

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2020

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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 PKWY, STE 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:**

NOT APPLICABLE

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

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

# 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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SAN ANTONIO AREA FOUNDATION</b>	Taxpayer identification number (TIN) <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>	
	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. ▶ **210-225-2243** 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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** 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.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2020 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	<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>156,722,158.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SAN ANTONIO, TX 78215-1285</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>LYNDA CABELL</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.SAAFDN.ORG</b>		<b>H(c)</b> Group exemption number <b>3910</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		<b>L</b> Year of formation: <b>1964</b>	<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<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>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>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>54</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>350</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,517,011.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>1,266,984.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>109,537,728.</b>	<b>59,985,161.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,040,192.</b>	<b>2,828,970.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>18,602,021.</b>	<b>15,502,448.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>819,260.</b>	<b>562,118.</b>
		<b>131,999,201.</b>	<b>78,878,697.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>29,951,579.</b>	<b>56,587,630.</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>4,585,647.</b>	<b>5,111,741.</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>397,717.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,390,034.</b>	<b>4,327,664.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>38,927,260.</b>	<b>66,027,035.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>93,071,941.</b>	<b>12,851,662.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>363,969,632.</b>	<b>409,727,668.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>15,132,114.</b>	<b>17,099,985.</b>
		<b>348,837,518.</b>	<b>392,627,683.</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	Date			
	<b>LYNDA CABELL, SENIOR VP AND CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPHINE BEHREND</b>	Preparer's signature <i>Josephine Behrend</i>	Date <b>11/14/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00715390</b>
	Firm's name <b>RSM US LLP</b>	Firm's EIN <b>42-0714325</b>	Firm's address <b>19026 RIDGEWOOD PKWY, STE 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 [ ]

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 \$ 59,468,197. including grants of \$ 56,587,630. ) (Revenue \$ 2,841,810. ) 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 \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 59,468,197.

**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 donor-restricted endowments or in 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**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> 42	
<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> X	

**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		
	2a		54
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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)?		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?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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?		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>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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	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?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	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?	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?		X
<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?	N/A	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	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	N/A	10a
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	11a
<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.)		11b
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	N/A	13a
<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		13b
<b>c</b>	Enter the amount of reserves on hand		13c
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
<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? If "Yes," see instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

**Section A. Governing Body and Management**

		Yes	No
<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 on Schedule O.		
	<b>1a</b> 19		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 16		
<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, 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 on 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>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>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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<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?		

**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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **LYNDA CABELL - 210-225-2243**  
**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) MARJORIE FRENCH PRESIDENT/CEO	36.00 12.00			X				367,615.	0.	17,100.
(2) LYNDA CABELL SENIOR VP/CFO	36.00 12.00			X				214,505.	0.	12,813.
(3) LISA BRUNSVOLD VP OF DEVELOPMENT AND DONOR SERVICES	40.00 8.00			X				160,303.	0.	20,200.
(4) ARENDA BURNS CHIEF ADMINISTRATIVE OFFICER	40.00 8.00			X				157,641.	0.	19,872.
(5) APRIL HANSARD CONTROLLER	40.00 8.00					X		136,699.	0.	15,280.
(6) PATRICIA MEJIA VP COMMUNITY ENGAGEMENT	40.00 8.00			X				139,817.	0.	8,331.
(7) REBECCA HELTERBRAND VP OF STRAT. & INN. (UNTIL 07/24/20)	40.00 8.00			X				120,934.	0.	13,260.
(8) MARTIN ACEVEDO DIRECTOR OF MARKETING & OUTREACH	40.00 8.00					X		108,422.	0.	10,000.
(9) JOHN HAYES IMMEDIATE PAST CHAIR	1.00 3.00	X						0.	21,125.	0.
(10) THEODORE (THEO) GUIDRY II, CPA CHAIR	1.00 2.00	X		X				0.	7,375.	0.
(11) ALEX PEREZ SECRETARY	1.00 2.00	X		X				0.	7,375.	0.
(12) GENERAL JAMES T. HILL VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(13) MICHELLE R. SCARVER, CPA, PFS TREASURER	1.00 1.00	X		X				0.	0.	0.
(14) MARIE SMITH PAST CHAIR	1.00 2.00	X						0.	0.	0.
(15) SARAH HARTE PAST CHAIR	1.00 1.00	X						0.	0.	0.
(16) ADENA WILLIAMS LOSTON, PH.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) BLAKE HASTINGS 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) BRAD PARMAN DIRECTOR	1.00 3.00	X						0.	0.	0.
(19) BRUCE TILLEY DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) DAVID KOMET DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) HAROLD BERG, CPA DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) HARRY W. WOLFF, JR. DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) JAMES D. (DARRYL) BYRD DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) JANE PHIPPS DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) LAURA EHRENBERG-CHESLER DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) LORENZO GOMEZ III DIRECTOR	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,405,936.	35,875.	116,856.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,405,936.	35,875.	116,856.

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 **8**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
P16PLUS COUNCIL OF GREATER BEXAR COUNTY FOU 454 SOLEDAD ST. STE 101, SAN ANTONIO, TX 78	CONSULTING SERVICES	265,000.
RSM US LLP, 331 W. 3RD STREET, SUITE 200, DAVENPORT, IA 52801	AUDIT/TAX SERVICES	227,229.
KAMIN ASSOCIATES, INC. PO BOX 6816, SAN ANTONIO, TX 78209	IT SERVICES	164,621.
CREWCIAL PARTNERS, LLC, 810 SEVENTH AVENUE, 32ND FLOOR, NEW YORK, NY 10017	INVESTMENT MANAGEMENT	164,110.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) LUIS DE LA GARZA DIRECTOR	1.00 1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>				
	<b>d</b>	Related organizations	<b>1d</b>	2,092,260.			
	<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>	57,892,901.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 9,075,465.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		59,985,161.			
Program Service Revenue	<b>2 a</b>	ADMIN FEE REVENUE	<b>Business Code</b>				
			900099	2,735,327.	2,735,327.		
	<b>b</b>	PROGRAM REVENUE	900099	93,643.	93,643.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f		2,828,970.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		9,329,559.		1,517,011.	7,812,548.
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		293,568.			293,568.
	<b>6 a</b>	Gross rents	(i) Real	225,675.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses		0.			
	<b>6 c</b>	Rental income or (loss)		225,675.			
	<b>d</b>	Net rental income or (loss)		225,675.			225,675.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	82,836,179.			
			(ii) Other	1,178,581.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		76,723,772.	1,118,099.		
	<b>7 c</b>	Gain or (loss)		6,112,407.	60,482.		
	<b>d</b>	Net gain or (loss)		6,172,889.			6,172,889.
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
<b>8 b</b>	Less: direct expenses	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>	31,625.				
<b>9 b</b>	Less: direct expenses	<b>9b</b>	1,590.				
<b>c</b>	Net income or (loss) from gaming activities		30,035.			30,035.	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>10 b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>				
			900099	12,840.	12,840.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
<b>e</b>	<b>Total.</b> Add lines 11a-11d		12,840.				
<b>12</b>	<b>Total revenue.</b> See instructions		78,878,697.	2,841,810.	1,517,011.	14,534,715.	

**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	50,625,697.	50,625,697.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,954,933.	5,954,933.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,000.	7,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,252,395.	220,959.	798,288.	233,148.
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	3,156,450.	982,988.	2,131,754.	41,708.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	183,468.	57,896.	122,780.	2,792.
9 Other employee benefits	202,564.	57,401.	140,875.	4,288.
10 Payroll taxes	316,864.	91,149.	207,492.	18,223.
11 Fees for services (nonemployees):				
a Management				
b Legal	89,804.	57,275.	32,529.	
c Accounting	232,133.	6,000.	226,133.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	963,992.		963,992.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	703,639.	397,203.	305,987.	449.
12 Advertising and promotion	24,523.	8,480.	16,043.	
13 Office expenses	108,841.	27,415.	68,636.	12,790.
14 Information technology	491,918.	184,939.	280,990.	25,989.
15 Royalties	111,241.	90,606.	18,105.	2,530.
16 Occupancy	606,033.	468,430.	120,730.	16,873.
17 Travel	16,898.	2,924.	12,772.	1,202.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	61,440.	10,500.	50,940.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	180,645.	43,440.	131,042.	6,163.
23 Insurance	58,515.		58,515.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>REPAIRS AND MAINTENANCE</b>	200,761.	93,189.	94,613.	12,959.
b <b>FEDERAL TAX</b>	200,716.		200,716.	
c <b>EVENT EXPENSES</b>	180,573.	65,620.	97,428.	17,525.
d <b>DUES &amp; SUBSCRIPTIONS</b>	61,364.	6,036.	55,251.	77.
e All other expenses	34,628.	8,117.	25,510.	1,001.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>66,027,035.</b>	<b>59,468,197.</b>	<b>6,161,121.</b>	<b>397,717.</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 .....	8,047,876.	<b>1</b>	9,340,131.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	10,254,181.	<b>3</b>	10,410,081.
	<b>4</b> Accounts receivable, net .....	472,602.	<b>4</b>	88,050.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	59,242.	<b>7</b>	54,853.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	435,164.	<b>9</b>	299,643.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,909,467.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,168,434.		
	<b>11</b> Investments - publicly traded securities .....	263,337,833.	<b>11</b>	298,601,860.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	80,617,945.	<b>12</b>	90,192,017.
	<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 33) .....	363,969,632.	<b>16</b>	409,727,668.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	567,929.	<b>17</b>	593,673.
	<b>18</b> Grants payable .....	504,669.	<b>18</b>	763,066.
	<b>19</b> Deferred revenue .....	210,064.	<b>19</b>	44,505.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	13,282,209.	<b>21</b>	14,656,112.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<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 .....	176,297.	<b>24</b>	932,749.
	<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 .....	390,946.	<b>25</b>	109,880.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	15,132,114.	<b>26</b>	17,099,985.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	158,345,177.	<b>27</b>	179,154,178.
	<b>28</b> Net assets with donor restrictions .....	190,492,341.	<b>28</b>	213,473,505.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	348,837,518.	<b>32</b>	392,627,683.
<b>33</b> Total liabilities and net assets/fund balances .....	363,969,632.	<b>33</b>	409,727,668.	

**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>	78,878,697.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	66,027,035.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	12,851,662.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	348,837,518.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	18,533,788.
<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 on Schedule O)	<b>9</b>	12,404,715.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	392,627,683.

**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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	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

**2020**

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29031061.	31152385.	36427642.	39675661.	59985161.	196271910
<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 .....	29031061.	31152385.	36427642.	39675661.	59985161.	196271910
<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) .....						79894938.
<b>6 Public support.</b> Subtract line 5 from line 4.						116376972

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	29031061.	31152385.	36427642.	39675661.	59985161.	196271910
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3545561.	5679323.	4533401.	15501533.	8331791.	37591609.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				482,686.	1517011.	1999697.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1254468.	3924291.	24,521.	71,217.	12,840.	5287337.
<b>11 Total support.</b> Add lines 7 through 10						241150553
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	48.26	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	49.82	%
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<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>		
<b>2</b>		

**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>		
<b>1</b>		

**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>1</b>		
<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>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**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 governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b 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>	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<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>		
<b>3b</b>		

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			



**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

**2020**

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>1,701,651.</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>4,900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>2,092,260.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>3,800,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>10,100,000.</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>10,000,000.</u>	Person <input checked="" 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>
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**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>6,196,803.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>2,500,000.</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>
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**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
7	STOCK _____ _____ _____	\$ 5,845,685.	01/10/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number  <b>74-6065414</b>
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**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>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**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

**2020**

**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 .....	195	0
2 Aggregate value of contributions to (during year) .....	50,627,135.	0.
3 Aggregate value of grants from (during year) .....	44,041,734.	0.
4 Aggregate value at end of year .....	115,338,471.	0.
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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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? .....

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)? .....

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....	▶ \$	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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	▶ \$	_____
b Assets included in Form 990, Part X .....	▶ \$	_____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| 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	114,041,874.	80,500,062.	102,465,063.	279,200,990.	66,338,772.
b Contributions	24,087.	11,217,923.		287,134,454.	233,469,139.
c Net investment earnings, gains, and losses	17,399,606.	28,629,208.	-5,728,016.	13,311,157.	5,135,256.
d Grants or scholarships	2,468,427.	4,727,267.	17,307,058.	13,748,095.	22,873,988.
e Other expenditures for facilities and programs	53,863.		-1,070,073.	459,588,700.	2,868,189.
f Administrative expenses	4,813,036.	1,578,052.		3,844,743.	
g End of year balance	124,130,241.	114,041,874.	80,500,062.	102,465,063.	279,200,990.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.7000 %
  - b Permanent endowment  94.3600 %
  - c Term endowment  4.9400 %
- 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		150,000.		150,000.
c Leasehold improvements		1,213,257.	979,034.	234,223.
d Equipment		398,243.	190,166.	208,077.
e Other		1,147,967.	999,234.	148,733.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				741,033.

**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	84,957,845.	END-OF-YEAR MARKET VALUE
(C) MINERAL INTERESTS	2,146,241.	END-OF-YEAR MARKET VALUE
(D) PARTNERSHIP INVESTMENTS	2,490,431.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	597,500.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>90,192,017.</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) DEFERRED RENTAL EXPENSE/INCOME	109,880.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>109,880.</b>

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

**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

**2020**

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	3,722,704.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	7,000.
<b>3 a</b> Subtotal .....	0	0			3,729,704.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			3,729,704.

**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	7,000.	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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **1**

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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

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 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.

**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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

**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))
		<b>1</b> Gross revenue .....			31,625.
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....			1,590.	1,590.
<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 checked="" type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				1,590.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				30,035.	

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

Name ▶ LYNDA CABELL

Address ▶ 303 PEARL PARKWAY, NO. 114 - SAN ANTONIO, TX 78215-1285

- 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.

**SCHEDULE G, PART III, LINE 9:**

**TEXAS DOES NOT HAVE A LICENSING REQUIREMENT FOR CERTAIN GAMING ACTIVITIES, SUCH AS RAFFLES. SAN ANTONIO AREA FOUNDATION FOLLOWS ALL GAMING RULES ESTABLISHED BY THE ATTORNEY GENERAL OF TEXAS.**



**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

**2020**

**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
10,000 DEGREES 1650 LOS GAMOS DR STE 110 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	5,000.	0.	N/A	N/A	FOR THE SCHOLAR FUND
100 BLACK MEN OF AMERICA, INC. P.O. BOX 40284 SAN ANTONIO, TX 78229	58-1974429	501(C)(3)	24,000.	0.	N/A	N/A	YOUTHBUILD SAN ANTONIO
100 BLACK MEN OF SAN ANTONIO 1023 N PINE, STE 157 SAN ANTONIO, TX 78202	74-2924578	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
10TH LIFE SURGICAL CENTER 1931 BUMP GATE RD PIPE CREEK, TX 78063	26-2578483	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
A KITTY'S PURRSUIT OF HAPPINESS P.O. BOX 1011 SPRING BRANCH, TX 78070	47-2566562	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ABANDONED PET PROJECT P.O. BOX 2413 BOERNE, TX 78006	47-1067342	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 444.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 6.**

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ACTS OF HOPE CENTER 3910 WEST AVE SAN ANTONIO, TX 78213	81-0960777	501(C)(3)	25,000.	0.	N/A	N/A	FAMILY CARE
ADULT & TEEN CHALLENGE OF TEXAS 3850 S LOOP 1604 W SAN ANTONIO, TX 78264	74-1816616	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ADVENTURES IN MISSIONS, INC. P.O. BOX 742570 ATLANTA, GA 30374	65-0133113	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT
AID THE SILENT 34910 IH 10 WEST # 701 BOERNE, TX 78006	47-2883437	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
AIR FORCE VILLAGES CHARITABLE FOUNDATION - 12455 FREEDOM WAY - SAN ANTONIO, TX 78245	74-2310549	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM SUPPORT
ALAMO AREA MUTUAL HOUSING ASSOCIATION - 4606 CENTERVIEW DR STE 170 - SAN ANTONIO, TX 78228	74-2569914	501(C)(3)	49,895.	0.	N/A	N/A	COVID-19 RESIDENT RELIEF
ALAMO AREA RAPE CRISIS CENTER 4606 CENTERVIEW DR STE 200 SAN ANTONIO, TX 78228	74-2236387	501(C)(3)	25,000.	0.	N/A	N/A	TECHNOLOGY SUPPORT DURING COVID-19
ALAMO CENTER ENT 5018 SAN PEDRO AVE SAN ANTONIO, TX 78212	82-2327556	501(C)(3)	8,000.	0.	N/A	N/A	FOOD PANTRY EXPENSES
ALAMO COLLEGES FOUNDATION 1819 N. MAIN AVENUE SAN ANTONIO, TX 78212	74-2422589	501(C)(3)	355,599.	0.	N/A	N/A	SCHOLARSHIP FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL - P.O. BOX 9 - SAN ANTONIO, TX 78291	74-2461534	501(C)(3)	23,500.	0.	N/A	N/A	CURIOUS GEORGE PROGRAM
ALAMO RESOURCE CONSERVATION AND DEVELOPMENT AREA, INC. - 215 W BANDERA RD STE 114-456 - BOERNE, TX 78006	74-2670845	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ALPHA HOME P.O. BOX 15440 SAN ANTONIO, TX 78212	74-1668144	501(C)(3)	51,000.	0.	N/A	N/A	COVID SUPPORT - RESIDENTIAL AND TECHNOLOGY NEEDS
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION - MAC-37 BLDG - SAN ANTONIO, TX 78216	13-3039601	501(C)(3)	21,000.	0.	N/A	N/A	PROGRAM SUPPORT
AMERICAN GI FORUM NATIONAL VETERANS OUTREACH PROGRAM, INC - 611 N FLORES STE 200 - SAN ANTONIO, TX 78205	74-2033203	501(C)(3)	16,560.	0.	N/A	N/A	COVID RELIEF
AMERICAN HEART ASSOCIATION, INC. 8415 WURZBACH ROAD SAN ANTONIO, TX 78229	13-5613797	501(C)(3)	11,000.	0.	N/A	N/A	RESEARCH AND PATIENT SUPPORT
AMERICAN INDIANS IN TEXAS - AT THE SPANISH COLONIAL MISSIONS - 1313 GUADALUPE ST STE 104 - SAN ANTONIO, TX 78207	74-2717029	501(C)(3)	60,421.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE - P.O. BOX 4124 - NEW YORK, NY 10163	13-1656634	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM SUPPORT
AMERICAN KIDNEY FUND, INC. 11921 ROCKVILLE PIKE STE 300 ROCKVILLE, MD 20852	23-7124261	501(C)(3)	56,000.	0.	N/A	N/A	THE AMERICAN KIDNEY FUND CORONAVIRUS EMERGENCY FUND

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
AMERICAN RED CROSS, SAN ANTONIO AREA CHAPTER - 3642 E. HOUSTON STREET - SAN ANTONIO, TX 78219	53-0196605	501(C)(3)	62,738.	0.	N/A	N/A	SAN ANTONIO DISASTER RESPONSE - COVID-19
ANDREW GRENE FOUNDATION 111 RAWLS ROAD DES PLAINES, IL 60018	27-1846255	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ANGELEYES FOUNDATION 14080 NACODOCHES RD., SUITE 314 SAN ANTONIO, TX 78247	82-1490473	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
ANIMAL DEFENSE LEAGUE OF TEXAS 11300 NACOGDOCHES RD SAN ANTONIO, TX 78217	74-6002033	501(C)(3)	80,891.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ANTIOCH MISSIONARY BAPTIST CHURCH 1001 N. WALTERS STREET SAN ANTONIO, TX 78202	74-2048437	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
ANTONIAN COLLEGE PREP (ANTONIAN COLLEGE PREPARATORY HIGH SCHOOL) - 6425 WEST AVE - SAN ANTONIO, TX 78213	74-1492576	501(C)(3)	80,000.	0.	N/A	N/A	TO ASSIST WITH REMODELING OF THE SCHOOL.
ANY BABY CAN OF SAN ANTONIO 217 HOWARD STREET SAN ANTONIO, TX 78212	74-2684333	501(C)(3)	54,370.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ARTHUR NAGEL COMMUNITY CLINIC P.O. BOX 519 BANDERA, TX 78003	77-0697361	501(C)(3)	37,080.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ARTPACE SAN ANTONIO, INC. 445 N MAIN AVE SAN ANTONIO, TX 78205	04-3757857	501(C)(3)	50,000.	0.	N/A	N/A	DIGITAL ACCESSIBILITY TO ARTPACE PROGRAMMING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ASCENSION DEPAUL SERVICES 7607 SOMERSET ROAD SAN ANTONIO, TX 78211	74-6106876	501(C)(3)	14,071.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ASSISTANCE LEAGUE OF SAN ANTONIO P.O. BOX 13130 SAN ANTONIO, TX 78213	74-2330690	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ASSOCIATION OF GRADUATES, U.S. MILITARY ACADEMY - MILITARY ACAD ALUMNI CTR - WEST POINT, NY 10996	14-1260763	501(C)(3)	15,000.	0.	N/A	N/A	ARMY A CLUB
ASSOCIATION OF THE MIRACULOUS MEDAL - 1811 WEST SAINT JOSEPH STREET - PERRYVILLE, MO 63775	43-0673516	501(C)(3)	20,000.	0.	N/A	N/A	HISTORIC PRESERVATION
ATASCOSA ANIMAL ALLIES INC 204 LIBERTY LANE PLEASANTON, TX 78064	82-3068046	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
AUTISM SERVICE CENTER OF SAN ANTONIO - 4242 WOODCOCK DRIVE, SUITE 101 - SAN ANTONIO, TX 78228	26-2592058	501(C)(3)	50,000.	0.	N/A	N/A	RESILIENCE THROUGH RELATIONSHIP
AUTISM TREATMENT CENTER, INC. 15911 NACOGDOCHES RD BUILDING 2 SAN ANTONIO, TX 78247	75-1518193	501(C)(3)	55,000.	0.	N/A	N/A	PROGRAM SUPPORT
BALLET AUSTIN 501 W 3RD ST AUSTIN, TX 78701	74-6060386	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
BALLET LATINO DE SAN ANTONIO 2147 NW MILITARY HWY SAN ANTONIO, TX 78213	30-0792711	501(C)(3)	5,588.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

Schedule I (Form 990)

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BAMBERGER RANCH PRESERVE 2341 BLUE RIDGE DRIVE JOHNSON CITY, TX 78636	30-0041245	501(C)(3)	105,535.	0.	N/A	N/A	TO ASSIST IN STRATEGIC PLANNING
BANDERA COUNTY COMMITTEE ON AGING, INC. - P.O. BOX 1416 - BANDERA, TX 78003	74-2309449	501(C)(3)	23,804.	0.	N/A	N/A	COVID-19 EMERGENCY FUNDING
BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER DBA COMMUNICARE - 3066 E COMMERCE - SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	100,000.	0.	N/A	N/A	COVID-19 EMERGENCY RELIEF ASSISTANCE
BE THE MATCH FOUNDATION 500 N. 5TH STREET MINNEAPOLIS, MN 55401	41-1704734	501(C)(3)	30,000.	0.	N/A	N/A	PROGRAM SUPPORT
BELIEVE IT FOUNDATION 4242 BROADWAY STE 706 SAN ANTONIO, TX 78209	30-0512535	501(C)(3)	25,000.	0.	N/A	N/A	FOR 7 ADAPTIVE BIKES
BETHEL HORIZONS FOUNDATION, INC. 312 WISCONSIN AVENUE MADISON, WI 53703	23-7017755	501(C)(3)	50,000.	0.	N/A	N/A	BUILDING PROJECTS
BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE - 2300 W COMMERCE STE 201 - SAN ANTONIO, TX 78207	74-2953076	501(C)(3)	50,000.	0.	N/A	N/A	COVID 19 RESPONSE
BEXAR COUNTY FAMILY JUSTICE CENTER FOUNDATION - 126 E NUEVA 2ND FLOOR - SAN ANTONIO, TX 78204	73-1723464	501(C)(3)	5,588.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
BEXAR COUNTY MEDICAL LIBRARY ASSOCIATION - P.O. BOX 781145 - SAN ANTONIO, TX 78278	74-0510530	501(C)(3)	13,071.	0.	N/A	N/A	PPE DISTRIBUTION FOR SAN ANTONIO, BEXAR COUNTY CLINICS



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BEYOND THE LIGHT OUTREACH PROJECT 607 PIEDMONT AVE SAN ANTONIO, TX 78203	47-3840669	501(C)(3)	11,218.	0.	N/A	N/A	COVID-19 HEALTH
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS, INC. - 10843 GULF DALE - SAN ANTONIO, TX 78216	74-1897630	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
BLESSED SACRAMENT ACADEMY 1135 MISSION ROAD SAN ANTONIO, TX 78210	74-2868041	501(C)(3)	31,164.	0.	N/A	N/A	EMERGENCY SERVICES FOR YOUNGEST CHILDREN IN NEED
BLOOD & TISSUE CENTER FOUNDATION 6211 I.H. 10 WEST SAN ANTONIO, TX 78201	43-1970952	501(C)(3)	25,000.	0.	N/A	N/A	COVID-19 DISASTER RELIEF GRANT
BLUEPRINT MINISTRIES, INC. P.O. BOX 782128 SAN ANTONIO, TX 78278	35-2238290	501(C)(3)	25,000.	0.	N/A	N/A	RESTORATION OF SUBSTANDARD HOUSING
BOERNE COMMUNITY COALITION 215 W BANDERA ROAD, SUITE 114-170 BOERNE, TX 78006	82-1866450	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM SUPPORT
BOY SCOUTS OF AMERICA - ALAMO AREA COUNCIL - 2226 NW MILITARY HWY - SAN ANTONIO, TX 78213	74-6079583	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
BOYS & GIRLS CLUBS OF SAN ANTONIO 123 RALPH AVENUE SAN ANTONIO, TX 78204	74-1109637	501(C)(3)	165,000.	0.	N/A	N/A	TO SUPPORT VIRTUAL LEARNING
BOYSVILLE, INC. P.O. BOX 369 CONVERSE, TX 78109	74-1207553	501(C)(3)	41,802.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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BRACKENRIDGE PARK CONSERVANCY P.O. BOX 6311 SAN ANTONIO, TX 78209	26-3416330	501(C)(3)	64,300.	0.	N/A	N/A	THIS GIFT IS FOR THE HISTORY AND AWARENESS PROJECT FOR BRACKENRIDGE PARK
BRADY HIGH SCHOOL 2301 HWY 190 BRADY, TX 76825	74-6000386	501(C)(3)	15,414.	0.	N/A	N/A	SCHOLARSHIP FUNDING
BRIGHTON CENTER 14207 HIGGINS RD SAN ANTONIO, TX 78217	74-2331826	501(C)(3)	87,900.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
BRISCOE WESTERN ART MUSEUM 210 W. MARKET STREET SAN ANTONIO, TX 78205	30-0211961	501(C)(3)	40,000.	0.	N/A	N/A	PROGRAM SUPPORT
BULVERDE SENIOR CENTER P.O. BOX 353 BULVERDE, TX 78163	74-2625611	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
CAMP HENDON 1640 LYNDON FARM COURT #108 LOUISVILLE, KY 40223	27-3619275	501(C)(3)	6,200.	0.	N/A	N/A	PROGRAM SUPPORT
CAMPUS CRUSADE FOR CHRIST INTERNATIONAL, AKA CRU, CAMPUS CRUSADE FOR CHRIST - P.O. BOX 628222 - ORLANDO, FL 32862	33-0863088	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT
CASA OF CENTRAL TEXAS, INC. 1619 E COMMON ST STE 301 NEW BRAUNFELS, TX 78130	74-2403373	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CASA OF MCLENNAN COUNTY 1208 NORTH 5TH ST WACO, TX 76707	45-5401776	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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CASTROVILLE NIP & TUCK 307 MADRID ST CASTROVILLE, TX 78009	20-3874779	501(C)(3)	8,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CATHOLIC CHARITIES, ARCHDIOCESE OF SAN ANTONIO, INC. - 202 W. FRENCH PLACE - SAN ANTONIO, TX 78212	74-1109743	501(C)(3)	44,500.	0.	N/A	N/A	EMERGENCY RESPONSE TO COVID-19
CATHOLIC COMMUNITY FOUNDATION 111 BARILLA PL SAN ANTONIO, TX 78209	20-5817370	501(C)(3)	45,000.	0.	N/A	N/A	CONTRIBUTION FOR THE FUND
CELEBRATE DYSLEXIA 319 SANTO DOMINGO HELOTES, TX 78023	84-2654436	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
CENTER FOR APPLIED SCIENCE AND TECHNOLOGY - 637 N MAIN AVE - SAN ANTONIO, TX 78205	82-5253554	501(C)(3)	1,110,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN, TX 78744	74-2217350	501(C)(3)	7,250.	0.	N/A	N/A	DISASTER RELIEF COVID-19 RESPONSE
CHAMBER ORCHESTRA OF SAN ANTONIO P.O. BOX 6846 SAN ANTONIO, TX 78209	90-0398328	501(C)(3)	26,300.	0.	N/A	N/A	SERVING MUSIC EDUCATION TO UNDERSERVED YOUTH
CHILD ADVOCATES SAN ANTONIO 1956 S WW WHITE RD SAN ANTONIO, TX 78222	74-2494625	501(C)(3)	15,374.	0.	N/A	N/A	PROGRAM SUPPORT
CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS - 205 WEST OLMOS DR - SAN ANTONIO, TX 78212	74-2828178	501(C)(3)	724,152.	0.	N/A	N/A	TO SUPPORT THE GIFT DEL MILAGRO CAPITAL CAMPAIGN

Schedule I (Form 990)

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CHILDREN'S HUNGER FUND P.O. BOX 7085 MISSION HILLS, CA 91346	95-4335462	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
CHILDSAFE 303 PEARL PARKWAY SAN ANTONIO, TX 78215	27-5164994	501(C)(3)	120,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CHOSEN CARE, INC. - NEW BRAUNFELS 144 CLEMENS AVE NEW BRAUNFELS, TX 78130	81-2872095	501(C)(3)	76,000.	0.	N/A	N/A	CRITICAL PERMANENCY SERVICES FOR CHILDREN IMPACTED BY TRAUMA
CHRIST COMMUNITY CHURCH P.O. BOX 265 ADKINS, TX 78101	74-2898055	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
CHRIST EPISCOPAL CHURCH 510 BELKNAP PLACE SAN ANTONIO, TX 78212	74-1180188	501(C)(3)	20,573.	0.	N/A	N/A	DISASTER RELIEF
CHRIST THE KING / CRISTO REY OF HOPE - 2623 PEREZ ST - SAN ANTONIO, TX 78207	74-1286183	501(C)(3)	10,000.	0.	N/A	N/A	COVID19 RELIEF FUND
CHRISTIAN ASSISTANCE MINISTRY, INC. - 110 MCCULLOUGH AVENUE - SAN ANTONIO, TX 78215	74-1947967	501(C)(3)	53,000.	0.	N/A	N/A	HELPING THOSE IN NEED IN SAN ANTONIO
CHRYSALIS MINISTRIES, INC. 509 SAN PEDRO AVENUE SAN ANTONIO, TX 78212	74-1914047	501(C)(3)	50,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - P.O. BOX 5202 - CINCINNATI, OH 45201	47-6105603	501(C)(3)	30,000.	0.	N/A	N/A	FOR SEACREST STUDIOS FELLOWSHIP POSITION

Schedule I (Form 990)

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CIRCLE OF HEALTH INTERNATIONAL 411 W MONROE ST. AUSTIN, TX 78704	65-1213326	501(C)(3)	36,000.	0.	N/A	N/A	COVID 19 SUPPORT
CITY EDUCATION PARTNERS 303 PEARL PKWY STE 114 SAN ANTONIO, TX 78215	47-4539590	501(C)(3)	2,115,350.	0.	N/A	N/A	TO SUPPORT EDUCATIONAL GRANTS
CITY KIDS ADVENTURES P.O. BOX 830655 SAN ANTONIO, TX 78283	72-1535060	501(C)(3)	15,000.	0.	N/A	N/A	OUTDOOR LEADERSHIP PROGRAM
CITY OF SAN ANTONIO P.O. BOX 839966 SAN ANTONIO, TX 78205	74-6002070	501(C)(3)	50,000.	0.	N/A	N/A	GIFT CARDS FOR COVID-19 RELIEF
CITY OF SAN ANTONIO WESTSIDE DEVELOPMENT CORPORATION - P.O. BOX 37569 - SAN ANTONIO, TX 78237	38-3765724	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
CITY YEAR, INC. 109B N SAN SABA SAN ANTONIO, TX 78207	22-2882549	501(C)(3)	202,550.	0.	N/A	N/A	TO SUPPORT THE WHOLE SCHOOL WHOLE CHILD PROGRAM AT SARAH KING ELEMENTARY
CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK SAN ANTONIO, TX 78229	74-1153067	501(C)(3)	6,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CLASSICS ELITE SOCCER ACADEMY, INC. - 1600 E BITTERS RD - SAN ANTONIO, TX 78216	20-1040995	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM SUPPORT
COMAL COUNTY HABITAT FOR HUMANITY 1269 INDUSTRIAL DR NEW BRAUNFELS, TX 78130	74-2667761	501(C)(3)	7,500.	0.	N/A	N/A	COMAL COUNTY CARES

Schedule I (Form 990)

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COMMUNITIES IN SCHOOLS OF SAN ANTONIO, INC. - 1616 E. COMMERCE STREET, BLDG. 1 - SAN ANTONIO, TX 78205	74-2393714	501(C)(3)	65,465.	0.	N/A	N/A	CIS-SA'S COVID-19 EMERGENCY RESPONSE FUND
COMMUNITIES IN SCHOOLS OF SOUTH CENTRAL TEXAS, INC. - 161 S CASTELL AVE - NEW BRAUNFELS, TX 78130	74-2653402	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM SUPPORT
COMMUNITY COUNCIL OF SOUTH CENTRAL TEXAS - 801 N. STATE HWY 123 BYPASS - SEGUIN, TX 78155	74-1541774	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF ASSISTANCE PROGRAM
COMMUNITY HOUSING RESOURCE PARTNERS, INC. - 110 EAST HOUSTON STREET, 7TH - SAN ANTONIO, TX 78205	34-1765664	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY FOOD SERVICES
COMMUNITY JUSTICE FOUNDATION P.O. BOX 12404 SAN ANTONIO, TX 78212	32-0092986	501(C)(3)	14,440.	0.	N/A	N/A	COVID-19 LEGAL SERVICES
COMMUNITY OPTIONS INC. 2632 BROADWAY STE 101 N SAN ANTONIO, TX 78205	22-2964056	501(C)(3)	42,978.	0.	N/A	N/A	PROGRAM SUPPORT
COMPASS ROSE EDUCATION 8005 OUTER CIRCLE RD BLDG 704 SAN ANTONIO, TX 78234	47-5328736	501(C)(3)	50,000.	0.	N/A	N/A	MEAL DELIVERY & STUDENT TECHNOLOGY
CONGREGATION OF DIVINE PROVIDENCE 515 S.W. 24TH STREET SAN ANTONIO, TX 78207	74-2622367	501(C)(3)	20,000.	0.	N/A	N/A	HISTORIC PRESERVATION
CONJUNTO HERITAGE TALLER, INC. 411 BARRERA ST SAN ANTONIO, TX 78210	14-1849936	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM SUPPORT

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CONNECTIONS INDIVIDUAL AND FAMILY SERVICES, INC. - P.O. BOX 311268 - NEW BRAUNFELS, TX 78131	74-2179169	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
CONTEMPLATIVE OUTREACH, LTD 10 PARK PL FL 2 STE B BUTLER, NJ 07405	13-3345685	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CONTEMPORARY ART FOR SAN ANTONIO 116 BLUE STAR SAN ANTONIO, TX 78204	74-2419615	501(C)(3)	26,500.	0.	N/A	N/A	BSC'S EDUCATIONAL WORKFORCE COMPENSATION
CONVERSE ANIMAL SHELTER, INC 9634 SCHAEFER RD CONVERSE, TX 78109	74-2197306	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CORAZON MINISTRIES, INC. 230 E TRAVIS ST SAN ANTONIO, TX 78205	20-0319533	501(C)(3)	27,000.	0.	N/A	N/A	EMERGENCY FUNDING FOR HOMELESS SERVICES
CRESSIE ANIMAL REFUGE AND ENRICHMENT CENTER - 1614 DOE PARK - SAN ANTONIO, TX 78248	27-0465104	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CROSSPOINT, INC. 301 YUCCA SAN ANTONIO, TX 78203	74-6058916	501(C)(3)	50,000.	0.	N/A	N/A	THE WOMEN'S WELLNESS CENTER
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	FOR GENERAL OPERATING EXPENSES
CROSSTIES MINISTRIES, INC. P.O. BOX 2202 WACO, TX 76703	75-2849153	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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CRRC OF CANYON LAKE, INC. P.O. BOX 1472 CANYON LAKE, TX 78133	57-1148206	501(C)(3)	25,000.	0.	N/A	N/A	CANYON LAKE CRISIS BASIC NEEDS ASSISTANCE
CULINARIA 999 E BASSE RD STE 180 # 448 SAN ANTONIO, TX 78209	74-2969023	501(C)(3)	15,000.	0.	N/A	N/A	EMERGENCY RELIEF FUND
CULINARY HEALTH EDUCATION FOR FAMILIES (CHEF) - 303 PEARL PKWY STE 114 - SAN ANTONIO, TX 78215	82-0660176	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
CULVER EDUCATIONAL FOUNDATION 1300 ACADEMY RD # 153 CULVER, IN 46511	35-0868071	501(C)(3)	5,500.	0.	N/A	N/A	SUPPORT
DAILY BREAD MINISTRIES 3559 BELGIUM LN SAN ANTONIO, TX 78219	74-2863470	501(C)(3)	66,000.	0.	N/A	N/A	HUNGER RELIEF RESPONSE TO COVID-19 CRISIS
DALLAS ARBORETUM AND BOTANICAL GARDEN - 8525 GARLAND RAOD - DALLAS, TX 75218	23-7375815	501(C)(3)	15,000.	0.	N/A	N/A	A WOMAN'S GARDEN CAMPAIGN
DISABILITYSA P.O. BOX 28243 SAN ANTONIO, TX 78228	81-4443195	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
DISABLED AMERICAN VETERANS 3725 ALEXANDRIA PIKE COLD SPRING, KY 41076	94-2776664	501(C)(4)	12,738.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
DISTRICT 2-A2 LIONS SIGHT AND TISSUE FOUNDATION, INC. - 4502 CENTERVIEW DR STE 120 - SAN ANTONIO, TX 78228	74-2471313	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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ECUMENICAL CENTER FOR RELIGION AND HEALTH - 8310 EWING HALSELL DR - SAN ANTONIO, TX 78229	74-1587388	501(C)(3)	68,850.	0.	N/A	N/A	THE ECUMENICAL CENTER'S COVID-19 RESPONSE
EDUCATION FOUNDATION FOR BILLINGS PUBLIC SCHOOLS - 415 NORTH 30TH STREET - BILLINGS, MT 59101	81-0452904	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
EL CENTRO DEL BARRIO 3750 COMMERCIAL AVE SAN ANTONIO, TX 78221	74-1787031	501(C)(3)	50,000.	0.	N/A	N/A	CENTROMED COVID-19 TELEHEALTH INTEGRATION
ELF LOUISE, INC. P.O. BOX 39107 SAN ANTONIO, TX 78218	74-2180694	501(C)(3)	7,000.	0.	N/A	N/A	PROGRAM SUPPORT
EMANCIPET, INC. 7010 EASY WIND DR NO 260 AUSTIN, TX 78752	74-2913624	501(C)(3)	6,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ENERGY INNOVATION CENTER (EPICENTER) - P.O. BOX 830534 - SAN ANTONIO, TX 78283	47-3459829	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT
ENOCH SAYS 427 EVANS AVENUE SAN ANTONIO, TX 78209	82-4215205	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
EPILEPSY FOUNDATION OF CENTRAL AND SOUTH TEXAS - 8601 VILLAGE DR STE 220 - SAN ANTONIO, TX 78217	76-0415338	501(C)(3)	18,462.	0.	N/A	N/A	EPILEPSY RELIEF FUND
EPISCOPAL DIOCESE OF WEST TEXAS P.O. BOX 6885 SAN ANTONIO, TX 78209	74-1143118	501(C)(3)	65,668.	0.	N/A	N/A	FOR THEIR USE AT CAMP CAPERS

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ESPERANZA PEACE AND JUSTICE CENTER 922 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2419582	501(C)(3)	20,000.	0.	N/A	N/A	COVID-19 RELIEF
ESTES PARK SENIOR CITIZENS CENTER, INC. - 1760 OLYMPIAN LANE - ESTES PARK, CO 80517	84-0721483	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
FAMILY INDEPENDENCE INITIATIVE P.O. BOX 71363 OAKLAND, LA 71363	02-0784790	501(C)(3)	100,000.	0.	N/A	N/A	FII COVID-19 RESPONSE FUND
FAMILY PROMISE OF GREATER NEW BRAUNFELS - 295 ROSEWOOD - NEW BRAUNFELS, TX 78130	80-0801136	501(C)(3)	25,000.	0.	N/A	N/A	EMERGENCY RELIEF FUND
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO AVE - SAN ANTONIO, TX 78212	74-1117341	501(C)(3)	55,000.	0.	N/A	N/A	COVID-19 DISASTER RELIEF GRANT
FAMILY VIOLENCE PREVENTION SERVICES, INC. - 7911 BROADWAY ST - SAN ANTONIO, TX 78209	74-1994151	501(C)(3)	67,761.	0.	N/A	N/A	ASSISTANCE FOR DOMESTIC VIOLENCE AT THE BATTERED WOMEN AND CHILDREN'S SHELTER
FELLOWSHIP FOUNDATION, INC. 7501 WISCONSIN AVE STE 400E BETHESDA, MD 20814	53-0204604	501(C)(3)	13,162.	0.	N/A	N/A	SCHOLARSHIP FUNDING
FIRST BAPTIST CHURCH SAN ANTONIO 515 MCCULLOUGH AVENUE SAN ANTONIO, TX 78215	74-2689599	501(C)(3)	33,000.	0.	N/A	N/A	4TH STREET/TOBIN EXPANSION
FIRST CHRISTIAN CHURCH - ARANSAS PASS, TX - P.O. BOX 496 - ARANSAS PASS, TX 78335	74-6224389	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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

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FIRST PRESBYTERIAN CHURCH - SAN ANTONIO, TX - 404 N ALAMO - SAN ANTONIO, TX 78205	74-1175837	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL FUND
FISHER HOUSE FOUNDATION 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	11,183.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
FOODBANK OF SANTA BARBARA COUNTY 1525 STATE ST. SUITE 100 SANTA BARBARA, CA 93101	77-0169214	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
FOUNDATION FOR CULTURAL ARTS IN SAN ANTONIO - 222 E HOUSTON STE 640 - SAN ANTONIO, TX 78205	74-2512597	501(C)(3)	10,000.	0.	N/A	N/A	FUNDING FOR SCHOLARSHIP FUND
FREDERICKSBURG COMMUNITY HEALTH CENTER, INC. - 140 INDUSTRIAL LOOP, SUITE 100 - FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	85,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
FREEDOM FARM COMMUNITY 2407 MT. HOPE RD MIDDLETOWN, NY 10940	03-0556099	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
FRIENDS HELPING FRIENDS SOBER AND TRANSITIONAL LIVING - 3701 CHERRYWOOD AVENUE - LOS ANGELES, CA 90018	20-5003506	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
FRIENDS OF ALBERT AND BESSIE KRONKOSKY STATE NATURAL AREA - P.O. BOX 63244 - PIPE CREEK, TX 78063	47-3885915	501(C)(3)	19,000.	0.	N/A	N/A	TO PURCHASE A KAWASAKI MULE
FRIENDS OF CIBOLO WILDERNESS 140 CITY PARK ROAD BOERNE, TX 78006	74-2564700	501(C)(3)	24,353.	0.	N/A	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

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FRIENDS OF HOSPICE SAN ANTONIO, INC. - P.O. BOX 40487 - SAN ANTONIO, TX 78229	74-2608764	501(C)(3)	12,000.	0.	N/A	N/A	HOSPICE CARE
GEMINI SERIES, INC. 1111 NAVARRO STREET SAN ANTONIO, TX 78205	74-2774094	501(C)(3)	26,000.	0.	N/A	N/A	EDUCATIONAL OUTREACH AND MENTAL HEALTH SUPPORT
GETTYSBURG FOUNDATION 1195 BALTIMORE PIKE GETTYSBURG, PA 17325	23-2969074	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP RD SAN ANTONIO, TX 78216	74-1109759	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
GIRLS INCORPORATED OF SAN ANTONIO 2214 BASSE ROAD SAN ANTONIO, TX 78213	20-5468038	501(C)(3)	1,326,000.	0.	N/A	N/A	TO SUPPORT THE NEW GIRLS, INC. CAMPUS IN SAN ANTONIO
GLOBAL EVANGELISM INC 18410 SONTERRA PLACE, SUITE 280 SAN ANTONIO, TX 78258	74-1764843	501(C)(3)	50,000.	0.	N/A	N/A	COVID19 FOOD DISBURSEMENT RELIEF PROGRAM
GOD'S DOGS RESCUE 12750 TRAWALTER LN VON ARMY, TX 78073	47-2023186	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
GOOD SAMARITAN CENTER OF SAN ANTONIO - 1600 SALTILLO STREET - SAN ANTONIO, TX 78207	74-1117340	501(C)(3)	126,000.	0.	N/A	N/A	FOR THE PURCHASE OF TWO USED VANS
GOODWILL INDUSTRIES OF SAN ANTONIO 406 W COMMERCE ST SAN ANTONIO, TX 78207	74-1238444	501(C)(3)	11,000.	0.	N/A	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

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GRAVITY, A CENTER FOR CONTEMPLATIVE ACTIVISM - P.O. BOX 7 - OMAHA, NE 68101	46-1925075	501(C)(3)	12,500.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
GREATER RANDOLPH AREA SERVICE PROGRAMS, INC. - 250 DONALAN DR - CONVERSE, TX 78109	74-2353686	501(C)(3)	28,000.	0.	N/A	N/A	GRASP COVID-19 NORTHEAST BEXAR COMMUNITY RESPONSE
GUADALUPE COUNTY CHILDREN'S ADVOCACY CENTER - 265 WETZ - SEGUIN, TX 78155	41-2071236	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
GUADALUPE CULTURAL ARTS CENTER 723 S BRAZOS ST SAN ANTONIO, TX 78207	74-2036976	501(C)(3)	65,000.	0.	N/A	N/A	CAPACITY BUILDING - STRENGTHENING NONPROFITS
GUIDE DOGS OF TEXAS, INC 1503 ALLENA DRIVE SAN ANTONIO, TX 78213	74-2530268	501(C)(3)	18,720.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
H.I.S. BRIDGEBUILDERS 2075 W COMMERCE ST DALLAS, TX 75028	75-2596111	501(C)(3)	21,500.	0.	N/A	N/A	COVID-19 RESPONSE EAST SIDE
H.I.S. BRIDGEBUILDERS-SAN ANTONIO 422 PIKE ROAD SAN ANTONIO, TX 78209	81-2967361	501(C)(3)	6,718.	0.	N/A	N/A	COVID-19 HEALTH
HABITABLE SPACES 3050 FM 1104 KINGSBURY, TX 78638	46-5556764	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
HABITAT FOR HUMANITY OF SAN ANTONIO, INC. - 311 PROBANDT - SAN ANTONIO, TX 78204	74-1897502	501(C)(3)	80,500.	0.	N/A	N/A	BUILDING WITHOUT VOLUNTEERS IN 2020

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HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WY SAN ANTONIO, TX 78207	20-8075412	501(C)(3)	163,500.	0.	N/A	N/A	HAVEN FOR HOPE COVID-19 EMERGENCY RESPONSE
HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM SUPPORT
HEART OF TEXAS HISTORICAL MUSEUM P.O. BOX 48 BRADY, TX 76825	23-7404388	501(C)(3)	5,395.	0.	N/A	N/A	SCHOLARSHIP FUNDING
HEART OF TEXAS PREGNANCY RESOURCE CENTER - 1005 W HWY 290 - DRIPPING SPRINGS, TX 78620	46-0673585	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
HELOTES HUMANE SOCIETY P.O. BOX 908 HELOTES, TX 78023	26-2134193	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
HELP END LOCAL POVERTY (D.B.A HELP ONE NOW) - P.O. BOX 26716 - RALEIGH, NC 27611	26-3618295	501(C)(3)	550,000.	0.	N/A	N/A	PROVIDE EDUCATION FOR 60 KIDS IN FERRIER, HAITI
HIDALGO FOUNDATION OF BEXAR COUNTY 101 W NUEVA STREET 1019 SAN ANTONIO, TX 78205	74-3015538	501(C)(3)	100,000.	0.	N/A	N/A	TO SUPPORT PROGRAMMING NEEDS
HIGHLAND LAKES UNITED METHODIST CHURCH - P.O. BOX 1005 - BUCHANAN DAM, TX 78609	31-1813333	501(C)(3)	9,000.	0.	N/A	N/A	PROGRAM SUPPORT
HILL COUNTRY ANIMAL LEAGUE 924 N MAIN ST BOERNE, TX 78006	74-2401243	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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HILL COUNTRY COMMUNITY NEEDS COUNCIL - P.O. BOX 73 - FREDERICKSBURG, TX 78624	74-2276776	501(C)(3)	5,500.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
HILL COUNTRY DAILY BREAD MINISTRIES - 234 W BANDERA RD 133 - BOERNE, TX 78006	30-0148195	501(C)(3)	35,000.	0.	N/A	N/A	PROGRAM SUPPORT
HILL COUNTRY MEMORIAL HOSPITAL FOUNDATION - P.O. BOX 1339 - FREDERICKSBURG, TX 78624	74-6083124	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
HILL COUNTRY SCIENCE MILL P.O. BOX 38 JOHNSON CITY, TX 78636	46-0600789	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
HOLY REDEEMER CATHOLIC CHURCH 1819 NEVADA ST SAN ANTONIO, TX 78203	17-4171732	501(C)(3)	35,407.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
HOLY SPIRIT CATHOLIC SCHOOL 770 W RAMSEY SAN ANTONIO, TX 78216	74-1775894	501(C)(3)	10,000.	0.	N/A	N/A	THE TEACHERS FUND
HOPE FOR THE FUTURE 2718 W WOODLAWN AVE SAN ANTONIO, TX 78228	74-1109740	501(C)(3)	149,506.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
HOPE HOSPICE 611 N WALNUT AVE NEW BRAUNFELS, TX 78130	74-2314580	501(C)(3)	30,000.	0.	N/A	N/A	HOPE HOSPICE COVID-19 EMERGENCY RESPONSE NEEDS
HOPE INTERNATIONAL FOR COMMUNITY DEVELOPMENT - 8006 ECLIPSE BLVD - SAN ANTONIO, TX 78252	45-3114587	501(C)(3)	16,718.	0.	N/A	N/A	COVID-19 DISASTER SUPPORT

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HOPELINK-SHORELINE FOOD BANK 17837 AURORA AVE N. SHORELINE, WA 98133	91-0982116	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
HOUSE OF NEIGHBORLY SERVICE 407 N. CALAVERAS SAN ANTONIO, TX 78207	74-1153442	501(C)(3)	275,000.	0.	N/A	N/A	NAMING RIGHTS
HOUSING AND COMMUNITY SERVICES DBA PROSPERA - 8610 N. NEW BRAUNFELS AVENUE, SUITE 500 - SAN ANTONIO, TX 78217	74-2685268	501(C)(3)	50,000.	0.	N/A	N/A	RENTAL ASSISTANCE
I CARE SAN ANTONIO, INC. ONE HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	52,500.	0.	N/A	N/A	PROGRAM SUPPORT
IMMSCHOOLS 10419 TOLLOW WAY HELOTES, TX 78023	82-3350805	501(C)(3)	26,000.	0.	N/A	N/A	PROGRAM SUPPORT
INCARNATE WORD RETIREMENT COMMUNITY - 4707 BROADWAY ST - SAN ANTONIO, TX 78209	74-1109717	501(C)(3)	13,071.	0.	N/A	N/A	PROGRAM SUPPORT
INMAN CHRISTIAN CENTER 1214 COLIMA ST SAN ANTONIO, TX 78207	74-1193440	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
INNER CITY DEVELOPMENT, INC. 1300 CHIHUAHUA STREET SAN ANTONIO, TX 78207	74-1619603	501(C)(3)	18,000.	0.	N/A	N/A	EMERGENCY FOOD FOR FAMILIES
INTERCULTURAL DEVELOPMENT RESEARCH ASSOCIATION - 5815 CALLAGHAN RD., SUITE 101, TOWER #2 - SAN ANTONIO, TX 78228	74-1804539	501(C)(3)	50,000.	0.	N/A	N/A	EDUCATION CONTINUITY FOR PREK-K STUDENTS



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INTERVARSITY CHRISTIAN FELLOWSHIP-USA - P.O. BOX 7895 - MADISON, WI 53707	36-2171714	501(C)(3)	5,000.	0.	N/A	N/A	SUPPORT
J STREET EDUCATION FUND, INC. P.O. BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL SUPPORT
JEFFERSON AREA COMMUNITY OUTREACH FOR OLDER PEOPLE - 2201 ST CLOUD RD - SAN ANTONIO, TX 78228	74-2345987	501(C)(3)	15,000.	0.	N/A	N/A	COVID-19 EMERGENCY FUNDING
JEWISH FAMILY SERVICE OF SAN ANTONIO - 12500 NW MILITARY HWY STE 250 - SAN ANTONIO, TX 78231	74-1759254	501(C)(3)	31,000.	0.	N/A	N/A	PROGRAM SUPPORT
JEWISH FEDERATION OF SAN ANTONIO 12500 NW MILITARY HWY SAN ANTONIO, TX 78231	74-1109662	501(C)(3)	15,516.	0.	N/A	N/A	HOLOCAUST MEMORIAL MUSEUM
JEWISH NATIONAL FUND - SAN DIEGO, CA - 7120 HAYVENHURST AVENUE, SUITE 200 - VAN NUYS, CA 91406	83-2880252	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
JUVENILE OUTREACH AND VOCATIONAL EDUCATIONAL NETWORK - P.O. BOX 14007 - SAN ANTONIO, TX 78214	74-2783782	501(C)(3)	21,000.	0.	N/A	N/A	JOVEN COVID-19 RESPONSE
KENDALL COUNTY WOMEN'S SHELTER 934 N SCHOOL ST BOERNE, TX 78006	20-2952146	501(C)(3)	30,000.	0.	N/A	N/A	PROGRAM SUPPORT
KETTERING UNIVERSITY 1700 UNIVERSITY AVE FLINT, MI 48504	38-2410852	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL FUND

Schedule I (Form 990)

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KINETIC KIDS, INC. P.O. BOX 690993 SAN ANTONIO, TX 78269	74-3080076	501(C)(3)	26,500.	0.	N/A	N/A	PROGRAM SUPPORT
KIPP SAN ANTONIO, INC. 731 FREDRICKSBURG RD SAN ANTONIO, TX 78201	41-2090713	501(C)(3)	51,000.	0.	N/A	N/A	COVID-19 FAMILY SUPPORT FUND
KRONKOSKY CHARITABLE FOUNDATION 112 E PECAN ST STE 830 SAN ANTONIO, TX 78205	74-6385152	501(C)(3)	250,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
LANDA GARDENS CONSERVANCY P.O. BOX 12243 SAN ANTONIO, TX 78212	20-1508875	501(C)(3)	10,831.	0.	N/A	N/A	MAINTENANCE OF THE GARDENS
LAST CHANCE FOREVER P.O. BOX 460993 SAN ANTONIO, TX 78246	74-2213535	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
LAUREN INTERNATIONAL, INC. P.O. BOX 37474 JACKSONVILLE, FL 32236	59-2981750	501(C)(3)	114,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
LIBRARIES WITHOUT BORDERS 6714 GLEN FAIR SAN ANTONIO, TX 78239	68-0666319	501(C)(3)	50,884.	0.	N/A	N/A	ACCESS TO BROADBAND AND DIGITAL TECHNOLOGIES
LIFE CHANGE CENTERS P.O. BOX 1094 BOERNE, TX 78006	82-3008564	501(C)(3)	6,350.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
LIFTFUND, INC. 2007 W MARTIN ST SAN ANTONIO, TX 78207	74-2712770	501(C)(3)	116,000.	0.	N/A	N/A	SUPPORTING THE RECOVERY FOR OUR SMALL BUSINESS COMMUNITY

Schedule I (Form 990)

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LOCAL INITIATIVES SUPPORT CORPORATION - 28 LIBERTY ST 34TH FLOOR - NEW YORK, NY 10005	13-3030229	501(C)(3)	50,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
LOW VISION RESOURCE CENTER 1250 NE LOOP 410 STE 525 SAN ANTONIO, TX 78209	74-2930723	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
LUMINARIA P.O. BOX 120188 SAN ANTONIO, TX 78212	26-3764030	501(C)(3)	26,000.	0.	N/A	N/A	CORONA ARTS RELIEF PROGRAM
MADONNA NEIGHBORHOOD CENTER 1906 CASTROVILLE RD SAN ANTONIO, TX 78237	74-1143119	501(C)(3)	30,000.	0.	N/A	N/A	COVID-19 DISASTER RELIEF GRANT
MAESTRO LEADERSHIP FOUNDATION 1811 S LAREDO ST SAN ANTONIO, TX 78207	81-1238315	501(C)(3)	16,000.	0.	N/A	N/A	ENTREPRENEUR CRISIS RELIEF PROGRAM
MAKE-A-WISH CENTRAL & SOUTH TEXAS SAN ANTONIO REGIONAL OFFI - 1931 NW MILITARY HWY STE 210 - SAN ANTONIO, TX 78213	74-2357788	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
MARK SEVEN - DEPAUL HOUSE OF STUDIES - 144 MOWHAWK HOTEL ROAD - OLD FORGE, NY 13420	52-1158675	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL BUILDING FUND
MARTINEZ STREET WOMEN'S CENTER 801 NORTH OLIVE SAN ANTONIO, TX 78202	74-2934053	501(C)(3)	47,606.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
MCCALLIE SCHOOL, INC. 500 DODDS AVE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	64,000.	0.	N/A	N/A	SCHOLARSHIP FUNDING

Schedule I (Form 990)

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MCNAY ART MUSEUM P.O. BOX 6069 SAN ANTONIO, TX 78209	74-1195277	501(C)(3)	190,584.	0.	N/A	N/A	FOR GENERAL SUPPORT
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	113,571.	0.	N/A	N/A	COVID-19 DISASTER RELIEF GRANT
MEDICAL DEBT RESOLUTION, INC. 2 IVY STREET RYE, NY 10580	47-1442997	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
MERCED HOUSING TEXAS 212 WEST LAUREL SAN ANTONIO, TX 78212	74-2740889	501(C)(3)	90,283.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
METHODIST CHILDREN'S HOME 1111 HERRING AVE WACO, TX 76708	74-1109750	501(C)(3)	53,951.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
MEXICAN AMERICAN CATHOLIC COLLEGE 3115 W ASHBY PL SAN ANTONIO, TX 78228	74-1712528	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
MEXICAN AMERICAN UNITY COUNCIL 2300 WEST COMMERCE, SUITE 200 SAN ANTONIO, TX 78207	74-6088061	501(C)(3)	35,600.	0.	N/A	N/A	PROGRAM SUPPORT
MEXICO MEDICAL MISSIONS 1302 WAUGH DR # 685 HOUSTON, TX 77019	74-2548761	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
MID-TEXAS SYMPHONY SOCIETY 1000 W. COURT STREET #3216 SEGUIN, TX 78155	74-2003063	501(C)(3)	5,618.	0.	N/A	N/A	SUPPORT

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

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MISSION HERITAGE PARTNERS 6539 SAN JOSE DRIVE SAN ANTONIO, TX 78214	74-2308287	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
MISSION INDIA P.O. BOX 141312 GRAND RAPIDS, MI 49514	38-2944724	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL PURPOSES
MISSION ROAD DEVELOPMENTAL CENTER 8706 MISSION RD SAN ANTONIO, TX 78214	74-6024405	501(C)(3)	80,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
MISSION ROAD MINISTRIES 8706 MISSION RD SAN ANTONIO, TX 78214	74-2958552	501(C)(3)	54,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
MORGAN'S WONDERLAND 5223 DAVID EDWARDS DR SAN ANTONIO, TX 78233	26-1219640	501(C)(3)	2,094,500.	0.	N/A	N/A	MULTI-ASSISTANCE CENTER AT MORGAN'S WONDERLAND
MORGANS WONDERLAND INCLUSION FOUNDATION - 1202 W BITTERS BUILDING 1 STE 1200 - SAN ANTONIO, TX 78216	84-5124052	501(C)(3)	14,360,884.	0.	N/A	N/A	SUPPORT OF PROGRAMS OF INCLUSION FOR THE SPECIAL NEEDS COMMUNITY IN THE SAN ANTONIO AREA
MORNINGSIDE MINISTRIES 7550 W INTERSTATE 10 STE 210 SAN ANTONIO, TX 78229	74-1388420	501(C)(3)	6,016.	0.	N/A	N/A	PROGRAM SUPPORT
MOZART FESTIVAL TEXAS 4207 MILLSTEAD SAN ANTONIO, TX 78230	47-5538446	501(C)(3)	10,000.	0.	N/A	N/A	FOR MUSIC EDUCATION
MUSICA SACRA SAN ANTONIO P.O. BOX 700131 SAN ANTONIO, TX 78270	45-3851875	501(C)(3)	6,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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MUSICAL BRIDGES AROUND THE WORLD, INC. - 23705 I.H. 10 WEST, SUITE 101 - SAN ANTONIO, TX 78257	74-2891493	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
NATIONAL ASSOCIATION FOR LATINO COMMUNITY ASSET BUILDERS - 5404 WURZBACH RD - SAN ANTONIO, TX 78238	20-0774672	501(C)(3)	50,000.	0.	N/A	N/A	RESPONDING TO THE ECONOMIC CRISIS CAUSED BY COVID-19
NATIONAL ASSOCIATION OF LATINO ARTS AND CULTURES - 1208 BUENA VISTA ST - SAN ANTONIO, TX 78207	74-2581293	501(C)(3)	37,000.	0.	N/A	N/A	EMERGENCY GRANT FUNDING
NATIONAL CENTER FOR BEHAVIORAL HEALTH SOLUTIONS - 6800 PARK TEN STE 200S - SAN ANTONIO, TX 78213	47-0857847	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 9830 COLONNADE BLVD # 130 - SAN ANTONIO, TX 78230	13-5661935	501(C)(3)	11,555.	0.	N/A	N/A	PROGRAM SUPPORT
NATIONAL NOVEL WRITING MONTH 3354 ADELINE STREET BERKELEY, CA 94703	65-1282653	501(C)(3)	20,000.	0.	N/A	N/A	FOR 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	FOR GENERAL OPERATING EXPENSES
NEIGHBORHOOD HOUSING SERVICES OF SAN ANTONIO, INC. - 851 STEVES AVE - SAN ANTONIO, TX 78210	74-2379794	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
NEW BRAUNFELS AREA COMMUNITY FOUNDATION - 801 W SAN ANTONIO ST - NEW BRAUNFELS, TX 78130	45-5342842	501(C)(3)	41,374.	0.	N/A	N/A	GENERAL FUND

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NEW BRAUNFELS CHRISTIAN MINISTRIES 169 S HICKORY AVE NEW BRAUNFELS, TX 78130	26-2221231	501(C)(3)	23,000.	0.	N/A	N/A	PROGRAM SUPPORT
NEW BRAUNFELS COMMUNITY CAT COALITION - 1121 EIKEL ST - NEW BRAUNFELS, TX 78130	47-4188081	501(C)(3)	8,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
NORTHEAST SENIOR ASSISTANCE 2903 NACOGDOCHES RD SAN ANTONIO, TX 78217	74-2405293	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
NORTHFIELD MOUNT HERMON SCHOOL ONE LAMPLIGHTER WAY NORTHFIELD, MA 01354	04-2109865	501(C)(3)	5,000.	0.	N/A	N/A	FOR STUDENT SCHOLARSHIPS
NORTHSIDE ISD EDUCATION FOUNDATION 6632 BANDERA ROAD, BLDG. A SAN ANTONIO, TX 78238	74-2591569	501(C)(3)	25,000.	0.	N/A	N/A	NEF COVID-19 REQUEST
OASIS INSTITUTE 700 BABCOCK RD SAN ANTONIO, TX 78201	26-2243879	501(C)(3)	8,000.	0.	N/A	N/A	PROGRAM SUPPORT
OBLATE SCHOOL OF THEOLOGY 285 OBLATE DRIVE SAN ANTONIO, TX 78216	74-1357323	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
OFB MINISTRIES, INC. 2430 FREEDOM DRIVE SAN ANTONIO, TX 78217	27-1527502	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
OLD SPANISH MISSIONS, INC. P.O. BOX 7804 SAN ANTONIO, TX 78207	74-2155244	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

Schedule I (Form 990)

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OLDER ADULTS TECHNOLOGY SERVICES 168 7TH ST., 3A BROOKLYN, NY 11215	55-0882599	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
OMEGA CENTER, INC. 1334 PERRY ST., NE WASHINGTON, DC 20017	81-3500340	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
OPERA SAN ANTONIO P.O. BOX 2641 SAN ANTONIO, TX 78299	27-3552381	501(C)(3)	86,000.	0.	N/A	N/A	FOR FUNDING TOWARD THEIR PRODUCTION OF "RIGOLETTO"
OUR LADY OF THE LAKE UNIVERSITY 411 S.W. 24TH STREET SAN ANTONIO, TX 78207	74-1109631	501(C)(3)	58,117.	0.	N/A	N/A	TO SUPPORT THE INTERNATIONAL FOLK CULTURE CENTER
PAY IT FORWARD - CLEAN & SOBER LIVING - 1 HAVEN FOR HOPE WY STE 3703 - SAN ANTONIO, TX 78207	27-5110908	501(C)(3)	28,500.	0.	N/A	N/A	HOUSING SUSTAINABILITY ASSISTANCE
PECOS-BARSTOW-TOYAH ISD P.O. BOX 869 PECOS, TX 79772	74-6001867	501(C)(1)	152,000.	0.	N/A	N/A	TO SUPPORT THE GROW YOUR OWN PROGRAM
PILGRIM CONGREGATIONAL CHURCH 600 N. GAREY AVENUE POMONA, CA 91767	95-1786078	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
PIPE CREEK CHRISTIAN SCHOOL P.O. BOX 63778 PIPE CREEK, TX 78063	31-1695498	501(C)(3)	20,000.	0.	N/A	N/A	CAPITAL IMPROVEMENTS
PLANNED PARENTHOOD SOUTH TEXAS 2140 BABCOCK RD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	334,000.	0.	N/A	N/A	PPST HEALTH CENTERS

Schedule I (Form 990)



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PRESA COMMUNITY CENTER 3721 S PRESA ST SAN ANTONIO, TX 78210	74-1902249	501(C)(3)	50,000.	0.	N/A	N/A	COVID-19 EMERGENCY ASSISTANCE
PRIMARILY PRIMATES, INC. 26099 DULL KNIFE TRAIL SAN ANTONIO, TX 78255	74-2164756	501(C)(3)	20,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
PROJECT QUEST, INC. 515 SW 24TH ST STE 201 SAN ANTONIO, TX 78207	74-2643545	501(C)(3)	50,000.	0.	N/A	N/A	PROJECT QUEST WORKFORCE DEVELOPMENT & RECOVERY
RAINBOW SENIOR CENTER P.O. BOX 1039 BOERNE, TX 78006	74-2323883	501(C)(3)	15,000.	0.	N/A	N/A	MEALS ON WHEELS KENDALL COUNTY
RAYMOND JAMES CHARITABLE P.O. BOX 23559 ST. PETERSBURG, FL 33742	59-3652538	501(C)(3)	65,786.	0.	N/A	N/A	FOR THE BENEFIT OF THE 1882 FUND
REACHING MAXIMUM INDEPENDENCE, INC. - 6336 MONTGOMERY DR - SAN ANTONIO, TX 78239	74-2243259	501(C)(3)	91,000.	0.	N/A	N/A	IDD AND COVID-19
RECOVERYWERKS! 618 COMAL AVENUE, SUITE B1 NEW BRAUNFELS, TX 78130	47-3519239	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
REDEEMERS PRAISE CHURCH P.O. BOX 690133 SAN ANTONIO, TX 78269	56-2447413	501(C)(3)	17,918.	0.	N/A	N/A	PROGRAM SUPPORT
RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE ROAD, SUITE 555 INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	13,561.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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RESIDENTIAL ENERGY ASSISTANCE PARTNERSHIP (REAP) - P.O. BOX 1771 - SAN ANTONIO, TX 78296	46-0493200	501(C)(3)	100,000.	0.	N/A	N/A	IN SUPPORT OF RESIDENTIAL ENERGY ASSISTANCE & EDUCATION DURING COVID-19 RESPONSE AND RECOVERY
RESPITE CARE OF SAN ANTONIO, INC. P.O. BOX 12633 SAN ANTONIO, TX 78212	74-2467770	501(C)(3)	11,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
RESTORE EDUCATION P.O. BOX 692338 SAN ANTONIO, TX 78269	26-2966263	501(C)(3)	46,650.	0.	N/A	N/A	REMOTE LEARNING EMERGENCY SUPPORT
RETINA RESEARCH FOUNDATION 1977 BUTLER BLVD. HOUSTON, TX 77030	23-7087830	501(C)(3)	6,000.	0.	N/A	N/A	RESEARCH AND PATIENT SUPPORT
RISE RECOVERY P.O. BOX 15322 SAN ANTONIO, TX 78212	74-2216041	501(C)(3)	89,059.	0.	N/A	N/A	RISE RECOVERY VIRTUAL COUNSELING TRANSITION
RIVER CITY LIVING CHURCH 702 DONALDSON AVE SAN ANTONIO, TX 78201	74-2346008	501(C)(3)	15,539.	0.	N/A	N/A	TO ASSIST WITH REMODELING OF THE SCHOOL
ROADRUNNER FOUNDATION P.O. BOX 691148 SAN ANTONIO, TX 78249	45-2599929	501(C)(3)	500,000.	0.	N/A	N/A	ROADRUNNER ATHLETICS CENTER OF EXCELLENCE (RACE) COMPLEX
RONALD MCDONALD HOUSE CHARITIES OF SAN ANTONIO - 4803 SID KATZ - SAN ANTONIO, TX 78229	74-2140528	501(C)(3)	25,500.	0.	N/A	N/A	PROGRAM SUPPORT
RONALD MCDONALD HOUSE OF DALLAS 4707 BENGAL ST DALLAS, TX 75235	75-1609401	501(C)(3)	12,500.	0.	N/A	N/A	CAPITAL CAMPAIGN

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ROY MAAS' YOUTH ALTERNATIVES, INC. 3103 WEST AVENUE SAN ANTONIO, TX 78213	74-1914638	501(C)(3)	51,692.	0.	N/A	N/A	RMYA COVID-19 RESPONSE FUND
SA CANCER COUNCIL 7979 WURZBACH RD STE U600 SAN ANTONIO, TX 78229	74-2387944	501(C)(3)	15,571.	0.	N/A	N/A	TRANSPORTATION FOR CANCER PATIENTS
SA CHRISTIAN HOPE RESOURCE CENTER, INC. DBA SA HOPE CENTER - P.O. BOX 780904 - SAN ANTONIO, TX 78278	74-2989365	501(C)(3)	1,070,000.	0.	N/A	N/A	SA HOPE CENTER CAMPUS WELCOME CENTER
SA HEALS 525 ARTHUR ST SAN ANTONIO, TX 78202	47-3092897	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
SA YOUTH P.O. BOX 7844 SAN ANTONIO, TX 78207	74-2333088	501(C)(3)	30,000.	0.	N/A	N/A	SA YOUTH CARES: COVID-19 VIRUS RELIEF PROJECT
SACRAMENTO SPCA 6201 FLORIN-PERKINS ROAD SACRAMENTO, CA 95828	94-1312343	501(C)(3)	12,738.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SADDLE LIGHT CENTER FOR THERAPEUTIC HORSEMANSHIP, INC. - 17530 OLD EVANS ROAD - SELMA, TX 78154	74-2612738	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAINT ELIZABETH UNIVERSITY (SEU), COLLEGE OF SAINT ELIZABETH - 2 CONVENT RD - MORRISTOWN, NJ 07960	22-1529785	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAISD FOUNDATION 141 LAVACA SAN ANTONIO, TX 78210	74-2861587	501(C)(3)	120,071.	0.	N/A	N/A	TO SUPPORT THE BRACKENRIDGE HIGH SCHOOL STAY IN SCHOOL PROGRAM

Schedule I (Form 990)

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SAMSAT 102 MARBY DR SAN ANTONIO, TX 78226	32-0496345	501(C)(3)	60,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTO CULTURAL ARTS 2120 EL PASO ST SAN ANTONIO, TX 78207	74-2852981	501(C)(3)	10,000.	0.	N/A	N/A	PROGRAM SUPPORT
SAN ANTONIO ACADEMY OF TEXAS 117 E. FRENCH PLACE SAN ANTONIO, TX 78212	74-0878670	501(C)(3)	6,730,000.	0.	N/A	N/A	GYM PROJECT
SAN ANTONIO AFRICAN AMERICAN COMMUNITY ARCHIVE AND MUSEUM - 3737 BROADWAY STE 300 - SAN ANTONIO, TX 78209	82-2423422	501(C)(3)	8,021.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO AIDS FOUNDATION 818 E GRAYSON ST SAN ANTONIO, TX 78208	74-2427853	501(C)(3)	13,071.	0.	N/A	N/A	PROGRAM SUPPORT
SAN ANTONIO BIRTH DOULAS 202 W. FRENCH PLACE SAN ANTONIO, TX 78212	74-2927896	501(C)(3)	19,098.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO BOTANICAL GARDEN SOCIETY, INC. - P.O. BOX 6569 - SAN ANTONIO, TX 78209	74-2178792	501(C)(3)	10,174.	0.	N/A	N/A	PROGRAM SUPPORT
SAN ANTONIO CHRISTIAN DENTAL CLINIC, INC. - 1 HAVEN FOR HOPE WAY BLDG. 1, SUITE 400 - SAN ANTONIO, TX 78207	74-2428161	501(C)(3)	10,929.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO CLUBHOUSE, INC. 6851 CITIZENS PKWY SAN ANTONIO, TX 78229	82-0559940	501(C)(3)	39,000.	0.	N/A	N/A	VIRTUAL MENTAL HEALTH PEER SUPPORT

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SAN ANTONIO CONSERVATION SOCIETY FOUNDATION - 107 KING WILLIAM STREET - SAN ANTONIO, TX 78204	74-1664620	501(C)(3)	10,262.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO COUNCIL ON ALCOHOL AND DRUG ABUSE - 7500 W US HIGHWAY 90 - SAN ANTONIO, TX 78227	74-1340188	501(C)(3)	55,000.	0.	N/A	N/A	EMERGENCY HOUSING FUNDING FOR ADULTS IN RECOVERY
SAN ANTONIO EDUCATION PARTNERSHIP 131 EL PASO ST SAN ANTONIO, TX 78204	74-2547643	501(C)(3)	10,000.	0.	N/A	N/A	FUNDING FOR SCHOLARSHIP FUND
SAN ANTONIO FERAL CAT COALITION P.O. BOX 692308 SAN ANTONIO, TX 78269	76-0766948	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO FOOD BANK, INC. 5200 ENRIQUE M. BARRERA PKWY. SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	1,575,160.	0.	N/A	N/A	TO SUPPORT "FEEDING SAN ANTONIO"
SAN ANTONIO FOR GROWTH ON THE EAST SIDE - 220 CHESTNUT - SAN ANTONIO, TX 78202	74-2876270	501(C)(3)	50,000.	0.	N/A	N/A	COVID-19 DISASTER RELIEF GRANT
SAN ANTONIO HOUSING TRUST FOUNDATION - 2515 BLANCO RD - SAN ANTONIO, TX 78212	74-2575461	501(C)(3)	100,000.	0.	N/A	N/A	CITY OF SAN ANTONIO COVID-19 EMERGENCY HOUSING ASSISTANCE PROGRAM
SAN ANTONIO HUMANE SOCIETY 4804 FREDRICKSBURG RD SAN ANTONIO, TX 78229	74-6024105	501(C)(3)	552,183.	0.	N/A	N/A	FOR PICTURE THE PAWSIBILITIES CAPITAL CAMPAIGN
SAN ANTONIO LIFETIME RECOVERY, INC. - 96 CROSSROADS BLVD. SUITE 201-A - SAN ANTONIO, TX 78201	74-1540097	501(C)(3)	50,000.	0.	N/A	N/A	LIFETIME RECOVERY EMERGENCY DISASTER PLAN FOR SERVICE DELIVERY

Schedule I (Form 990)

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SAN ANTONIO LIGHTHOUSE 2305 ROOSEVELT SAN ANTONIO, TX 78210	74-1339051	501(C)(3)	35,000.	0.	N/A	N/A	PROGRAM SUPPORT
SAN ANTONIO LITTLE THEATRE 800 W ASHBY PL SAN ANTONIO, TX 78212	74-1166905	501(C)(3)	38,823.	0.	N/A	N/A	COVID-19 ONLINE PROGRAMMING
SAN ANTONIO METROPOLITAN MINISTRY, INC. - 1919 N.W. LOOP 410, SUITE 100 - SAN ANTONIO, TX 78213	74-2285793	501(C)(3)	70,172.	0.	N/A	N/A	EMERGENCY ASSISTANCE FUND
SAN ANTONIO MUSEUM OF ART 200 WEST JONES AVENUE SAN ANTONIO, TX 78215	74-2689943	501(C)(3)	36,440.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO NORTHWEST ROTARY FOUNDATION - P.O. BOX 790241 - SAN ANTONIO, TX 78279	74-2760009	501(C)(3)	7,500.	0.	N/A	N/A	SCHOLARSHIP FUNDING
SAN ANTONIO PETS ALIVE! 1017 N MAIN STE 200B SAN ANTONIO, TX 78212	45-4141531	501(C)(3)	40,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO PREPARATORY CHARTER SCHOOL - 7418 SNAPDRAGON COURT - CONVERSE, TX 78109	83-2414881	501(C)(3)	25,000.	0.	N/A	N/A	SA PREP COVID-19 DISASTER RESPONSE
SAN ANTONIO PUBLIC LIBRARY FOUNDATION - 625 SHOOK AVE - SAN ANTONIO, TX 78212	74-2283582	501(C)(3)	144,157.	0.	N/A	N/A	TO ADDRESS THE INCREASED DIGITAL DOWNLOAD NEED OF THE SAN ANTONIO LIBRARY
SAN ANTONIO REPORT 126 GONZALES STREET SAN ANTONIO, TX 78205	47-4820476	501(C)(3)	35,200.	0.	N/A	N/A	FOR PROFESSIONAL DEVELOPMENT

Schedule I (Form 990)

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SAN ANTONIO THREADS 10446 SENTINEL ST SAN ANTONIO, TX 78217	81-3461678	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT
SAN ANTONIO ZOOLOGICAL SOCIETY, INC. - 3903 N. ST. MARY'S STREET - SAN ANTONIO, TX 78212	74-1323695	501(C)(3)	69,168.	0.	N/A	N/A	SAN ANTONIO ZOO EMERGENCY FUND
SANTA ROSA CHILDRENS HOSPITAL FOUNDATION (CHRISTUS SANTA ROSA CHILDREN'S HOSPITA - 100 NE LOOP 410 STE 706 - SAN ANTONIO, TX	74-1224362	501(C)(3)	93,700.	0.	N/A	N/A	FOR THE COMPLETION OF A LABOR AND DELIVERY ROOM
SAY SI 1518 S. ALAMO STREET SAN ANTONIO, TX 78204	74-2759456	501(C)(3)	44,450.	0.	N/A	N/A	GENERAL FUND
SCHERTZ HUMANE SOCIETY P.O. BOX 605 SCHERTZ, TX 78154	74-2133277	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SEGUIN YOUTH SERVICES 919 N. GUADALUPE ST. SEGUIN, TX 78155	74-2852393	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SETON HOME 1115 MISSION RD SAN ANTONIO, TX 78210	74-2247996	501(C)(3)	50,000.	0.	N/A	N/A	PREVENTING THE SPREAD OF COVID-19 AMONG OUR SHELTER POPULATION
SHRINERS HOSPITALS FOR CHILDREN P.O. BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	29,891.	0.	N/A	N/A	PROGRAM SUPPORT
SICKLE CELL DISEASE ASSOCIATION OF AMERICA MICHIGAN CHAPTER - 18516 JAMES COUZENS FWY - DETROIT, MI 48235	38-1963640	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM SUPPORT

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

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SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN RD EVANSTON, IL 60201	36-2170145	501(C)(3)	9,024.	0.	N/A	N/A	PROGRAM SUPPORT
SIKH DHARMSAL 7914 GREEN GLEN DR SAN ANTONIO, TX 78255	45-4428841	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SISTEMA INFANTIL TELETON USA 10839 QUARRY PARK SAN ANTONIO, TX 78233	46-4845389	501(C)(3)	25,000.	0.	N/A	N/A	TELEHEATH PROGRAM
SOCIETY OF ST. VINCENT DE PAUL 1 HAVEN FOR HOPE WAY TC 600-700 SAN ANTONIO, TX 78207	74-1200125	501(C)(3)	50,000.	0.	N/A	N/A	PROGRAM SUPPORT
SOLDIERS' ANGELS 2700 NE LOOP 410 STE 310 SAN ANTONIO, TX 78217	20-0583415	501(C)(3)	14,000.	0.	N/A	N/A	PROGRAM SUPPORT
SOMERSET ISD EDUCATION FOUNDATION P.O. BOX 34 SOMERSET, TX 78069	11-3841532	501(C)(3)	216,670.	0.	N/A	N/A	GRANT TO REIMBURSE FOR COVID-19 TESTS
SOUTH SAN ANTONIO ISD EDUCATIONAL FOUNDATION - P.O. BOX 680221 - SAN ANTONIO, TX 78268	26-3921221	501(C)(3)	27,800.	0.	N/A	N/A	FUNDS FOR SCHOOLS AT SOUTH SAN ISD
SOUTH TEXAS ALLIANCE FOR ORPHANS 115 KENDALL VIEW DRIVE BOERNE, TX 78006	82-2119250	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SOUTH TEXAS CHILDREN'S HOME P.O. BOX 759 BEEVILLE, TX 78104	74-1222260	501(C)(3)	45,000.	0.	N/A	N/A	FAMILY COUNSELING, SAN ANTONIO

Schedule I (Form 990)



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SOUTHWEST OUTREACH FOR OLDER PEOPLE DBA RIDE CONNECT TEXAS - 517 SW MILITARY DR - SAN ANTONIO, TX 78221	45-5521039	501(C)(3)	28,708.	0.	N/A	N/A	RIDE CONNECT TEXAS: REASSURANCE CALLS
SOUTHWEST SCHOOL OF ART 300 AUGUSTA ST SAN ANTONIO, TX 78205	74-6068932	501(C)(3)	207,998.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SPAY NEUTER INJECT PROTECT SAN ANTONIO - P.O. BOX 90325 - SAN ANTONIO, TX 78209	20-4138968	501(C)(3)	30,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SPAY-NEUTER ASSISTANCE PROGRAM, INC. - P.O. BOX 70286 - HOUSTON, TX 77270	76-0608925	501(C)(3)	56,351.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
SPINA BIFIDA TEXAS 1550 NE LOOP 410 # 224 SAN ANTONIO, TX 78209	74-1936785	501(C)(3)	5,000.	0.	N/A	N/A	GENERAL OPERATING
ST. ANDREW'S UNITED METHODIST CHURCH - 722 ROBINHOOD PLACE - SAN ANTONIO, TX 78209	74-1318461	501(C)(3)	20,000.	0.	N/A	N/A	RELIGION - GENERAL FUND
ST. ANTHONY CATHOLIC SCHOOL 205 W. HUISACHE AVENUE SAN ANTONIO, TX 78212	74-2368777	501(C)(3)	90,000.	0.	N/A	N/A	TO ASSIST WITH REMODELING OF THE SCHOOL
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	16,738.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ST. JUDE'S RANCH FOR CHILDREN - TEXAS REGION, INC. - 1400 RIDGE CREEK LANE - BULVERDE, TX 78163	74-2469139	501(C)(3)	55,000.	0.	N/A	N/A	SJRC TEXAS COVID-19 DISASTER RESPONSE

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ST. MARK'S EPISCOPAL CHURCH 315 EAST PECAN ST. SAN ANTONIO, TX 78205	74-1143125	501(C)(3)	233,754.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
ST. PETER - ST. JOSEPH CHILDREN'S HOME - 919 MISSION ROAD - SAN ANTONIO, TX 78210	74-1143129	501(C)(3)	51,000.	0.	N/A	N/A	COVID-19 CRISIS WITHIN OUR CHILDREN'S SHELTER
ST. PETER PRINCE OF THE APOSTLES CATHOLIC CHURCH - 111 BARILLA PL - SAN ANTONIO, TX 78209	61-1603930	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT
ST. STEPHEN'S EPISCOPAL SCHOOL 6500 ST STEPHEN'S DR AUSTIN, TX 78746	74-1109670	501(C)(3)	40,000.	0.	N/A	N/A	PROGRAM SUPPORT
STANFORD UNIVERSITY 75 ALTA RD STANFORD, CA 94305	94-1156365	501(C)(3)	10,000.	0.	N/A	N/A	TO FUND CASBS
STILL WATER CHRISTIAN MINISTRIES, INC. - P.O. BOX 1885 - BOERNE, TX 78006	74-3007857	501(C)(3)	17,000.	0.	N/A	N/A	PROGRAM SUPPORT
STILLMAN COLLEGE 3601 STILLMAN RD TUSCALOOSA, AL 35401	63-0315935	501(C)(3)	10,000.	0.	N/A	N/A	UNDERWRITING BOARD COACHING
STREET2FEET 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	81-4412538	501(C)(3)	9,550.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
STRONG FOUNDATION 414 N HACKBERRY SAN ANTONIO, TX 78202	43-1835596	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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STUDENTS IN CHRIST'S YOUTH CENTER, INC. - 8930 FOURWINDS DRIVE, SUITE 103 - SAN ANTONIO, TX 78239	74-2971759	501(C)(3)	15,000.	0.	N/A	N/A	COVID-19 EMERGENCY RELIEF ASSISTANCE
SUNSHINE COTTAGE SCHOOL FOR DEAF CHILDREN - 603 E HILDEBRAND AVE - SAN ANTONIO, TX 78212	74-1143132	501(C)(3)	11,000.	0.	N/A	N/A	EDUCATIONAL EQUIPMENT & MATERIALS
SUPPORT LENDING FOR EMOTIONAL WELL-BEING - 12525 NACOGDOCHES RD., SUITE 104 - SAN ANTONIO, TX 78217	42-1580967	501(C)(3)	42,988.	0.	N/A	N/A	PROGRAM SUPPORT
SUSAN G KOMEN BREAST CANCER FOUNDATION - P.O. BOX 6678 - SAN ANTONIO, TX 78209	74-2856696	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT
SYMPHONY SOCIETY OF SAN ANTONIO P.O. BOX 658 SAN ANTONIO, TX 78293	74-1185669	501(C)(3)	191,017.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TAKES SO LITTLE 427 EVANS AVENUE SAN ANTONIO, TX 78209	83-1659654	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TBI WARRIOR FOUNDATION P.O. BOX 2365 BOERNE, TX 78006	82-1561192	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT
TEAM MARISSA 1150 N LOOP 1604 W SAN ANTONIO, TX 78248	84-5132978	501(C)(3)	14,983.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TEAMABILITY, INC. 1711 N TRINITY SAN ANTONIO, TX 78201	30-0208271	501(C)(3)	40,000.	0.	N/A	N/A	PROGRAM SUPPORT

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TEATRO DE ARTES DE JUAN SEGUIN 1717 WESTVIEW SEGUIN, TX 78155	74-2239519	501(C)(3)	15,000.	0.	N/A	N/A	COVID-19 PANDEMIC IMPACT
TEED OFF AT CANCER 27726 LAUREL BLOOM SAN ANTONIO, TX 78260	46-1995037	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
TEXAS BIOMEDICAL RESEARCH INSTITUTE - 8715 W MILITARY DR - SAN ANTONIO, TX 78227	74-1109630	501(C)(3)	102,141.	0.	N/A	N/A	COVID-19 RESEARCH
TEXAS BURN SURVIVOR SOCIETY 8531 N. NEW BRAUNFELS AVENUE, SUITE SAN ANTONIO, TX 78217	74-2786500	501(C)(3)	6,000.	0.	N/A	N/A	PROGRAM SUPPORT
TEXAS CHIHUAHUA RESCUE, INC. 13855 LITTLE LEAF SAN ANTONIO, TX 78247	47-4107414	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TEXAS DIAPER BANK P.O. BOX 28447 SAN ANTONIO, TX 78228	74-2886380	501(C)(3)	50,000.	0.	N/A	N/A	COVID-19 PREPAREDNESS
TEXAS HEALTH ACTION 8140 N MOPAC EXPWY, BLDG 2, #130A AUSTIN, TX 78759	47-3809253	501(C)(3)	10,000.	0.	N/A	N/A	EMERGENCY GROCERY ASSISTANCE
TEXAS ORGANIZING PROJECT EDUCATION FUND - P.O. BOX 120296 - SAN ANTONIO, TX 78212	27-1481855	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT
TEXAS PUBLIC RADIO 321 W COMMERCE ST SAN ANTONIO, TX 78205	74-2559514	501(C)(3)	35,801.	0.	N/A	N/A	PROGRAM SUPPORT

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TEXAS RAMP PROJECT PO BOX 832065 RICHARDSON, TX 75083	33-1139484	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TEXAS SCHOOL FOR THE DEAF FOUNDATION - P.O. BOX 42727 - AUSTIN, TX 78704	20-1867184	501(C)(3)	6,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TEXAS VALUES 900 CONGRESS AVE, STE L-115 AUSTIN, TX 78701	46-1135306	501(C)(3)	9,500.	0.	N/A	N/A	PROGRAM SUPPORT
THE ARC OF SAN ANTONIO 13430 WEST AVE SAN ANTONIO, TX 78216	74-1200110	501(C)(3)	57,500.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE ARMY RETIREMENT RESIDENCE FOUNDATION - SAN ANTONIO - 7400 CRESTWAY DR - SAN ANTONIO, TX 78239	74-2244155	501(C)(3)	7,500.	0.	N/A	N/A	CAPITAL CAMPAIGN
THE CANNOLI FUND P.O. BOX 831444 SAN ANTONIO, TX 78283	45-2476260	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE CHARITY BALL ASSOCIATION OF SAN ANTONIO, INC. - P.O. BOX 2357 - SAN ANTONIO, TX 78298	74-1488436	501(C)(3)	8,000.	0.	N/A	N/A	PROGRAM SUPPORT
THE CHILDREN'S SHELTER 2939 W WOODLAWN AVE SAN ANTONIO, TX 78228	74-1109660	501(C)(3)	56,000.	0.	N/A	N/A	EMERGENCY SHELTER CRISIS CARE
THE CHOW TRAIN 21 LYNN BATTS LN STE 14 SAN ANTONIO, TX 78218	45-1223294	501(C)(3)	10,000.	0.	N/A	N/A	COVID-19

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THE CHROMOSOME 18 REGISTRY & RESEARCH SOCIETY - 7155 OAKRIDGE DR - SAN ANTONIO, TX 78229	74-2557551	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
THE CLASSIC THEATRE OF SAN ANTONIO P.O. BOX 15454 SAN ANTONIO, TX 78212	26-2824614	501(C)(3)	10,500.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE COPPINI ACADEMY OF FINE ARTS 115 MELROSE PL SAN ANTONIO, TX 78212	23-7245413	501(C)(3)	35,359.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE CULINARY INSTITUTE OF AMERICA, SAN ANTONIO - 312 PEARL PARKWAY, BLDG. 2, SUITE 2102 - SAN ANTONIO, TX 78215	06-0653264	501(C)(3)	28,193.	0.	N/A	N/A	PROGRAM SUPPORT
THE DAISY FUND P.O. BOX 90564 SAN ANTONIO, TX 78209	35-2372827	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE DAYTON FOUNDATION 1401 S MAIN ST DAYTON, OH 45409	31-6027287	501(C)(3)	5,000.	0.	N/A	N/A	SCHOLARSHIP FUNDING
THE DOSEUM 2800 BROADWAY SAN ANTONIO, TX 78209	74-2659746	501(C)(3)	18,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE FERRARI KID 17114 BLANCO PARK CV SAN ANTONIO, TX 78248	45-5299015	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE GOLDEN MANOR 13409 NW MILITARY HWY STE 210 SAN ANTONIO, TX 78231	74-6061449	501(C)(3)	20,988.	0.	N/A	N/A	SAJSS COVID-19 RESPONSE

Schedule I (Form 990)

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THE GRACE CENTER 1325 TRIPLE CREEK ROAD FREDERICKSBURG, TX 78624	35-2639189	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
THE KLRN ENDOWMENT FUND, INC. P.O. BOX 9 SAN ANTONIO, TX 78291	74-2709188	501(C)(3)	6,868.	0.	N/A	N/A	PROGRAM SUPPORT
THE LORD'S WAY P.O. BOX 6494 SAN ANTONIO, TX 78209	27-2915309	501(C)(3)	31,500.	0.	N/A	N/A	COVID 19 WEEKEND FOOD SUPPLEMENT RESPONSE
THE MAGIK THEATRE 420 S. ALAMO STREET SAN ANTONIO, TX 78205	74-2707895	501(C)(3)	47,403.	0.	N/A	N/A	THE MAGIK THEATRE EMERGENCY FUNDING
THE SALVATION ARMY - SAN ANTONIO 521 W ELMIRA ST SAN ANTONIO, TX 78212	58-0660607	501(C)(3)	125,236.	0.	N/A	N/A	COVID-19 PANDEMIC RESPONSE
THE SCHOOL BOARD PROJECT 122 LEWIS STREET SAN ANTONIO, TX 78212	81-3833174	501(C)(3)	25,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE TEXAS CAVALIERS CHARITABLE FOUNDATION - 909 NE LOOP 410, STE 903 - SAN ANTONIO, TX 78209	74-2546003	501(C)(3)	15,000.	0.	N/A	N/A	ADOPT A CHARITY PROGRAM
THE UNIVERSITY OF TEXAS AT SAN ANTONIO - 1 UTSA CIRCLE - SAN ANTONIO, TX 78249	74-1717115	501(C)(1)	1,011,750.	0.	N/A	N/A	THE HARVEY E. NAJIM INNOVATION AND CAREER ADVANCEMENT CENTER ON THE UTSA CAMPUS
THE UNIVERSITY OF TEXAS SYSTEM 210 W 7TH ST STE 1.200 AUSTIN, TX 78701	30-0710145	501(C)(1)	7,500.	0.	N/A	N/A	PROGRAM SUPPORT

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THE WINSTON SCHOOL SAN ANTONIO 8565 EWING HALSELL DR SAN ANTONIO, TX 78229	74-2529262	501(C)(3)	12,000.	0.	N/A	N/A	FINANCIAL AID
THE WITTE MUSEUM 3801 BROADWAY SAN ANTONIO, TX 78209	74-1400537	501(C)(3)	55,096.	0.	N/A	N/A	DONATION TO THEATRE STAR CEILING
THE WOODLAWN THEATRE 1920 FREDERICKSBURG ROAD SAN ANTONIO, TX 78201	45-4109079	501(C)(3)	25,546.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
THORNHILL PWS ISL, INC. 219 PADDLEWHEEL DR FLORISSANT, MO 63033	20-3817334	501(C)(3)	10,000.	0.	N/A	N/A	CAPITAL EXPENSES
THRIVE YOUTH CENTER INC 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	47-1528452	501(C)(3)	14,163.	0.	N/A	N/A	COVID-19 HEALTH
THRIVEWELL CANCER FOUNDATION P.O. BOX 29331 SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	55,000.	0.	N/A	N/A	TRANSPORTATION SUPPORT
THRU PROJECT 8103 BROADWAY STE 201 SAN ANTONIO, TX 78209	46-3961089	501(C)(3)	20,000.	0.	N/A	N/A	EMERGENCY FOOD RELIEF
TISH MULTIPLE SCLEROSIS RESEARCH CENTER OF NEW YORK, INC. - 521 W 57TH ST 4TH FLOOR - NEW YORK, NY 10019	25-1922851	501(C)(3)	25,000.	0.	N/A	N/A	ANNUAL GRANT
TRACY'S KIDS 5509 DEVON RD BETHESDA, MD 20814	26-3835257	501(C)(3)	8,000.	0.	N/A	N/A	PROGRAM SUPPORT



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TRANSPLANT ASSOCIATION OF TEXAS 11107 WURZBACH STE 202 SAN ANTONIO, TX 78230	74-2514759	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
TRAVIS PARK UNITED METHODIST CHURCH FOUNDATION, INC. - 230 E. TRAVIS STREET - SAN ANTONIO, TX 78205	74-1664528	501(C)(3)	18,000.	0.	N/A	N/A	PROGRAM SUPPORT
TREASURE COMMISSION, INC. P.O. BOX 294955 KERRVILLE, TX 78029	74-2645446	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TRI-CITY ANIMAL SANCTUARY P.O. BOX 194 SOMERSET, TX 78069	42-1589520	501(C)(3)	15,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TRINITY BAPTIST CHURCH 319 E. MULBERRY AVENUE SAN ANTONIO, TX 78212	74-1246235	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
TRINITY UNIVERSITY ONE TRINITY PLACE SAN ANTONIO, TX 78212	74-1109633	501(C)(3)	619,772.	0.	N/A	N/A	RENOVATION OF THE CHAPMAN-HALSALL COMPLEX
UNICORN CENTERS, INC. 4630 HAMILTON WOLFE ROAD SAN ANTONIO, TX 78229	74-2354808	501(C)(3)	7,580.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
UNITED DR. MARTIN LUTHER LUTHERAN CHURCH - P.O. BOX 26 - SHINER, TX 77984	74-2086074	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - P.O. BOX 898 - SAN ANTONIO, TX 78293	74-1272381	501(C)(3)	450,157.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

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UNIVERSITY OF ILLINOIS FOUNDATION 1305 W GREEN ST URBANA, IL 61801	37-6006007	501(C)(3)	15,000.	0.	N/A	N/A	SCHOLARSHIP FUNDING
UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY, CPO 308 SAN ANTONIO, TX 78209	74-1109661	501(C)(3)	6,772.	0.	N/A	N/A	PROGRAM SUPPORT
UT - COCKRELL SCHOOL OF ENGINEERING - 301 E DEAN KEETON ST - AUSTIN, TX 78712	74-6000203	501(C)(1)	313,963.	0.	N/A	N/A	ENERGY LITERACY AND RESEARCH EFFORTS
UT HEALTH SCIENCE CENTER SAN ANTONIO, MAYS CANCER CENTER - MD ANDERSON CANCER C - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229	74-6001118	501(C)(3)	21,000.	0.	N/A	N/A	CANCER RESEARCH
UT HEALTH SAN ANTONIO - GRANTS 7703 FLOYD CURL DRIVE, MC 7835 SAN ANTONIO, TX 78229	74-1587488	501(C)(3)	11,250.	0.	N/A	N/A	PROGRAM SUPPORT
UT HEALTH SAN ANTONIO - OFFICE OF INSTITUTIONAL ADVANCEMENT - 7703 FLOYD CURL DRIVE - SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	255,759.	0.	N/A	N/A	SCHOLARSHIP FUNDING
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	25,000.	0.	N/A	N/A	PROGRAM SUPPORT
VAULT FOSTERING COMMUNITY 141 CIBOLO BRANCH DR BOERNE, TX 78006	46-5612227	501(C)(3)	8,000.	0.	N/A	N/A	PROGRAM SUPPORT
VET TRIIP, INC. P.O. BOX 460902 SAN ANTONIO, TX 78246	23-7408422	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
VETSTRONG 2826 PEPPERMILL RUN SAN ANTONIO, TX 78231	82-5492640	501(C)(3)	6,082.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
VICTORY OUTREACH OF TEXAS, INC. P.O. BOX 37387 SAN ANTONIO, TX 78237	23-7399475	501(C)(3)	15,465.	0.	N/A	N/A	SUPPORT THE LUIS SALAZAR AUTOBIOGRAPHY
VOLUNTEER SERVICES COUNCIL OF THE SAN ANTONIO STATE HOSPITAL - 6711 S. NEW BRAUNFELS - SAN ANTONIO, TX 78223	74-1589603	501(C)(3)	9,040.	0.	N/A	N/A	PROGRAM SUPPORT
VOLUNTEERS OF AMERICA TEXAS 300 E MIDWAY RD EULESS, TX 76039	75-2926712	501(C)(3)	15,000.	0.	N/A	N/A	PROGRAM SUPPORT
WAYWARD WHISKERS CAT RESCUE 6407 PACER TRL SAN ANTONIO, TX 78240	46-3499261	501(C)(3)	10,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
WEAVE INCORPORATED 1900 K STREET SACRAMENTO, CA 95811	94-2493158	501(C)(3)	12,738.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
WEST AVENUE COMPASSION 10715 WEST AVE SAN ANTONIO, TX 78213	80-0623205	501(C)(3)	26,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236	37-0714390	501(C)(3)	5,000.	0.	N/A	N/A	FOR STUDENT SCHOLARSHIPS
WHITBY ROAD ALLIANCE DBA PROVIDENCE PLACE - 6487 WHITBY RD - SAN ANTONIO, TX 78240	74-1168923	501(C)(3)	13,500.	0.	N/A	N/A	COVID 19 CLIENT AND SAFETY NEEDS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
WILDLIFE RESCUE & REHABILITATION, INC. - P.O. BOX 369 - KENDALIA, TX 78027	74-2012897	501(C)(3)	36,183.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
WOMAN'S CLUB OF SAN ANTONIO 1717 SAN PEDRO AVENUE SAN ANTONIO, TX 78212	74-2601452	501(C)(3)	10,012.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
WONDERS & WORRIES, INC. 9101 BURNET ROAD, SUITE 205 AUSTIN, TX 78758	74-3012982	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
WORLD AFFAIRS COUNCIL OF SAN ANTONIO - 816 CAMARON, SUITE 2.15 - SAN ANTONIO, TX 78212	74-2230419	501(C)(3)	5,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
WOUNDED WARRIOR PROJECT - KANSAS P.O. BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	5,000.	0.	N/A	N/A	PROGRAM SUPPORT
YMCA OF GREATER SAN ANTONIO 231 E. RHAPSODY SAN ANTONIO, TX 78216	74-1109634	501(C)(3)	50,000.	0.	N/A	N/A	YMCA EMERGENCY CHILDCARE SERVICES
YMCA OF THE ROCKIES 2515 TUNNEL ROAD ESTES PARK, CO 80511	84-0404913	501(C)(3)	10,000.	0.	N/A	N/A	ANNUAL CAMPAIGN FUND
YOAKUM ISD 315 E GONZALES ST YOAKUM, TX 77995	74-6002585	501(C)(1)	375,000.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES
YOUNG LIFE/SAN ANTONIO TX452 P.O. BOX 1367 FREDERICKSBURG, TX 78624	84-0385934	501(C)(3)	20,000.	0.	N/A	N/A	PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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)	53,622.	0.	N/A	N/A	COVID-19 EMERGENCY CHILDCARE INITIATIVE
YOUTH CODE JAM 7254 BLANCO RD, STE 202 SAN ANTONIO, TX 78216	81-1634308	501(C)(3)	7,640.	0.	N/A	N/A	FAMILY EDUCATIONAL SUPPORT
YOUTH ORCHESTRAS OF SAN ANTONIO 106 AUDITORIUM CIR STE 130 SAN ANTONIO, TX 78205	74-1926713	501(C)(3)	72,459.	0.	N/A	N/A	FOR GENERAL OPERATING EXPENSES

**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	1020	1,087,307.	0.	N/A	N/A
SCHOLARSHIP GRANTS	835	4,867,626.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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 ..... **1b**

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

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

- |   |   |
|---|---|
| <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? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- 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? ..... **5a**
- b** Any related organization? ..... **5b**
- 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? ..... **6a**
- b** Any related organization? ..... **6b**
- 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 ..... **7**

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2020

**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) MARJORIE FRENCH PRESIDENT/CEO	(i)	367,285.	330.	0.	17,100.	0.	384,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LYNDA CABELL SENIOR VP/CFO	(i)	214,178.	327.	0.	12,813.	0.	227,318.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA BRUNSVOLD VP OF DEVELOPMENT AND DONOR SERVICES	(i)	159,948.	355.	0.	9,561.	10,639.	180,503.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ARENDA BURNS CHIEF ADMINISTRATIVE OFFICER	(i)	157,286.	355.	0.	9,233.	10,639.	177,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) APRIL HANSARD CONTROLLER	(i)	132,079.	4,620.	0.	8,147.	7,133.	151,979.	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)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

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	12	9,075,465.	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 V, Donee Acknowledgement **29** **0**

	Yes	No
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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

NONCASH CONTRIBUTIONS ARE SOLD BY A THIRD PARTY.

**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

**2020**

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 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/FINANCE COMMITTEE. ALL COMMITTEE MEMBERS RECEIVED A COPY  
OF THE FORM 990. ONCE ACCEPTED BY THE AUDIT/FINANCE COMMITTEE, A COPY OF  
THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS BEFORE  
FILING WITH THE 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

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

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 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

Name of the organization SAN ANTONIO AREA FOUNDATION	Employer identification number 74-6065414
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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	12,404,715.
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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. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**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

**2020**

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) 2020

**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
STUDENTS + STARTUPS - 61-1949322 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	STARTUP INTERNSHIPS	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
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	-145,126.	7,978,614.	100%		X
CHARITABLE REMAINDER TRUSTS (2) 303 PEARL PARKWAY, STE. 114 SAN ANTONIO, TX 78215	TRUSTS	TX	SAN ANTONIO AREA FOUNDATION	TRUST					X
SANTILOS THEATERS LLC - 82-3945393 4630 N LOOP 1604 W STE 501 SAN ANTONIO, TX 78249	S CORPORATION	TX	JOHN L. SANTILOS CHARITABLE	S CORP					X

SEE PART VII FOR CONTINUATIONS

**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	3,223,606.	CASH
(2) JOHN L. SANTIKOS CHARITABLE FOUNDATION	C	2,092,260.	CASH
(3) CITY EDUCATION PARTNERS	S	108,750.	CASH
(4) JOHN L. SANTIKOS CHARITABLE FOUNDATION	S	2,181,751.	CASH
(5) RAPIER EDUCATIONAL FOUNDATION	S	72,000.	CASH
(6) WARM SPRINGS FOUNDATION	S	70,000.	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	

**Part VII** Supplemental Information

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME OF RELATED ORGANIZATION:**

SANTIKOS THEATERS LLC

**DIRECT CONTROLLING ENTITY:** JOHN L. SANTIKOS CHARITABLE FOUNDATION