL SERVICES
WISDOM AND MONEY 1259 EL CAMINO REAL, SUITE 241 MENLO PARK, CA 94025	47-5520977	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
WOMAN'S CLUB OF SAN ANTONIO 1717 SAN PEDRO AVENUE SAN ANTONIO, TX 78212	74-2601452	501(C)(3)	8,051.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
WOMEN AGAINST GUN VIOLENCE 8800 VENICE BLVD. SUITE 304 LOS ANGELES, CA 90034	95-4738754	501(C)(3)	5,850.	0.	N/A	N/A	EDUCATION PURPOSES
WOMEN INVOLVED IN NURTURING, GIVING, SHARING, INC. - P.O. BOX 5007 - SAN ANTONIO, TX 78201	74-2920912	501(C)(3)	20,000.	0.	N/A	N/A	COMPREHENSIVE BREAST CANCER TREATMENT
WORLD HUNGER RELIEF, INC. P.O. BOX 639 ELM MOTT, TX 76640	74-1880456	501(C)(3)	15,000.	0.	N/A	N/A	VEGGIE RX HARVEST
YMCA OF THE ROCKIES 2515 TUNNEL ROAD ESTES PARK, CO 80511	84-0404913	501(C)(3)	26,000.	0.	N/A	N/A	ANNUAL CAMPAIGN
YOAKUM ISD 315 E. GONZALES STREET YOAKUM, TX 77995	74-6002585	501(C)(1)	1,657,973.	0.	N/A	N/A	GENERAL OPERATING EXPENSES
YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901-2920	84-0385934	501(C)(3)	17,400.	0.	N/A	N/A	GENERAL OPERATING EXPENSES FOR SAN ANTONIO AND COLORADO AREA

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 6756 MONTGOMERY DRIVE - SAN ANTONIO, TX 78239	74-1143135	501(C)(3)	10,000.	0.	N/A	N/A	YWCA MI CARRERA
YOUTH CODE JAM SAN ANTONIO 14439 N.W. MILITARY HWY., SUITE 108, PMB 509 - SAN ANTONIO, TX 78231	81-1634308	501(C)(3)	30,000.	0.	N/A	N/A	CAPACITY BUILDING
YOUTH ORCHESTRAS OF SAN ANTONIO 106 AUDITORIUM CIRCLE, SUITE 130 SAN ANTONIO, TX 78205	74-1926713	501(C)(3)	52,029.	0.	N/A	N/A	SUMMER SYMPHONY CAMP: BUILDING ON SUCCESS
BRADY HIGH SCHOOL 2301 HWY. 190 BRADY, TX 76825	74-6003860	501(C)(1)	15,663.	0.	N/A	N/A	SCHOLARSHIPS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HARDSHIP GRANTS	837	835,103.	0.	N/A	N/A
SCHOLARSHIP GRANTS	745	4,405,202.	0.	N/A	N/A

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE FOUNDATION FIRST VERIFIES THE GRANTEE'S ELIGIBILITY FOR THE GRANTS/ASSISTANCE, INCLUDING 501(C)(3) STATUS OR ITS EQUIVALENT. IN ADDITION, ALL RECIPIENTS THAT RECEIVE A COMPETITIVE GRANT IN EXCESS OF \$15,000 ARE REQUIRED TO COMPLETE AN EVALUATION EVERY SIX MONTHS UNTIL THE GRANT FUNDS ARE EXPENDED IN FULL. THE EVALUATIONS ARE REVIEWED BY FOUNDATION STAFF.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **SAN ANTONIO AREA FOUNDATION** Employer identification number **74-6065414**

**Part I Questions Regarding Compensation**

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

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2018

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REBECCA BRUNE PRESIDENT/COO	(i)	226,600.	58,284.	0.	11,301.	6,871.	303,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LYNDA CABELL CFO	(i)	193,862.	18,353.	0.	8,368.	134.	220,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ARENDA BURNS VP OF HUMAN RESOURCES AND ORGANIZATI	(i)	137,237.	17,538.	0.	6,104.	10,200.	171,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA BRUNSVOLD VP OF DEVELOPMENT AND DONOR SERVICES	(i)	137,212.	17,707.	0.	6,103.	9,568.	170,590.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) REBECCA HELTERBRAND VP OF STRATEGY AND INNOVATION	(i)	150,923.	1,667.	0.	0.	9,350.	161,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Blank lined area for supplemental information.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

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Department of the Treasury  
Internal Revenue Service

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

Name of the organization **SAN ANTONIO AREA FOUNDATION** Employer identification number **74-6065414**

**Part I Types of Property**

	(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 amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	155	15,964,035.	STOCK MARKET QUOTES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation 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				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2018



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT LOCAL CHARITIES AND SPONSOR STRATEGIC INITIATIVES WHICH BENEFIT  
OUR COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SUCCESSFULLY AGING AND LIVING IN SAN ANTONIO (SALSA) IS THE SAN ANTONIO  
AREA FOUNDATION'S LATEST INITIATIVE TO CREATE A COMMUNITY WHERE OLDER  
ADULTS ARE RESPECTED, THRIVE AND ENJOY CONNECTED LIVES.

EXPENSES \$ 314,301. INCLUDING GRANTS OF \$ 0. REVENUE \$ 116,638.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE IS COMPOSED OF THE OFFICERS OF THE FOUNDATION: THE  
BOARD CHAIR, THE IMMEDIATE PAST CHAIR, THE VICE CHAIR, THE PRESIDENT, THE  
TREASURER, AND THE SECRETARY. IN ADDITION, THE CHAIR MAY APPOINT ADDITIONAL  
DIRECTORS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL  
EXERCISE THE POWERS OF THE BOARD OF DIRECTORS IN THE INTERVAL BETWEEN  
MEETINGS OF THE BOARD, PROVIDED, HOWEVER, THAT IT SHALL HAVE NO POWER TO  
REVOKE ANY PRIOR POLICY OF THE FOUNDATION WHICH HAS BEEN ESTABLISHED BY THE  
BOARD, AND ITS POWERS MAY BE FURTHER LIMITED BY THE BOARD OF DIRECTORS AT  
ANY TIME.

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

A DETAILED REVIEW OF THE FORM 990 WAS PERFORMED BY THE SAN ANTONIO AREA  
FOUNDATION'S AUDIT COMMITTEE. ALL COMMITTEE MEMBERS RECEIVED A COPY OF THE  
FORM 990. ONCE ACCEPTED BY THE AUDIT COMMITTEE, A COPY OF THE FORM 990 WAS  
PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE FILING WITH THE

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SAN ANTONIO AREA FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES ALL MEMBERS OF THE BOARD OF DIRECTORS TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES AND THEIR FAMILY MEMBERS ON A QUESTIONNAIRE. THE QUESTIONNAIRES ARE REVIEWED FOR CONFLICTS. ANY QUESTIONNAIRES THAT DISCLOSE POTENTIAL CONFLICTS ARE BROUGHT BEFORE THE BOARD OF DIRECTORS FOR REVIEW.

NO MEMBER WITH A FINANCIAL CONFLICT SHALL EVALUATE OR VOTE ON ANY MATTER IN WHICH HE OR SHE HAS A FINANCIAL CONFLICT OF INTEREST AND SHALL NOT USE HIS OR HER PERSONAL INFLUENCE WITH OTHER RESPONSIBLE MEMBERS TO APPROVE OR DISAPPROVE ANY ACTION BY THE FOUNDATION RELATED TO THE MATTER.

MEMBERS WHO HAVE AN EMOTIONAL CONFLICT OF INTEREST OR AN APPARENT CONFLICT OF INTEREST MAY CONTINUE TO PARTICIPATE IN THE DISCUSSION AND MAY VOTE ON THE MATTER IF NO FINANCIAL CONFLICT OF INTEREST EXISTS PROVIDED THAT THE MEMBER FIRST DISCLOSES HIS OR HER EMOTIONAL OR APPARENT CONFLICT OF INTERESTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE SAN ANTONIO AREA FOUNDATION USES THE CEO EVALUATION FORM RECEIVED FROM THE COUNCIL ON FOUNDATIONS. THE FOUNDATION PROVIDES THE EVALUATION DOCUMENT ALONG WITH THE ACCOMPLISHMENT REPORT TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR COMPLETION. ALL REPLIES ARE SENT DIRECTLY TO A SINGLE MEMBER OF THE GOVERNANCE COMMITTEE TO COMPILE IN A REPORT FOR THE COMMITTEE CHAIR TO REVIEW. THE GOVERNANCE COMMITTEE CHAIR MEETS WITH THE BOARD CHAIR TO

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

REVIEW THE COMPILATION. THE COMPILATION IS THEN PRESENTED TO THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS IN AN EXECUTIVE SESSION. THE BOARD CHAIR MEETS WITH THE CEO TO ADDRESS ANY ISSUES.

IN REGARD TO OTHER OFFICERS AND KEY EMPLOYEES, THE CEO PREPARES A HUMAN RESOURCES ANALYSIS THAT INCLUDES A COUNCIL ON FOUNDATIONS COMPENSATION SUMMARY WITH THE MOST RECENTLY AVAILABLE BASE SALARIES. THE CEO USES THIS INFORMATION TO MAKE SALARY RECOMMENDATIONS FOR ALL STAFF, WHICH ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS, FORM 990 AND QUARTERLY INVESTMENT REPORTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST	-527,013.
TRANSFERS	179,751.
TRANSFER OF BENEFICIAL INTEREST IN JOHN L. SANTIKOS TRUST	-2,564,566.
CLOSING OUT OF UNICITY NET ASSETS	8,482.
OTHER ADJUSTMENT	-32,034.
TOTAL TO FORM 990, PART XI, LINE 9	-2,935,380.

FORM 990, PART XII, LINE 2C:

THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

**SAN ANTONIO AREA FOUNDATION**

Employer identification number

**74-6065414**

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

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

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CHOOSE TO SUCCEED, INC. - 38-3892964 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	ATTRACT PUBLIC CHARTER SCHOOLS TO SAN ANTONIO	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
CITY EDUCATION PARTNERS - 47-4539590 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	CHARITABLE GRANTS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
GUNN FAMILY FOUNDATION - 74-2725791 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	CHARITABLE GRANTS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
RAPIER EDUCATIONAL FOUNDATION - 27-3574052 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	EDUCATIONAL SCHOLARSHIPS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	

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

Schedule R (Form 990) 2018

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
RICHMOND FAMILY FOUNDATION - 20-5560721 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	CHARITABLE GRANTS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #10 - 26-1103106, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #11 - 26-1103393, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #12 - 26-1103518, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #6 - 20-4954092, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #7 - 26-1102511, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #8 - 26-1103030, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #9 - 26-1103564, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
THE FRIENDS OF THE CARVER ACADEMY/IDEA - 46-5154387, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	RAISE FUNDS FOR CARVER ACADEMY	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
WARM SPRINGS FOUNDATION, INC. - 74-1109731 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	MEDICAL AND CHARITY CARE	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
JOHN L. SANTIKOS CHARITABLE FOUNDATION - 47-7326497, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	TO SUPPORT THE SAN ANTONIO AREA FOUNDATION	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
CULINARY HEALTH EDUCATION FOR FAMILIES - 82-0660176, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	PROMOTE HEALTHY EATING	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	



Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
K RAPIER KIDS (DBA KYM'S KIDS) - 27-4677662 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	EDUCATIONAL SCHOLARSHIPS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
COPPINI TRUST 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	INVESTMENTS	TX	SAN ANTONIO AREA FOUNDATION	TRUST	258,555.	991,536.	100%	X	
ERNEST B. AND MARIE GRAHAM SCHOLARSHIP FUND - 81-5050142, 303 PEARL PARKWAY, STE. 114, SAN ANTONIO, TX 78215	SCHOLARSHIPS	TX	SAN ANTONIO AREA FOUNDATION	TRUST	891,202.	8,275,849.	100%		X
CHARITABLE REMAINDER TRUSTS (2) 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	TRUSTS	TX	SAN ANTONIO AREA FOUNDATION	TRUST					X

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CITY EDUCATION PARTNERS	B	4,554,808.	CASH
(2) CULINARY HEALTH EDUCATION FOR FAMILIES	B	2,000,000.	CASH
(3) JOHN L. SANTIKOS CHARITABLE FOUNDATION	C	1,276,656.	CASH
(4) RAPIER EDUCATIONAL FOUNDATION	S	66,000.	CASH
(5) K RAPIER KIDS (DBA KYM'S KIDS)	S	413,003.	CASH
(6) JOHN L. SANTIKOS CHARITABLE FOUNDATION	S	2,269,680.	CASH

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number (EIN) or <b>74-6065414</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>303 PEARL PARKWAY, NO. 114</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SAN ANTONIO, TX 78215-1285</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**LYNDA CABELL**

- The books are in the care of ▶ **303 PEARL PARKWAY, NO. 114 - SAN ANTONIO, TX 78215-1285**  
Telephone No. ▶ **210-228-3764** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.