

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

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 **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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>155 CONCORD PLAZA DR</b>		<b>G</b> Gross receipts \$ <b>117,227,320.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN ANTONIO, TX 78216</b>		
<b>F</b> Name and address of principal officer: <b>LISA BRUNSVOLD</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number <b>3910</b>	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SAAFDN.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1964** **M** State of legal domicile: **TX**

Part I Summary		Prior Year	Current Year
Activities & Governance	<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>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>55</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>690</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>9,974.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>8,077.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>170,542,345.</b>	<b>51,843,937.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,842,181.</b>	<b>1,748,223.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>19,720,293.</b>	<b>14,049,356.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>832,717.</b>	<b>1,269,977.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>192,937,536.</b>	<b>68,911,493.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>39,091,830.</b>	<b>45,523,170.</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>4,898,546.</b>	<b>4,830,892.</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>475,886.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>5,151,345.</b>	<b>5,186,473.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>49,141,721.</b>	<b>55,540,535.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>143,795,815.</b>	<b>13,370,958.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>587,345,748.</b>	<b>End of Year</b> <b>525,679,071.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>18,933,326.</b>	<b>15,281,694.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>568,412,422.</b>	<b>510,397,377.</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>APRIL HANSARD, CONTROLLER</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 <b>JOSEPHINE BEHREND</b>	Date <b>01/03/24</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00715390</b>
	Firm's name <b>RSM US LLP</b>	Firm's address <b>19026 RIDGEWOOD PKWY, STE 400 SAN ANTONIO, TX 78259</b>	Firm's EIN <b>42-0714325</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 \$ 49,143,911. including grants of \$ 45,523,170. ) (Revenue \$ 1,750,346. ) 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 49,143,911.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 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> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>X</b>	
<b>9</b> 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> .....	<b>X</b>	
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....	<b>X</b>	
<b>17</b> 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> See instructions .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

**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 the 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 line 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 on 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> 59	
<b>b</b> Enter the number of Forms W-2G included on 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		55
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>		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 the 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
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	N/A	17

**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.		
	1a	15	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
<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>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on 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 on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 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  
APRIL HANSARD - 210-225-2243  
155 CONCORD PLAZA DR., STE 301, SAN ANTONIO, TX 78216

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARJORIE FRENCH PRESIDENT/CEO	36.00 12.00			X				432,382.	0.	18,300.
(2) ARENDA BURNS CHIEF ADMINISTRATIVE OFFICER	40.00 8.00			X				219,292.	0.	23,953.
(3) CINDY CAMPBELL CHIEF FINANCIAL OFFICER	36.00 12.00			X				208,836.	0.	12,525.
(4) LISA BRUNSVOLD VP OF DEVELOPMENT AND DONOR SERVICES	40.00 8.00			X				193,202.	0.	14,962.
(5) PATRICIA MEJIA VP COMMUNITY ENGAGEMENT	40.00 8.00			X				178,226.	0.	10,689.
(6) APRIL HANSARD CONTROLLER	40.00 8.00					X		162,270.	0.	16,256.
(7) JANE PACCIONE MANAGING DIRECTOR OF COLLECTIVE IMPA	40.00 0.00					X		115,611.	0.	13,457.
(8) JENNIFER COOK DIRECTOR OF STRATEGY AND IMPACT	40.00 1.00					X		106,430.	0.	12,911.
(9) STEPHANIE LAFROSCIA DIRECTOR OF GRANTS AND COMMUNITY ENG	40.00 4.00					X		101,201.	0.	16,867.
(10) ELISE PARMA ACCOUNTING MANAGER	38.00 6.00					X		106,674.	0.	9,771.
(11) LYNDA CABELL SENIOR VP/CFO (UNTIL 1/4/22)	36.00 12.00			X				35,424.	0.	2,123.
(12) GENERAL TOM HILL CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(13) ALEX PEREZ CHAIR ELECT	1.00 1.00	X						0.	0.	0.
(14) ADENA WILLIAMS LOSTON, PH.D. VICE CHAIR	2.00 2.00	X		X				0.	0.	0.
(15) MICHELLE R. SCARVER, CPA, PFS TREASURER	2.00 2.00	X		X				0.	0.	0.
(16) SUZANNE WADE SECRETARY	2.00 2.00	X		X				0.	0.	0.
(17) SARAH HARTE 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) YONNIE BLANCHETTE DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) MICHAEL BOLNER DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) JAMES D. (DARRYL) BYRD DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) JULISSA CARIELO DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) BLAKE HASTINGS DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) DAVID KOMET DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) BARBARA (BARBIE) O'CONNOR DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) GURPAUL SINGH DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) HARRY W. WOLFF, JR. DIRECTOR	1.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,859,548.	0.	151,814.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,859,548.	0.	151,814.

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 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CREWCIAL PARTNERS, LLC, 810 SEVENTH AVENUE, 32ND FLOOR, NEW YORK, NY 10019	INVESTMENT MANAGEMENT	377,588.
KAMIN ASSOCIATES, INC., 121 INTERPARK BLVD, STE 219, SAN ANTONIO, TX 78216	IT SERVICES	268,801.
RSM US, LLP, 19026 RIDGEWOOD PKWY, STE 400, SAN ANTONIO, TX 78259	AUDIT AND TAX SERVICES	201,548.
PARALLEL, A BRAND AGENCY, 9910 HUEBNER RD, STE 222, SAN ANTONIO, TX 78240	MARKETING SERVICES	135,370.

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



**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>	1,936,567.				
	<b>d</b> Related organizations .....	<b>1d</b>	3,257,361.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,100,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	45,550,009.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,832,220.				
	<b>h Total.</b> Add lines 1a-1f .....		51,843,937.				
Program Service Revenue	<b>2 a</b> ADMIN FEE REVENUE	<b>Business Code</b>					
		900099	1,571,385.	1,571,385.			
	<b>b</b> PROGRAM REVENUE	900099	176,838.	176,838.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		1,748,223.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		13,904,054.		9,974.	13894080.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		650,482.			650,482.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	245,500.			
			(ii) Personal				
				245,500.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	245,500.				
	<b>d</b> Net rental income or (loss) .....		245,500.			245,500.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	48,358,077.			
			(ii) Other				
				48,358,077.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	48,204,450.	8,325.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	153,627.	-8,325.			
	<b>d</b> Net gain or (loss) .....		145,302.			145,302.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,936,567. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		474,924.				
			474,924.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	103,052.					
<b>c</b> Net income or (loss) from fundraising events .....		371,872.			371,872.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>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	2,123.	2,123.			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		2,123.					
<b>12 Total revenue.</b> See instructions .....		68,911,493.	1,750,346.	9,974.	15307236.		

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,484,847.	39,484,847.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	6,017,023.	6,017,023.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,300.	21,300.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,349,913.	250,478.	824,838.	274,597.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,823,274.	1,019,117.	1,768,018.	36,139.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	173,703.	62,093.	109,412.	2,198.
<b>9</b> Other employee benefits	185,816.	57,448.	120,993.	7,375.
<b>10</b> Payroll taxes	298,186.	92,778.	186,295.	19,113.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	124,303.	53,330.	70,973.	
<b>c</b> Accounting	227,752.	28,100.	199,652.	
<b>d</b> Lobbying	9,000.		9,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,063,086.		1,063,086.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	635,284.	444,742.	189,115.	1,427.
<b>12</b> Advertising and promotion	70,780.	27,921.	42,709.	150.
<b>13</b> Office expenses	196,575.	36,924.	104,145.	55,506.
<b>14</b> Information technology	538,195.	252,688.	256,993.	28,514.
<b>15</b> Royalties	138,497.	99,042.	35,470.	3,985.
<b>16</b> Occupancy	633,528.	394,019.	216,145.	23,364.
<b>17</b> Travel	30,328.	7,023.	20,905.	2,400.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	96,525.	13,978.	82,547.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	202,882.	73,325.	124,718.	4,839.
<b>23</b> Insurance	83,793.		83,793.	
<b>24</b> 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.)				
<b>a</b> <b>EVENT EXPENSES</b>	613,692.	584,222.	19,901.	9,569.
<b>b</b> <b>REPAIRS AND MAINTENANCE</b>	140,652.	80,124.	54,783.	5,745.
<b>c</b> <b>FEDERAL TAX</b>	101,485.		101,485.	
<b>d</b> <b>MISCELLANEOUS EXPENSES</b>	98,058.		98,058.	
<b>e</b> All other expenses	182,058.	43,389.	137,704.	965.
<b>25</b> Total functional expenses. Add lines 1 through 24e	55,540,535.	49,143,911.	5,920,738.	475,886.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,331,105.	<b>1</b>	7,228,269.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	20,849,979.	<b>3</b>	11,371,876.
	<b>4</b> Accounts receivable, net .....	48,321.	<b>4</b>	608,648.
	<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 .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	554,155.	<b>9</b>	459,182.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 503,370.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 149,942.		
		525,513.	<b>10c</b>	353,428.
	<b>11</b> Investments - publicly traded securities .....	345,299,196.	<b>11</b>	315,794,509.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	213,737,479.	<b>12</b>	189,863,159.
	<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) .....	587,345,748.	<b>16</b>	525,679,071.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,251,273.	<b>17</b>	1,231,556.
	<b>18</b> Grants payable .....	602,375.	<b>18</b>	307,958.
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	77,640.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	16,761,056.	<b>21</b>	13,482,712.
	<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 .....	170,975.	<b>24</b>	155,720.
	<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 .....	147,647.	<b>25</b>	26,108.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	18,933,326.	<b>26</b>	15,281,694.
<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 .....	211,622,807.	<b>27</b>	193,090,067.
	<b>28</b> Net assets with donor restrictions .....	356,789,615.	<b>28</b>	317,307,310.
	<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 .....	568,412,422.	<b>32</b>	510,397,377.
<b>33</b> Total liabilities and net assets/fund balances .....	587,345,748.	<b>33</b>	525,679,071.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,911,493.
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,540,535.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,370,958.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	568,412,422.
5	Net unrealized gains (losses) on investments	5	-48,268,184.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-23,117,819.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	510,397,377.

**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 on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
**(Form 990)**

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

**2022**

Open to Public Inspection

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	36427642.	39675661.	59985164.	58884959.	51862762.	246836188
<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 .....	36427642.	39675661.	59985164.	58884959.	51862762.	246836188
<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) .....						90480946.
<b>6 Public support.</b> Subtract line 5 from line 4.						156355242

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	36427642.	39675661.	59985164.	58884959.	51862762.	246836188
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4533401.	15501533.	8331791.	9855250.	14800036.	53022011.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....		482,686.	1517011.	431,383.	9,974.	2441054.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	24,521.	71,217.	12,840.	290.	89,392.	198,260.
<b>11 Total support.</b> Add lines 7 through 10						302497513
<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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	51.69	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	48.59	%
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<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>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>1</b>		
<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>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<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>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer 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>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>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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 2022 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-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<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 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <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
1	<hr/> <hr/> <hr/>	\$ <u>11,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>6,836,000.</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>5,000,000.</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>3,200,000.</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>1,554,749.</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>1,271,813.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,041,326.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>3,257,361.</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.)

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
6	STOCK _____ _____ _____	\$ 1,271,813.	12/21/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>SAN ANTONIO AREA FOUNDATION</b>	Employer identification number <b>74-6065414</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ 0.
- 3 Volunteer hours for political campaign activities ..... 0.

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		9,000.
<b>j</b> Total. Add lines 1c through 1i			9,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

SAN ANTONIO AREA FOUNDATION PARTICIPATED IN THE COMMUNITY FOUNDATION

AWARENESS INITIATIVE. THE COMMUNITY FOUNDATION AWARENESS INITIATIVE IS

A NATIONAL INITIATIVE THAT BRINGS AWARENESS TO, AND HELPS EDUCATE, THE

PUBLIC, LAWMAKERS, AND THE MEDIA ON THE ROLE OF COMMUNITY FOUNDATIONS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and reporting).

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.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Amounts for art collection (revenue/assets). 2: Amounts for art collection for financial gain (revenue/assets).

**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	150,646,811.	124,130,243.	114,041,874.	80,500,062.	102,465,063.
b Contributions	1,579,591.	10,544,776.	24,087.	11,217,923.	
c Net investment earnings, gains, and losses	-10,121,125.	23,008,256.	17,399,606.	28,629,208.	-5,728,016.
d Grants or scholarships	2,191,727.	2,206,041.	2,468,427.	4,727,267.	17,307,058.
e Other expenditures for facilities and programs	74,964.	59,651.	53,863.		-1,070,073.
f Administrative expenses	5,131,043.	4,770,772.	4,813,036.	1,578,052.	
g End of year balance	134,707,543.	150,646,811.	124,130,241.	114,041,874.	80,500,062.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 59.00 %
  - b Permanent endowment 87.0100 %
  - c Term endowment 12.4000 %
- 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?
- 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				
d Equipment		163,020.	83,492.	79,528.
e Other		190,350.	66,450.	123,900.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				353,428.

**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	180,581,464.	END-OF-YEAR MARKET VALUE
(C) MINERAL INTERESTS	4,391,366.	END-OF-YEAR MARKET VALUE
(D) PARTNERSHIP INVESTMENTS	4,398,834.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	491,495.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	189,863,159.	

**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	26,108.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,108.

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:

ASC TOPIC 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

**2022**

Open to Public  
Inspection

Name of the organization

Employer identification number

**SAN ANTONIO AREA FOUNDATION**

**74-6065414**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 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**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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	3,842,547.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	5,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	N/A	16,300.
<b>3 a</b> Subtotal .....	0	0			3,863,847.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			3,863,847.

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

Schedule F (Form 990) 2022

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**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 ..... ► \_\_\_\_\_

**3** Enter total number of other organizations or entities ..... ► \_\_\_\_\_

**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)
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	5	16,300.	WIRE TRANSFER	0.	N/A	N/A

**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)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

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

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

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MPC GIVES: 2022 INVITAT (event type)	RENAISSANCE WITH THE STA (event type)	NONE (total number)	
Revenue	1	Gross receipts	2,252,960.	158,531.	2,411,491.
	2	Less: Contributions	1,799,936.	136,631.	1,936,567.
	3	Gross income (line 1 minus line 2)	453,024.	21,900.	474,924.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		33,783.	33,783.
	7	Food and beverages		17,929.	17,929.
	8	Entertainment		7,825.	7,825.
	9	Other direct expenses		43,515.	43,515.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				371,872.

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

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

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

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



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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

**16 Gaming manager information:**

Name \_\_\_\_\_

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

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

- Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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**Part IV** Supplemental Information *(continued)*

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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 noncash 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
1 CHURCH 1 SOUL MINISTRY 214 BLUEBONNET STREET SAN ANTONIO, TX 78202	83-2844412	501(C)(3)	38,636.	0.	N/A	N/A	GENERAL SUPPORT
10,000 DEGREES 1650 LOS GAMOS DR STE 110 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
100 BLACK MEN OF SAN ANTONIO INC. 1023 N PINE, STE 157 SAN ANTONIO, TX 78202	74-2924578	501(C)(3)	65,000.	0.	N/A	N/A	GENERAL SUPPORT
A DOGGIE 4 YOU 1931 BUMP GATE RD PIPE CREEK, TX 78063	26-2578483	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
AID THE SILENT 8126 BROADWAY STREET SAN ANTONIO, TX 78209	47-2883437	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO AREA ACADEMIES, INC 800 QUINTANA RD BLDG 8 SAN ANTONIO, TX 78211	20-1869436	501(C)(3)	37,500.	0.	N/A	N/A	GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **336.**

**3** Enter total number of other organizations listed in the line 1 table ..... **7.**

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

Schedule I (Form 990) 2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMO AREA MUTUAL HOUSING ASSOCIATION - 4606 CENTERVIEW DR STE 170 - SAN ANTONIO, TX 78228	74-2569914	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO CENTER ENT INC. 5018 SAN PEDRO AVE SAN ANTONIO, TX 78212	82-2327556	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO COLLEGES FOUNDATION INC. 1801 MARTIN LUTHER KING SAN ANTONIO, TX 78203	74-2422589	501(C)(3)	378,000.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL - PO BOX 9 - SAN ANTONIO, TX 78291	74-2461534	501(C)(3)	72,500.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO WORKFORCE DEVELOPMENT, INC. 100 N SANTA ROSA STE 120 SAN ANTONIO, TX 78207	74-2709309	501(C)(3)	75,000.	0.	N/A	N/A	GENERAL SUPPORT
ALASKA VOCATIONAL AND TECHNICAL EDUCATION CENTER (AVTEC) - PO BOX 889 - SEWARD, AK 99664	92-6001185	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
ALELUYA MINISTRIES OF HOPE INC 230 PEREIDA ST SAN ANTONIO, TX 78210	27-2344923	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN GATEWAYS 314 E HIGHLAND MALL BLVD AUSTIN, TX 78752	74-2578266	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN INDIAN SCIENCE AND ENGINEERING SOCIETY - 6321 RIVERSIDE PLAZA LANE NW - ALBUQUERQUE, NM 87120	73-1023474	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIANS IN TEXAS AT THE SPANISH COLONIAL MISSIONS - 1313 GUADALUPE ST, STE 104 - SAN ANTONIO, TX 78207	74-2717029	501(C)(3)	110,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS - WASHINGTON DC - 431 18TH ST NW - WASHINGTON, DC 20006	53-0196605	501(C)(3)	234,126.	0.	N/A	N/A	GENERAL SUPPORT
ANIMAL DEFENSE LEAGUE 11300 NACOGDOCHES RD SAN ANTONIO, TX 78217	74-6002033	501(C)(3)	40,304.	0.	N/A	N/A	GENERAL SUPPORT
ANTIOCH MISSIONARY BAPTIST CHURCH 1001 N WALTERS ST SAN ANTONIO, TX 78202	74-2048437	501(C)(3)	76,000.	0.	N/A	N/A	GENERAL SUPPORT
ARC OF SAN ANTONIO 13430 WEST AVE SAN ANTONIO, TX 78216	74-1200110	501(C)(3)	10,250.	0.	N/A	N/A	GENERAL SUPPORT
ARCHDIOCESE OF SAN ANTONIO - DEVELOPMENT OFFICE - 2718 W WOODLAWN AVE - SAN ANTONIO, TX 78228	74-1109740	501(C)(3)	23,004.	0.	N/A	N/A	GENERAL SUPPORT
ARMY RESIDENCE COMMUNITY FOUNDATION - 7400 CRESTWAY DR - SAN ANTONIO, TX 78239	74-2244155	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
ARTHUR NAGEL COMMUNITY CLINIC INC. PO BOX 519 BANDERA, TX 78003	77-0697361	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
ARTPACE INC. 445 N MAIN AVE SAN ANTONIO, TX 78205	04-3757857	501(C)(3)	98,000.	0.	N/A	N/A	GENERAL 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSISTANCE LEAGUE OF SAN ANTONIO PO BOX 13130 SAN ANTONIO, TX 78213	74-2330690	501(C)(3)	1,000,000.	0.	N/A	N/A	GENERAL SUPPORT
ATASCOSA ANIMAL ALLIES INC 204 LIBERTY LANE PLEASANTON, TX 78064	82-3068046	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
AUSTIN THEATRE ALLIANCE 713 CONGRESS AVE AUSTIN, TX 78701	74-2975922	501(C)(3)	33,000.	0.	N/A	N/A	GENERAL SUPPORT
AUTISM SERVICE CENTER OF SAN ANTONIO - 4242 WOODCOCK DR STE 101 - SAN ANTONIO, TX 78228	26-2592058	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
AVANCE SAN ANTONIO, INC. 903 BILLY MITCHELL BLVD, STE 100 SAN ANTONIO, TX 78226	91-1780559	501(C)(3)	104,000.	0.	N/A	N/A	GENERAL SUPPORT
BALLET LATINO DE SAN ANTONIO 2106 NW MILITARY HWY SAN ANTONIO, TX 78213	30-0792711	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
BAMBERGER RANCH PRESERVE 2341 BLUE RIDGE DR JOHNSON CITY, TX 78636	30-0041245	501(C)(3)	49,000.	0.	N/A	N/A	GENERAL SUPPORT
BANDERA COUNTY COMMITTEE ON AGING INC - PO BOX 1416 - BANDERA, TX 78003	74-2309449	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
BANDERA INDEPENDENT SCHOOL DISTRICT - PO BOX 727 - BANDERA, TX 78003	74-6024396	501(C)(1)	13,500.	0.	N/A	N/A	GENERAL SUPPORT

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BARRIO COMPREHENSIVE FAMILY HEALTH CARE CENTER - 3066 E COMMERCE - SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
BCFS HEALTH AND HUMAN SERVICES 7404 HIGHWAY 90 WEST SAN ANTONIO, TX 78227	74-1260710	501(C)(3)	5,442.	0.	N/A	N/A	GENERAL SUPPORT
BEE PROJECT 3717 INDIAN POINT DR AUSTIN, TX 78739	61-1934838	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
BELIEVE IT FOUNDATION 4242 BROADWAY STE 706 SAN ANTONIO, TX 78209	30-0512535	501(C)(3)	60,000.	0.	N/A	N/A	GENERAL SUPPORT
BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE - 2300 W COMMERCE STE 301 - SAN ANTONIO, TX 78207	74-2953076	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
BEXAR COUNTY FAMILY JUSTICE CENTER FOUNDATION - 126 E NUEVA 2ND FLOOR - SAN ANTONIO, TX 78204	73-1723464	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
BIHL HAUS ARTS PO BOX 100806 SAN ANTONIO, TX 78201	16-1767852	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
BLESSED SACRAMENT AND INCARNATE WORD CONVENT - 1135 MISSION ROAD - SAN ANTONIO, TX 78210	74-1369411	501(C)(3)	15,500.	0.	N/A	N/A	GENERAL SUPPORT
BOSSABILITY INC 6638 CARLSBAD RIO SAN ANTONIO, TX 78233	84-4196890	501(C)(3)	8,638.	0.	N/A	N/A	GENERAL SUPPORT

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BOY SCOUTS OF AMERICA ALAMO AREA COUNCIL INC - SAN ANTONIO - 2226 NW MILITARY HWY - SAN ANTONIO, TX 78213	74-6079583	501(C)(3)	8,750.	0.	N/A	N/A	GENERAL SUPPORT
BOY WITH A BALL SAN ANTONIO 824 BROADWAY STE 114 SAN ANTONIO, TX 78215	45-3782650	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF SAN ANTONIO - 123 RALPH AVE - SAN ANTONIO, TX 78204	74-1109637	501(C)(3)	237,000.	0.	N/A	N/A	GENERAL SUPPORT
BOYSVILLE, INC. PO BOX 369 CONVERSE, TX 78109	74-1207553	501(C)(3)	49,189.	0.	N/A	N/A	GENERAL SUPPORT
BRACKENRIDGE PARK CONSERVANCY PO BOX 6311 SAN ANTONIO, TX 78209	26-3416330	501(C)(3)	37,500.	0.	N/A	N/A	GENERAL SUPPORT
BRADY HIGH SCHOOL 2301 HWY 190 BRADY, TX 76825	74-6000386	501(C)(1)	19,501.	0.	N/A	N/A	GENERAL SUPPORT
BRIGHTER DAYS HORSE REFUGE, INC. 682 KRAUSE RD PIPE CREEK, TX 78063	74-2479203	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
BRIGHTON CENTER 14207 HIGGINS RD SAN ANTONIO, TX 78217	74-2331826	501(C)(3)	51,000.	0.	N/A	N/A	GENERAL SUPPORT
BRIT'S GIFTS 32761 FLAT ROCK VIEW BULVERDE, TX 78163	87-2283642	501(C)(3)	60,288.	0.	N/A	N/A	GENERAL SUPPORT



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BULVERDE SENIOR CENTER PO BOX 353 BULVERDE, TX 78163	74-2625611	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
CACTUS PEAR MUSIC FESTIVAL PO BOX 880 CONVERSE, TX 78109	74-2796236	501(C)(3)	34,212.	0.	N/A	N/A	GENERAL SUPPORT
CAMP PHOENIX PO BOX 732 MARBLE FALLS, TX 78654	26-0310507	501(C)(3)	26,000.	0.	N/A	N/A	GENERAL SUPPORT
CANNOLI FUND PO BOX 831444 SAN ANTONIO, TX 78283	45-2476260	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
CAPITAL OF TEXAS PUBLIC TELECOMMUNICATIONS COUNCIL - PO BOX 7158 - AUSTIN, TX 78713	75-7126012	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT
CARVER DEVELOPMENT BOARD 226 N HACKBERRY ST SAN ANTONIO, TX 78202	74-2480343	501(C)(3)	119,663.	0.	N/A	N/A	GENERAL 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	GENERAL SUPPORT
CASTROVILLE NIP AND TUCK 307 MADRID ST CASTROVILLE, TX 78009	20-3874779	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
CATHOLIC CHARITIES ARCHDIOCESE OF SAN ANTONIO - 1801 W CESAR E CHAVEZ BLVD - SAN ANTONIO, TX 78207	74-1109743	501(C)(3)	85,000.	0.	N/A	N/A	GENERAL SUPPORT

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CATHOLIC COMMUNITY FOUNDATION 111 BARILLA PL SAN ANTONIO, TX 78209	20-5817370	501(C)(3)	60,000.	0.	N/A	N/A	GENERAL SUPPORT
CELEBRATE DYSLEXIA 319 SANTO DOMINGO HELOTES, TX 78023	84-2654436	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CENTER FOR REFUGEE SERVICES 8703 WURZBACH RD STE A1 SAN ANTONIO, TX 78240	27-2787747	501(C)(3)	53,636.	0.	N/A	N/A	GENERAL SUPPORT
CENTERS FOR APPLIED SCIENCE AND TECHNOLOGY NETWORK - 637 N MAIN AVE - SAN ANTONIO, TX 78205	82-5253554	501(C)(3)	375,000.	0.	N/A	N/A	GENERAL SUPPORT
CENTRAL CATHOLIC HIGH SCHOOL 1403 N ST MARYS ST SAN ANTONIO, TX 78215	74-1143115	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL SUPPORT
CENTRO CULTURAL AZTLAN 1800 FREDERICKSBURG, STE 103 SAN ANTONIO, TX 78201	74-2203515	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
CENTRO SAN ANTONIO 110 BROADWAY STE 230 SAN ANTONIO, TX 78205	20-5981107	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CHAFFEE COUNTY HOSPITALITY INC 7 PONCHA BLVD SALIDA, CO 81201	85-2811843	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
CHARITY BALL ASSOCIATION OF SAN ANTONIO - PO BOX 2357 - SAN ANTONIO, TX 78298	74-1488436	501(C)(3)	7,600.	0.	N/A	N/A	GENERAL SUPPORT

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CHILD ADVOCATES SAN ANTONIO 1956 S WW WHITE RD SAN ANTONIO, TX 78222	74-2494625	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL DBA CAMP - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)(3)	75,000.	0.	N/A	N/A	GENERAL SUPPORT
CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS - 205 W OLMOS DR - SAN ANTONIO, TX 78212	74-2828178	501(C)(3)	247,500.	0.	N/A	N/A	GENERAL SUPPORT
CHILDRENS CHORUS OF SAN ANTONIO 106 AUDITORIUM CIR, STE 115 SAN ANTONIO, TX 78205	74-2661732	501(C)(3)	5,963.	0.	N/A	N/A	GENERAL SUPPORT
CHILDREN'S HOSPITAL OF SAN ANTONIO P. O. BOX 1661 SAN ANTONIO, TX 78296	74-1224362	501(C)(3)	3,007,000.	0.	N/A	N/A	GENERAL SUPPORT
CHILDSAFE 3730 IH-10 EAST SAN ANTONIO, TX 78220	74-2633697	501(C)(3)	140,636.	0.	N/A	N/A	GENERAL SUPPORT
CHOSEN CARE INC - NEW BRAUNFELS 144 CLEMENS AVE NEW BRAUNFELS, TX 78130	81-2872095	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
CHRIST EPISCOPAL CHURCH 510 BELKNAP PL SAN ANTONIO, TX 78212	74-1180188	501(C)(3)	23,171.	0.	N/A	N/A	GENERAL SUPPORT
CHRISTIAN SCHOOL AT CASTLE HILLS 2216 NW MILITARY HWY SAN ANTONIO, TX 78213	81-1533528	501(C)(3)	12,500.	0.	N/A	N/A	GENERAL SUPPORT

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CHRYSALIS MINISTRIES 509 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-1914047	501(C)(3)	343,000.	0.	N/A	N/A	GENERAL SUPPORT
CITY YEAR INC. 109B N SAN SABA SAN ANTONIO, TX 78207	22-2882549	501(C)(3)	165,000.	0.	N/A	N/A	GENERAL SUPPORT
COLLEGE OF THE MAINLAND FOUNDATION 1200 AMBURN ROAD TEXAS CITY, TX 77591	23-7181343	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF SAN ANTONIO - 1616 E COMMERCE ST BLDG 1 - SAN ANTONIO, TX 78205	74-2393714	501(C)(3)	215,250.	0.	N/A	N/A	GENERAL SUPPORT
COMMUNITY AND TECHNICAL COLLEGE FOUNDATION OF ASHLAND INC - 1400 COLLEGE DR - ASHLAND, KY 41101	61-1274401	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
CONCORDIA LUTHERAN CHURCH 16801 HUEBNER RD SAN ANTONIO, TX 78258	74-1193453	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
CONJUNTO HERITAGE TALLER, INC. PO BOX 10447 SAN ANTONIO, TX 78210	14-1849936	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
CONTEMPORARY ART FOR SAN ANTONIO 116 BLUE STAR SAN ANTONIO, TX 78204	74-2419615	501(C)(3)	28,000.	0.	N/A	N/A	GENERAL SUPPORT
CONVERSE ANIMAL SHELTER, INC. 9634 SCHAEFER RD CONVERSE, TX 78109	74-2197306	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC. - 151 ELLIS STREET - ATLANTA, GA 30303	13-1685039	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL SUPPORT
COPPINI ACADEMY OF FINE ART 115 MELROSE PL SAN ANTONIO, TX 78212	23-7245413	501(C)(3)	24,000.	0.	N/A	N/A	GENERAL SUPPORT
COPS METRO EDUCATION FUND 1511 SALTILLO ST SAN ANTONIO, TX 78207	84-2121645	501(C)(3)	27,500.	0.	N/A	N/A	GENERAL SUPPORT
CULTURINGUA 8920 JOHN BARRETT DR SAN ANTONIO, TX 78240	84-1940407	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
DAILY BREAD MINISTRIES 3559 BELGIUM LN SAN ANTONIO, TX 78219	74-2863470	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
DAISY FUND PO BOX 90564 SAN ANTONIO, TX 78209	35-2372827	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
DEE HOWARD FOUNDATION 3331 GENERAL HUDNELL DR SAN ANTONIO, TX 78226	81-4636512	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
DIABLO VALLEY COLLEGE FOUNDATION 321 GOLF CLUB RD PLEASANT HILL, CA 94523	94-9622202	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
DISABILITYSA PO BOX 28243 SAN ANTONIO, TX 78228	81-4443195	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT

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DISABLED AMERICAN VETERANS - COLD SPRING - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	94-2776664	501(C)(4)	13,126.	0.	N/A	N/A	GENERAL SUPPORT
DISTRICT 2-A2 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	GENERAL SUPPORT
DUCKS UNLIMITED INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	221,000.	0.	N/A	N/A	GENERAL SUPPORT
EACH ONE TEACH ONE 815 EL MONTE BLVD SAN ANTONIO, TX 78201	38-3813982	501(C)(3)	37,983.	0.	N/A	N/A	GENERAL SUPPORT
ECUMENICAL CENTER FOR RELIGION AND HEALTH - 8310 EWING HALSELL DR - SAN ANTONIO, TX 78229	74-1587388	501(C)(3)	70,000.	0.	N/A	N/A	GENERAL SUPPORT
EL PASO COMMUNITY COLLEGE FOUNDATION - PO BOX 20500 - EL PASO, TX 79998	74-2452971	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
EL PROGRESO MEMORIAL LIBRARY 301 W MAIN ST # 3 UVALDE, TX 78801	74-1238576	501(C)(3)	53,000.	0.	N/A	N/A	GENERAL SUPPORT
EL TEMPLO CRISTIANO ASSEMBLY OF GOD - 2304 EI PASO ST - SAN ANTONIO, TX 78207	74-2452398	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
EMPOWER HOUSE SA 801 NORTH OLIVE SAN ANTONIO, TX 78202	74-2934053	501(C)(3)	163,636.	0.	N/A	N/A	GENERAL SUPPORT

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ENERGY INNOVATION CENTER PO BOX 830534 SAN ANTONIO, TX 78283	47-3459829	501(C)(3)	14,500.	0.	N/A	N/A	GENERAL SUPPORT
ENOCH SAYS 427 EVANS AVE SAN ANTONIO, TX 78209	82-4215205	501(C)(3)	6,500.	0.	N/A	N/A	GENERAL SUPPORT
EPISCOPAL DIOCESE OF WEST TEXAS PO BOX 6885 SAN ANTONIO, TX 78209	74-1143118	501(C)(3)	15,167.	0.	N/A	N/A	GENERAL SUPPORT
ESPERANZA PEACE AND JUSTICE CENTER 922 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2419582	501(C)(3)	66,000.	0.	N/A	N/A	GENERAL SUPPORT
FAMILY SERVICE ASSOCIATION 702 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-1117341	501(C)(3)	165,000.	0.	N/A	N/A	GENERAL SUPPORT
FAMILY VIOLENCE PREVENTION SERVICES, INC. - 7911 BROADWAY ST - SAN ANTONIO, TX 78209	74-1994151	501(C)(3)	50,250.	0.	N/A	N/A	GENERAL SUPPORT
FARMSHARE AUSTIN 3608 RIVER RD CEDAR CREEK, TX 78612	46-1200713	501(C)(3)	54,961.	0.	N/A	N/A	GENERAL SUPPORT
FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	259,476.	0.	N/A	N/A	GENERAL SUPPORT
FIESTA CORNYATION, INC. 138 E SUMMIT AVE SAN ANTONIO, TX 78212	74-2628410	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT

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FIRST BAPTIST CHURCH OF SAN ANTONIO - 515 MCCULLOUGH AVENUE - SAN ANTONIO, TX 78215	74-1222245	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF SAN ANTONIO - 404 N ALAMO - SAN ANTONIO, TX 78205	74-1175837	501(C)(3)	52,000.	0.	N/A	N/A	GENERAL SUPPORT
FISHER HOUSE FOUNDATION INC. 12300 TWINBROOK PKWY STE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	12,511.	0.	N/A	N/A	GENERAL SUPPORT
FOOTBRIDGE FOUNDATION INC. 431 KING WILLIAM SAN ANTONIO, TX 78204	82-4079560	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
FOUNDATION AT SHIELD RANCH 9433 BEE CAVES RD STE 140 AUSTIN, TX 78733	26-2432946	501(C)(3)	27,814.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF CIBOLO WILDERNESS 140 CITY PARK RD BOERNE, TX 78006	74-2564700	501(C)(3)	5,511.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF HOSPICE SAN ANTONIO, INC. - PO BOX 40487 - SAN ANTONIO, TX 78229	74-2608764	501(C)(3)	8,600.	0.	N/A	N/A	GENERAL SUPPORT
FUERZA UNIDA (SANARTE HEALING AND CULTURA) - 710 NEW LAREDO HWY - SAN ANTONIO, TX 78211	74-2615917	501(C)(3)	38,636.	0.	N/A	N/A	GENERAL SUPPORT
GEMINI SERIES INC. 1111 NAVARRO ST SAN ANTONIO, TX 78205	74-2774094	501(C)(3)	27,500.	0.	N/A	N/A	GENERAL SUPPORT

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GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP RD SAN ANTONIO, TX 78216	74-1109759	501(C)(3)	82,500.	0.	N/A	N/A	GENERAL SUPPORT
GIRL WITH GRIT PROGRAM 110 COTERIE PL BOERNE, TX 78006	85-4224853	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
GIRLS INCORPORATED OF SAN ANTONIO 2214 BASSE ROAD SAN ANTONIO, TX 78213	20-5468038	501(C)(3)	61,500.	0.	N/A	N/A	GENERAL SUPPORT
GIRLS ON THE RUN OF BEXAR COUNTY 10223 MCALLISTER FREEWAY SAN ANTONIO, TX 78216	27-3619254	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP STE 100 FREDERICKSBURG, TX 78624	91-2129853	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL SUPPORT
GOOD SAMARITAN CENTER OF SAN ANTONIO - 1600 SALTILLO ST - SAN ANTONIO, TX 78207	74-1117340	501(C)(3)	71,000.	0.	N/A	N/A	GENERAL SUPPORT
GREATER RANDOLPH AREA SERVICE PROGRAMS INC. (GRASP) - 250 DONALAN DR - CONVERSE, TX 78109	74-2353686	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
GUADALUPE CULTURAL ARTS CENTER 723 S BRAZOS ST SAN ANTONIO, TX 78207	74-2036976	501(C)(3)	11,000.	0.	N/A	N/A	GENERAL SUPPORT
GUARDIAN HOUSE 1818 SAN PEDRO SAN ANTONIO, TX 78212	74-2780384	501(C)(3)	1,005,000.	0.	N/A	N/A	GENERAL 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.)

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GUIDE DOGS OF TEXAS, INC 1503 ALLENA DR SAN ANTONIO, TX 78213	74-2530268	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
H.I.S. BRIDGEBUILDERS - SAN ANTONIO - 422 PIKE RD - SAN ANTONIO, TX 78209	81-2967361	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 121 HABITAT STREET AMERICUS, GA 31709	91-1914868	501(C)(3)	221,000.	0.	N/A	N/A	GENERAL SUPPORT
HABITAT FOR HUMANITY OF SAN ANTONIO INC. - 311 PROBANDT - SAN ANTONIO, TX 78204	74-1897502	501(C)(3)	79,800.	0.	N/A	N/A	GENERAL SUPPORT
HAVEN FOR HOPE OF BEXAR COUNTY 1 HAVEN FOR HOPE WY SAN ANTONIO, TX 78207	20-8075412	501(C)(3)	264,800.	0.	N/A	N/A	GENERAL SUPPORT
HEADWATERS AT INCARNATE WORD 4503 BROADWAY ST SAN ANTONIO, TX 78209	46-5515608	501(C)(3)	25,500.	0.	N/A	N/A	GENERAL SUPPORT
HEALTHY FUTURES OF TEXAS 2300 W COMMERCE STE 212 SAN ANTONIO, TX 78207	20-5793076	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
HEART OF TEXAS PREGNANCY RESOURCE CENTER - 1005 W HWY 290 - DRIPPING SPRINGS, TX 78620	46-0673585	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
HEARTS NEED ART PO BOX 791222 SAN ANTONIO, TX 78213	81-4724690	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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HELP ONE NOW PO BOX 26716 RALEIGH, NC 27611	26-3618295	501(C)(3)	600,000.	0.	N/A	N/A	GENERAL SUPPORT
HEMISFAIR CONSERVANCY PO BOX 1262 SAN ANTONIO, TX 78295	46-5764124	501(C)(3)	8,500.	0.	N/A	N/A	GENERAL SUPPORT
HERITAGE SCHOOL - FREDERICKSBURG 310 SMOKEHOUSE RD FREDERICKSBURG, TX 78624	74-2709925	501(C)(3)	55,233.	0.	N/A	N/A	GENERAL SUPPORT
HILL COUNTRY COMMUNITY THEATRE, INC. - 4003 W FM 2147 - COTTONWOOD SHORES, TX 78657	74-2491250	501(C)(3)	5,200.	0.	N/A	N/A	GENERAL SUPPORT
HOLY REDEEMER CATHOLIC CHURCH 1819 NEVADA ST SAN ANTONIO, TX 78203	17-4171732	501(C)(3)	29,000.	0.	N/A	N/A	GENERAL SUPPORT
HOUSE OF NEIGHBORLY SERVICE 407 N CALAVERAS SAN ANTONIO, TX 78207	74-1153442	501(C)(3)	53,636.	0.	N/A	N/A	GENERAL SUPPORT
I CARE SAN ANTONIO, INC. 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	27,500.	0.	N/A	N/A	GENERAL SUPPORT
INROADS, INC 10 SOUTH BROADWAY, SUITE 800 ST. LOUIS, MO 63102	62-0967197	501(C)(3)	221,000.	0.	N/A	N/A	GENERAL SUPPORT
INTERNATIONAL BIRD RESCUE 4369 CORDELIA ROAD FAIRFIELD, CA 94534	94-1739027	501(C)(3)	221,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

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JEWISH FEDERATION OF SAN ANTONIO (HOLOCAUST MEMORIAL MUSEUM OF SAN ANTONIO) - 12500 NW MILITARY HWY - SAN ANTONIO, TX 78231	74-1109662	501(C)(3)	37,300.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH NATIONAL FUND-USA INC. - NY 7120 HAYVENHURST AVE, STE 200 VAN NUYS, CA 91406	83-2880252	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
JUMP-START PERFORMANCE COMPANY 710 FREDERICKSBURG RD SAN ANTONIO, TX 78201	74-2371461	501(C)(3)	15,500.	0.	N/A	N/A	GENERAL SUPPORT
K9S FOR WARRIORS, INC. 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
KENTUCKY DIABETES CAMP FOR CHILDREN INC. - 1640 LYNDON FARM CT # 108 - LOUISVILLE, KY 40223	27-3619275	501(C)(3)	11,000.	0.	N/A	N/A	GENERAL SUPPORT
KINETIC KIDS PO BOX 690993 SAN ANTONIO, TX 78269	74-3080076	501(C)(3)	13,500.	0.	N/A	N/A	GENERAL SUPPORT
KIPP SAN ANTONIO INC 731 FREDRICKSBURG RD SAN ANTONIO, TX 78201	41-2090713	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
KITTTYS PURRSUIT OF HAPPINESS PO BOX 1011 SPRING BRANCH, TX 78070	47-2566562	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
KLRN ENDOWMENT FUND INC. PO BOX 9 SAN ANTONIO, TX 78291	74-2709188	501(C)(3)	22,359.	0.	N/A	N/A	GENERAL SUPPORT

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LAITY RENEWAL FOUNDATION 719 EARL GARRETT ST KERRVILLE, TX 78028	74-2749249	501(C)(3)	51,044.	0.	N/A	N/A	GENERAL SUPPORT
LANDA GARDENS CONSERVANCY PO BOX 12243 SAN ANTONIO, TX 78212	20-1508875	501(C)(3)	8,588.	0.	N/A	N/A	GENERAL SUPPORT
LAUREN INTERNATIONAL, INC. PO BOX 37474 JACKSONVILLE, FL 32236	59-2981750	501(C)(3)	152,600.	0.	N/A	N/A	GENERAL SUPPORT
LIBRARIES WITHOUT BORDERS 6714 GLEN FAIR SAN ANTONIO, TX 78239	68-0666319	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
LIFE CHANGE CENTERS PO BOX 1094 BOERNE, TX 78006	82-3008564	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
LIFE'S LITTLE MIRACLES, CORP. - SAN ANTONIO - 3202 COMAL SPRINGS - SAN ANTONIO, TX 78253	82-1463016	501(C)(3)	9,000.	0.	N/A	N/A	GENERAL SUPPORT
LIFTFUND, INC. 2007 W MARTIN ST SAN ANTONIO, TX 78207	74-2712770	501(C)(3)	541,000.	0.	N/A	N/A	GENERAL SUPPORT
LINCOLN TRAIL COLLEGE FOUNDATION PO BOX 737 ROBINSON, IL 62454	23-7086566	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
LOS ANGELES HARBOR COLLEGE FOUNDATION - 1111 FIGUEROA PL - WILMINGTON, CA 90744	23-7307260	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT

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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	GENERAL SUPPORT
LUMINARIA PO BOX 120188 SAN ANTONIO, TX 78212	26-3764030	501(C)(3)	26,000.	0.	N/A	N/A	GENERAL SUPPORT
MADONNA CENTER INCORPORATED 1906 CASTROVILLE RD SAN ANTONIO, TX 78237	74-1143119	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
MAGDALENA MINISTRIES INC. PO BOX 692041 SAN ANTONIO, TX 78269	80-0251526	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
MAGIK CHILDREN'S THEATRE INC. 420 S ALAMO ST SAN ANTONIO, TX 78205	74-2707895	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
MASSACHUSETTS MUSEUM OF CONTEMPORARY ART FOUNDATION - 1040 MASS MOCA WAY - NORTH ADAMS, MA 01247	04-3113688	501(C)(3)	325,000.	0.	N/A	N/A	GENERAL SUPPORT
MCCALLIE SCHOOL, INC. 500 DODDS AVE CHATTANOOGA, TN 37404	62-0475837	501(C)(3)	5,300.	0.	N/A	N/A	GENERAL SUPPORT
MCNAY ART MUSEUM PO BOX 6069 SAN ANTONIO, TX 78209	74-1195277	501(C)(3)	760,748.	0.	N/A	N/A	GENERAL SUPPORT
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C)(3)	94,400.	0.	N/A	N/A	GENERAL SUPPORT

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MEDINA LAKE BETTERMENT ASSOCIATION, INC. - PO BOX 404 - LAKEHILLS, TX 78063	74-1617540	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
MERCED HOUSING TEXAS 212 WEST LAUREL SAN ANTONIO, TX 78212	74-2740889	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
METHODIST CHILDREN'S HOME 1111 HERRING AVE WACO, TX 76708	74-1109750	501(C)(3)	68,505.	0.	N/A	N/A	GENERAL SUPPORT
MID-TEXAS SYMPHONY SOCIETY, INC. 1000 W COURT ST # 3216 SEGUIN, TX 78155	74-2003063	501(C)(3)	7,107.	0.	N/A	N/A	GENERAL SUPPORT
MISSION ROAD DEVELOPMENTAL CENTER 8706 MISSION RD SAN ANTONIO, TX 78214	74-6024405	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT
MISSION ROAD MINISTRIES 8706 MISSION RD SAN ANTONIO, TX 78214	74-2958552	501(C)(3)	25,950.	0.	N/A	N/A	GENERAL SUPPORT
MONSTER MOMS INC 4407 WALZEM RD STE.105 SAN ANTONIO, TX 78218	82-1862889	501(C)(3)	23,636.	0.	N/A	N/A	GENERAL SUPPORT
MORGAN'S INCLUSION INITIATIVE 5210 THOUSAND OAKS DR SUITE #1318 SAN ANTONIO, TX 78233	84-5124052	501(C)(3)	8,500.	0.	N/A	N/A	GENERAL SUPPORT
MORGAN'S WONDERLAND 5223 DAVID EDWARDS DR SAN ANTONIO, TX 78233	26-1219640	501(C)(3)	15,950.	0.	N/A	N/A	GENERAL SUPPORT

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MORNINGSIDE MINISTRIES 7550 W INTERSTATE 10 STE 210 SAN ANTONIO, TX 78229	74-1388420	501(C)(3)	12,970.	0.	N/A	N/A	GENERAL SUPPORT
MOZART FESTIVAL TEXAS 4207 MILLSTEAD SAN ANTONIO, TX 78230	47-5538446	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL ASSOCIATION OF LATINO ARTS AND CULTURE - 1208 BUENA VISTA ST - SAN ANTONIO, TX 78207	74-2581293	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL COMPASSION FUND, LLC. 1450 DUKE STREET ALEXANDRIA, VA 22314	30-0022798	501(C)(3)	1,800,390.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL WESTERN ART MUSEUM DBA BRISCOE WESTERN ART MUSEUM - 210 W MARKET ST - SAN ANTONIO, TX 78205	30-0211961	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
NEIGHBORHOOD HOUSING SERVICES OF SAN ANTONIO - 851 STEVES AVE - SAN ANTONIO, TX 78210	74-2379794	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
NEW BRAUNFELS AREA COMMUNITY FOUNDATION - 801 W SAN ANTONIO ST - NEW BRAUNFELS, TX 78130	45-5342842	501(C)(3)	201,469.	0.	N/A	N/A	GENERAL 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	GENERAL SUPPORT
NONPROFIT COUNCIL INC 1150 N LOOP 1604 W SAN ANTONIO, TX 78248	03-0485670	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)



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NORTHEAST SENIOR ASSISTANCE 2903 NACOGDOCHES RD SAN ANTONIO, TX 78217	74-2405293	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
NORTHSIDE LIONS CHARITABLE FOUNDATION - 11230 W AVE STE 3104 - SAN ANTONIO, TX 78213	74-2594698	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
NORTHWEST ROTARY CLUB CHARITABLE FUND - PO BOX 781481 - SAN ANTONIO, TX 78278	74-2760009	501(C)(3)	12,500.	0.	N/A	N/A	GENERAL SUPPORT
NOWCASTSA 600 SOLEDAD ST, FL 6 SAN ANTONIO, TX 78205	90-0585154	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
OASIS INSTITUTE AKA SAN ANTONIO OASIS - 700 BABCOCK RD - SAN ANTONIO, TX 78201	26-2243879	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
OPEN COLLECTIVE FOUNDATION 340 S LEMON AVE # 3717 WALNUT, CA 91789	81-4004928	501(C)(3)	53,636.	0.	N/A	N/A	GENERAL SUPPORT
OPERA SAN ANTONIO PO BOX 2641 SAN ANTONIO, TX 78299	27-3552381	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
OPERATION WARM INC. 50 APPLIED BANK BLVD. GLEN MILLS, PA 19342	38-3663310	501(C)(3)	221,000.	0.	N/A	N/A	GENERAL SUPPORT
OUR LADY OF THE LAKE UNIVERSITY OF SAN ANTONIO - 411 SW 24TH ST - SAN ANTONIO, TX 78207	74-1109631	501(C)(3)	79,849.	0.	N/A	N/A	GENERAL SUPPORT

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P16PLUS COUNCIL OF GREATER BEXAR COUNTY FOUNDATION INC - 11103 WEST AVENUE - SAN ANTONIO, TX 78213	80-0174484	501(C)(3)	125,000.	0.	N/A	N/A	GENERAL SUPPORT
PALESTINE BAPTIST CHURCH 915 N ELMENDORF SAN ANTONIO, TX 78207	74-1979752	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
PATHWAYS VERMONT, INC. PO BOX 127 WINOOSKI, VT 05404	30-0604758	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
PECOS-BARSTOW-TOYAH ISD PO BOX 869 PECOS, TX 79772	74-6001867	501(C)(1)	122,812.	0.	N/A	N/A	GENERAL SUPPORT
PHIL HARDBERGER PARK CONSERVANCY 1021 VOELCKER # 4 SAN ANTONIO, TX 78248	26-3416476	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
PIPE CREEK CHRISTIAN SCHOOL INCORPORATED - PO BOX 63778 - PIPE CREEK, TX 78063	31-1695498	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
PLANNED PARENTHOOD SOUTH TEXAS 2140 BABCOCK RD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	119,250.	0.	N/A	N/A	GENERAL SUPPORT
PRIDE CENTER SAN ANTONIO INC 1303 MCCULLOUGH AVE STE 160 SAN ANTONIO, TX 78212	27-4917227	501(C)(3)	78,636.	0.	N/A	N/A	GENERAL SUPPORT
PRIMARILY PRIMATES, INC. 26099 DULL KNIFE TRAIL SAN ANTONIO, TX 78255	74-2164756	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT

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PROJECT MEND 5727 W IH 10 SAN ANTONIO, TX 78201	74-2647324	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
PROVIDENCE HOUSE, INC. 703 LEXINGTON AVE BROOKLYN, NY 11221	11-2594653	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
REACHING MAXIMUM INDEPENDENCE, INC. - 8242 VICAR DRIVE - SAN ANTONIO, TX 78218	74-2243259	501(C)(3)	60,450.	0.	N/A	N/A	GENERAL SUPPORT
RECOVERY IN MOTION 11127 CREEK EAGLE SAN ANTONIO, TX 78245	87-2901391	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT
RESIDENTIAL ENERGY ASSISTANCE PARTNERSHIP INC. (REAP) - PO BOX 1771 - SAN ANTONIO, TX 78296	46-0493200	501(C)(3)	29,500.	0.	N/A	N/A	GENERAL SUPPORT
RESTORE EDUCATION PO BOX 692338 SAN ANTONIO, TX 78269	26-2966263	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
RISE RECOVERY PO BOX 15322 SAN ANTONIO, TX 78212	74-2216041	501(C)(3)	67,734.	0.	N/A	N/A	GENERAL SUPPORT
RIVER CITY LIVING CHURCH 702 DONALDSON AVE SAN ANTONIO, TX 78201	74-2346008	501(C)(3)	19,601.	0.	N/A	N/A	GENERAL SUPPORT
RIVER PARISHES COMMUNITY COLLEGE FOUNDATION - 925 W. EDENBORNE PARKWAY - GONZALES, LA 70737	72-1465254	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT

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ROTARY CLUB OF SAN ANTONIO FOUNDATION - 110 BROADWAY, STE 220 - SAN ANTONIO, TX 78205	74-6067202	501(C)(3)	10,413.	0.	N/A	N/A	GENERAL SUPPORT
ROY MAAS YOUTH ALTERNATIVES INC. 3103 WEST AVE SAN ANTONIO, TX 78213	74-1914638	501(C)(3)	351,745.	0.	N/A	N/A	GENERAL SUPPORT
ROYAL ANIMAL REFUGE INC PO BOX 847 TYRONE, GA 30290	82-1049822	501(C)(3)	1,201,043.	0.	N/A	N/A	GENERAL SUPPORT
SA CHRISTIAN HOPE RESOURCE CENTER PO BOX 780904 SAN ANTONIO, TX 78278	74-2989365	501(C)(3)	72,500.	0.	N/A	N/A	GENERAL SUPPORT
SA TALENT INC. 112 E PECAN STE 2635 SAN ANTONIO, TX 78205	81-3677054	501(C)(3)	162,500.	0.	N/A	N/A	GENERAL SUPPORT
SA YOUTH 17890 BLANCO RD # 402 SAN ANTONIO, TX 78232	74-2333088	501(C)(3)	96,000.	0.	N/A	N/A	GENERAL SUPPORT
SACRAMENTO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 6201 FLORIN-PERKINS RD - SACRAMENTO, CA 95828	94-1312343	501(C)(3)	13,118.	0.	N/A	N/A	GENERAL SUPPORT
SADDLE LIGHT CENTER INC 17530 OLD EVANS RD SELMA, TX 78154	74-2612738	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
SAINT LUKES EPISCOPAL CHURCH 11 SAINT LUKES LN SAN ANTONIO, TX 78209	74-0143124	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT

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SAINT MARKS EPISCOPAL CHURCH 315 E PECAN ST SAN ANTONIO, TX 78205	74-1143125	501(C)(3)	156,716.	0.	N/A	N/A	GENERAL SUPPORT
SALVATION ARMY - SAN ANTONIO PO BOX 831 SAN ANTONIO, TX 78293	58-0660607	501(C)(3)	245,794.	0.	N/A	N/A	GENERAL SUPPORT
SAMARITAN'S ATTIC 338 BRANCH OAK WAY SHAVANO PARK, TX 78230	92-0540195	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
SAMSAT (SAN ANTONIO MUSEUM OF SCIENCE AND TECHNOLOGY) - 102 MABRY DR - SAN ANTONIO, TX 78226	32-0496345	501(C)(3)	59,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTO CULTURAL ARTS 2120 EL PASO ST SAN ANTONIO, TX 78207	74-2852981	501(C)(3)	27,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO ACADEMY OF TEXAS 117 E FRENCH PL SAN ANTONIO, TX 78212	74-0878670	501(C)(3)	3,620,617.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO AFRICAN AMERICAN COMMUNITY ARCHIVE AND MUSEUM DBA SAAACAM - 3737 BROADWAY STE 300 - SAN ANTONIO, TX 78209	82-2423422	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO BIRTH DOULAS 202 W FRENCH PL SAN ANTONIO, TX 78212	74-2927896	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO BOTANICAL GARDEN SOCIETY, INC. - PO BOX 6569 - SAN ANTONIO, TX 78209	74-2178792	501(C)(3)	24,474.	0.	N/A	N/A	GENERAL SUPPORT

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

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SAN ANTONIO CHILDRENS MUSEUM 2800 BROADWAY SAN ANTONIO, TX 78209	74-2659746	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO CHRISTIAN DENTAL CLINIC - PO BOX 831750 - SAN ANTONIO, TX 78283	74-2428161	501(C)(3)	52,500.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO CONSERVATION SOCIETY 107 KING WILLIAM ST SAN ANTONIO, TX 78204	74-1664620	501(C)(3)	17,292.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO FERAL CAT COALITION PO BOX 692308 SAN ANTONIO, TX 78269	76-0766948	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO FOOD BANK INC. 5200 ENRIQUE M BARRERA PKWY SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	902,800.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO FOR GROWTH ON THE EASTSIDE INC. - 220 CHESTNUT - SAN ANTONIO, TX 78202	74-2876270	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO FOUNDATION FOR EXCELLENCE IN EDUCATION INC. - 2411 SAN PEDRO AVE - SAN ANTONIO, TX 78212	74-2861587	501(C)(3)	96,780.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO HUMANE SOCIETY 4804 FREDRICKSBURG RD SAN ANTONIO, TX 78229	74-6024105	501(C)(3)	53,761.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO LIFETIME RECOVERY INC. PO BOX 5968 SAN ANTONIO, TX 78201	74-1540097	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT

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SAN ANTONIO LITTLE THEATRE INC. (THE PUBLIC THEATER OF SAN ANTONIO) - 800 W ASHBY PL - SAN ANTONIO, TX 78212	74-1166905	501(C)(3)	19,061.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO METROPOLITAN MINISTRY, INC. - 1919 NW LOOP 410 STE 100 - SAN ANTONIO, TX 78213	74-2285793	501(C)(3)	70,116.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO MUSEUM OF ART 200 W JONES AVE SAN ANTONIO, TX 78215	74-2689943	501(C)(3)	35,608.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO PETS ALIVE INC. 5545 FREDERICKSBURG RD, SUITE 240 SAN ANTONIO, TX 78229	45-4141531	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO PHILHARMONIC 523 MISSION VIEJO SAN ANTONIO, TX 78232	47-3139419	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO REPORT 126 GONZALES ST STE 100 SAN ANTONIO, TX 78205	47-4820476	501(C)(3)	18,132.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO WATER SYSTEM PO BOX 2990 SAN ANTONIO, TX 78299	74-6002070	501(C)(1)	6,495.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION - 303 PEARL PKWY STE 114 - SAN ANTONIO, TX 78215	27-5164994	501(C)(3)	23,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO ZOOLOGICAL SOCIETY 3903 N ST MARY'S ST SAN ANTONIO, TX 78212	74-1323695	501(C)(3)	63,737.	0.	N/A	N/A	GENERAL SUPPORT

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SAN FERNANDO CATHEDRAL 115 MAIN PLAZA SAN ANTONIO, TX 78205	74-1400826	501(C)(3)	21,048.	0.	N/A	N/A	GENERAL SUPPORT
SARAH ROBERTS FRENCH HOME 1315 TEXAS AVE SAN ANTONIO, TX 78201	74-1175881	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SAY SI 1310 S BRAZOS ST SAN ANTONIO, TX 78207	74-2759456	501(C)(3)	85,000.	0.	N/A	N/A	GENERAL SUPPORT
SC CHAPTER OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY - 1050 N POST OAK - HOUSTON, TX 77055	13-5661935	501(C)(3)	15,163.	0.	N/A	N/A	GENERAL SUPPORT
SCHREINER UNIVERSITY 2100 MEMORIAL BLVD KERRVILLE, TX 78028	74-1193459	501(C)(3)	54,770.	0.	N/A	N/A	GENERAL SUPPORT
SEGUIN YOUTH SERVICES INC. 919 N GUADALUPE ST SEGUIN, TX 78155	74-2852393	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
SHRINERS HOSPITALS FOR CHILDREN - SONNTAG DISTRIBUTION - PO BOX 31356 - TAMPA, FL 33631	36-2193608	501(C)(3)	37,054.	0.	N/A	N/A	GENERAL SUPPORT
SI SE PUEDE SCHOOLS 2215 LEAL STREET SAN ANTONIO, TX 78207	30-1075221	501(C)(3)	200,000.	0.	N/A	N/A	GENERAL SUPPORT
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN RD EVANSTON, IL 60201	36-2170145	501(C)(3)	11,505.	0.	N/A	N/A	GENERAL SUPPORT

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SLEW INC. 12525 NACOGDOCHES RD, STE 104 SAN ANTONIO, TX 78217	42-1580967	501(C)(3)	83,636.	0.	N/A	N/A	GENERAL SUPPORT
SOCIAL VENTURE PARTNERS SAN ANTONIO - 3911 FOSSIL CRK - SAN ANTONIO, TX 78261	83-2852601	501(C)(3)	9,600.	0.	N/A	N/A	GENERAL SUPPORT
SOUTHWEST OUTREACH FOR OLDER PEOPLE - 517 SW MILITARY DR - SAN ANTONIO, TX 78221	45-5521039	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SOUTHWESTERN UNIVERSITY PO BOX 770 GEORGETOWN, TX 78627	74-1233796	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
SPAY NEUTER INJECT PROTECT SAN ANTONIO - 4216 MCCULLOUGH AVE - SAN ANTONIO, TX 78212	20-4138968	501(C)(3)	50,300.	0.	N/A	N/A	GENERAL SUPPORT
SPAY-NEUTER ASSISTANCE PROGRAM PO BOX 70286 HOUSTON, TX 77270	76-0608925	501(C)(3)	64,362.	0.	N/A	N/A	GENERAL SUPPORT
ST MARKS EPISCOPAL CHURCH ENDOWMENT FUND - PO BOX 2950 - SAN ANTONIO, TX 78299	74-6031980	501(C)(3)	19,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. ANTHONY CATHOLIC SCHOOL 205 W HUISACHE AVE SAN ANTONIO, TX 78212	74-2368777	501(C)(3)	125,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. JUDE CHILDRENS RESEARCH HOSPITAL INC. - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	24,376.	0.	N/A	N/A	GENERAL SUPPORT

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ST. JUDES RANCH FOR CHILDREN TEXAS REGION INC. - 1400 RIDGE CREEK LN - BULVERDE, TX 78163	74-2469139	501(C)(3)	1,000,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. MARY'S UNIVERSITY ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	74-1143128	501(C)(3)	58,150.	0.	N/A	N/A	GENERAL SUPPORT
ST. STEPHEN'S EPISCOPAL SCHOOL - AUSTIN - 6500 ST STEPHEN'S DR - AUSTIN, TX 78746	74-1109670	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL SUPPORT
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	20,500.	0.	N/A	N/A	GENERAL SUPPORT
STARK STATE COLLEGE FOUNDATION 6200 FRANK AVE NW NORTH CANTON, OH 44720	34-1577595	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
STILL WATER CHRISTIAN MINISTRIES PO BOX 1885 BOERNE, TX 78006	74-3007857	501(C)(3)	13,200.	0.	N/A	N/A	GENERAL SUPPORT
STUDENTS OF SERVICE (SOS) PO BOX 780674 SAN ANTONIO, TX 78278	47-2212526	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
SUMMIT COUNTY FAMILY RESOURCE CENTER - PO BOX 1636 - SILVERTHORNE, CO 80498	84-1252900	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
SURVIVORS EMPOWERED, INC. 1315 S CLAYTON ST, SUITE 300 DENVER, CO 80210	82-2700791	501(C)(3)	101,104.	0.	N/A	N/A	GENERAL SUPPORT

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SYMPHONY SOCIETY OF SAN ANTONIO PO BOX 658 SAN ANTONIO, TX 78293	74-1185669	501(C)(3)	152,874.	0.	N/A	N/A	GENERAL SUPPORT
TEACH FOR AMERICA, INC. - SAN ANTONIO - PO BOX 23338 - SAN ANTONIO, TX 78223	13-3541913	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
TEAMABILITY, INC. 1711 N TRINITY SAN ANTONIO, TX 78201	30-0208271	501(C)(3)	350,000.	0.	N/A	N/A	GENERAL SUPPORT
TEATRO DE ARTES DE JUAN SEGUIN 1717 WESTVIEW SEGUIN, TX 78155	74-2239519	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
TELLURIDE FOUNDATION PO BOX 4222 TELLURIDE, CO 81435	84-1530768	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
TEMPLE BETH-EL 211 BELKNAP PL SAN ANTONIO, TX 78212	74-1246242	501(C)(3)	11,900.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS BIOMEDICAL RESEARCH INSTITUTE - 8715 W MILITARY DR - SAN ANTONIO, TX 78227	74-1109630	501(C)(3)	8,250.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS BURN SURVIVOR SOCIETY, INC 8531 N NEW BRAUNFELS STE 204 SAN ANTONIO, TX 78217	74-2786500	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS BUSINESS HALL OF FAME FOUNDATION - 3939 ESSEX LN, STE 100 - HOUSTON, TX 77027	75-1842638	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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TEXAS DIAPER BANK PO BOX 28447 SAN ANTONIO, TX 78228	74-2886380	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS PUBLIC RADIO 321 W COMMERCE ST SAN ANTONIO, TX 78205	74-2559514	501(C)(3)	20,818.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS RAMP PROJECT PO BOX 832065 RICHARDSON, TX 75083	33-1139484	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
THE BISMARCK STATE COLLEGE FOUNDATION - PO BOX 5587 - BISMARCK, ND 58506	45-0358929	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
THE GUILD FOR HUMAN SERVICES 521 VIRGINIA ROAD CONCORD, MA 01742	04-2104849	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
THE HOLDSWORTH CENTER 4907 RANCH ROAD 2222 AUSTIN, TX 78731	81-4254457	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
THE WORKER'S LAB 1111 BROADWAY OAKLAND, CA 94607	82-4788124	501(C)(3)	89,841.	0.	N/A	N/A	GENERAL SUPPORT
THRIVE YOUTH CENTER INC 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	47-1528452	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
THRIVEWELL CANCER FOUNDATION PO BOX 29331 SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	8,100.	0.	N/A	N/A	GENERAL SUPPORT

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THRU PROJECT 8103 BROADWAY STE 204 SAN ANTONIO, TX 78209	46-3961089	501(C)(3)	80,000.	0.	N/A	N/A	GENERAL SUPPORT
TISH MULTIPLE SCLEROSIS RESEARCH CENTER OF NEW YORK, INC. - 521 W 57TH ST FL 4 - NEW YORK, NY 10019	25-1922851	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
TRACYS KIDS INC. 5509 DEVON RD BETHESDA, MD 20814	26-3835257	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
TRANSPLANTS FOR CHILDREN 1107 WURZBACH ROAD, STE 201 SAN ANTONIO, TX 78230	74-2514759	501(C)(3)	17,640.	0.	N/A	N/A	GENERAL SUPPORT
TRI CITY ANIMAL SANCTUARY PO BOX 194 SOMERSET, TX 78069	42-1589520	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
TRINITY UNIVERSITY ONE TRINITY PLACE SAN ANTONIO, TX 78212	74-1109633	501(C)(3)	32,303.	0.	N/A	N/A	GENERAL SUPPORT
TRL PRODUCTIONS 250 SOUTHILL RD SAN ANTONIO, TX 78201	81-1376877	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
UNICEF - NEW YORK 125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	12,750.	0.	N/A	N/A	GENERAL SUPPORT
UNICORN CENTERS 4630 HAMILTON WOLFE RD SAN ANTONIO, TX 78229	74-2354808	501(C)(3)	5,666.	0.	N/A	N/A	GENERAL SUPPORT

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UNITED SERVICE ORGANIZATIONS (USO) NATIONAL - 3138 RAWLEY CHAMBERS, BLDG 3628 - SAN ANTONIO, TX 78219	13-1610451	501(C)(3)	221,750.	0.	N/A	N/A	GENERAL SUPPORT
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - PO BOX 898 - SAN ANTONIO, TX 78293	74-1272381	501(C)(3)	1,225,945.	0.	N/A	N/A	GENERAL SUPPORT
UNITED WAY WORLDWIDE 701 NORTH FAIRFAX ST ALEXANDRIA, VA 22314	13-1635294	501(C)(3)	221,000.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY HEALTH SYSTEM FOUNDATION - 4502 MEDICAL DR MS 1-2 - SAN ANTONIO, TX 78229	74-2335396	501(C)(3)	2,000,000.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF TEXAS AT AUSTIN 1 UNIVERSITY STATION AUSTIN, TX 78712	74-6000203	501(C)(1)	232,041.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF TEXAS AT SAN ANTONIO 1 UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	501(C)(1)	125,554.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF THE INCARNATE WORD - FOUNDATION, CORPORATE AND GOVERNMENT RELATION - 4301 BROADWAY CPO 308 - SAN ANTONIO, TX	74-1109661	501(C)(3)	37,253.	0.	N/A	N/A	GENERAL SUPPORT
URBAN ROOTS 4900 GONZALES ST AUSTIN, TX 78702	45-3954705	501(C)(3)	45,000.	0.	N/A	N/A	GENERAL SUPPORT
URBAN-15 GROUP 2500 S PRESA SAN ANTONIO, TX 78210	74-2334966	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT

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UT HEALTH SAN ANTONIO - CENTER FOR MEDICAL HUMANITIES AND ETHICS - 7703 FLOYD CURL DR - SAN ANTONIO, TX 78229	74-1586031	501(C)(3)	209,750.	0.	N/A	N/A	GENERAL SUPPORT
UTSA - ALUMNI ASSOCIATION 1 UTSA CIRCLE SAN ANTONIO, TX 78249	74-1977996	501(C)(3)	2,000,000.	0.	N/A	N/A	GENERAL SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240	62-0476822	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL SUPPORT
VETSTRONG 2826 PEPPERMILL RUN SAN ANTONIO, TX 78231	82-5492640	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
VISIONWORKS PO BOX 692153 SAN ANTONIO, TX 78269	74-2924336	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
VSC OF THE SA STATE HOSPITAL 6711 S NEW BRAUNFELS STE 100 SAN ANTONIO, TX 78223	74-1589603	501(C)(3)	9,387.	0.	N/A	N/A	GENERAL SUPPORT
WASHTENAW COMMUNITY COLLEGE FOUNDATION - 4800 E HURON RIVER DRIVE - ANN ARBOR, MI 48105	38-2575395	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
WEAVE INC. 1900 K ST SACRAMENTO, CA 95811	94-2493158	501(C)(3)	13,118.	0.	N/A	N/A	GENERAL SUPPORT
WECARE CLINIC - MEDICAL CARE FOR SPECIAL NEEDS - 775 PEMBROKE FAIRVIEW RD - PEMBROKE, KY 42266	81-2803975	501(C)(3)	9,000.	0.	N/A	N/A	GENERAL SUPPORT

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WEDGWOOD CIRCLE INSTITUTE 6506 LOISDALE RD STE 203 SPRINGFIELD, VA 22150	26-3899171	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
WHOLE WOMAN'S HEALTH ALLIANCE 1001 E. MARKET ST., SUITE 200 CHARLOTTESVILLE, VA 22902	46-5318393	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
WILDLIFE HABITAT COUNCIL 8737 COLESVILLE ROAD SILVER SPRING, MD 20910	52-1558579	501(C)(3)	221,000.	0.	N/A	N/A	GENERAL SUPPORT
WILDLIFE RESCUE AND REHABILITATION INC. - PO BOX 369 - KENDALIA, TX 78027	74-2012897	501(C)(3)	121,711.	0.	N/A	N/A	GENERAL SUPPORT
WITTE MUSEUM 3801 BROADWAY SAN ANTONIO, TX 78209	74-1400537	501(C)(3)	172,014.	0.	N/A	N/A	GENERAL SUPPORT
WOMAN'S CLUB OF SAN ANTONIO 1717 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2601452	501(C)(3)	12,292.	0.	N/A	N/A	GENERAL SUPPORT
WOMEN IN TRUCKING ASSOCIATION FOUNDATION, INC. - 1818 PARMENTER ST. STE. 300 - MIDDLETON, WI 53562	27-4170268	501(C)(3)	16,000.	0.	N/A	N/A	GENERAL SUPPORT
YANAWANA HERBOLARIOS 209 COUNTRY VIEW LANE FLORESVILLE, TX 78114	46-0969842	501(C)(3)	38,636.	0.	N/A	N/A	GENERAL SUPPORT
YMCA OF GREATER SAN ANTONIO 16103 HENDERSON PASS SAN ANTONIO, TX 78232	74-1109634	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT

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**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 noncash 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 YWCA - SAN ANTONIO - 503 CASTROVILLE RD - SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	1,100,000.	0.	N/A	N/A	GENERAL SUPPORT
YOUTH ORCHESTRAS OF SAN ANTONIO 106 AUDITORIUM CIR STE 130 SAN ANTONIO, TX 78205	74-1926713	501(C)(3)	54,264.	0.	N/A	N/A	GENERAL SUPPORT
YOUTH SPIRIT ARTWORKS 1740 ALCATRAZ AVE BERKELEY, CA 94703	20-8857392	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
ZACHARY SCOTT THEATRE CENTER 202 S LAMAR AUSTIN, TX 78704	74-1369410	501(C)(3)	8,500.	0.	N/A	N/A	GENERAL SUPPORT

**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	689	951,834.	0.	N/A	N/A
SCHOLARSHIP GRANTS	1689	5,065,189.	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. THE FOUNDATION STAFF ANNUALLY MONITORS COMPLIANCE WITH SCHOLARSHIP GRANT AGREEMENTS.

**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

**2022**

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 .....

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

**3** Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<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) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARJORIE FRENCH PRESIDENT/CEO	(i)	412,506.	19,876.	0.	18,300.	0.	450,682.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ARENDA BURNS CHIEF ADMINISTRATIVE OFFICER	(i)	205,679.	13,613.	0.	13,153.	10,800.	243,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CINDY CAMPBELL CHIEF FINANCIAL OFFICER	(i)	196,223.	12,613.	0.	12,525.	0.	221,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA BRUNSVOLD VP OF DEVELOPMENT AND DONOR SERVICES	(i)	181,634.	11,568.	0.	11,587.	3,375.	208,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICIA MEJIA VP COMMUNITY ENGAGEMENT	(i)	167,359.	10,867.	0.	10,689.	0.	188,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) APRIL HANSARD CONTROLLER	(i)	154,270.	8,000.	0.	9,731.	6,525.	178,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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	3	1,832,220.	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**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 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? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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)**

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

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**2022**

Open to Public  
Inspection

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SAN ANTONIO AREA FOUNDATION

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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 1A:

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. EACH MEMBER OF THE BOARD OF DIRECTORS ARE VERIFIED TO NOT HAVE A CONFLICT OF INTEREST REGARDING THEIR EVALUATION OR DECISION ON COMPENSATION. 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. THE EVALUATION DOCUMENTS ARE STORED WITH HUMAN RESOURCES AND THE DELIBERATION OF EXECUTIVE SESSION CAN

Name of the organization SAN ANTONIO AREA FOUNDATION	Employer identification number 74-6065414
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BE FOUND IN THE MINUTES OF THE SESSION.

IN REGARD TO OTHER OFFICERS AND KEY EMPLOYEES, THE CEO PREPARES A HUMAN RESOURCES ANALYSIS THAT INCLUDES A COUNCIL ON FOUNDATIONS COMPENSATION SUMMARY WITH THE MOST RECENTLY AVAILABLE BASE SALARIES. THE CEO USES THIS INFORMATION TO MAKE SALARY RECOMMENDATIONS FOR ALL STAFF. THIS INFORMATION WAS LAST USED IN 2022.

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 AND FORM 990 ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

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

CHANGE IN VALUE OF SPLIT INTEREST	-23,117,819.
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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

**2022**

**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 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	ATTRACT PUBLIC CHARTER SCHOOLS TO SAN ANTONIO	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
CITY EDUCATION PARTNERS - 47-4539590 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	CHARITABLE GRANTS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
GUNN FAMILY FOUNDATION - 74-2725791 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	CHARITABLE GRANTS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
RAPIER EDUCATIONAL FOUNDATION - 27-3574052 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	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) 2022

**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 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	CHARITABLE GRANTS	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
SAN ANTONIO AREA FOUNDATION REAL ESTATE SERVICE #10 - 26-1103106, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	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, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	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, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	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, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	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, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	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, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	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, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	REAL PROPERTY MANAGEMENT	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
THE FRIENDS OF THE CARVER ACADEMY/IDEA - 46-5154387, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	RAISE FUNDS FOR CARVER ACADEMY	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
JOHN L. SANTIKOS CHARITABLE FOUNDATION - 47-7326497, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	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, 155 CONCORD PLAZA DR, STE 301, SAN ANTONIO, TX 78216	PROMOTE HEALTHY EATING	TEXAS	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION	X	
STUDENTS + STARTUPS - 61-1949322 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	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
CHARITABLE REMAINDER TRUSTS (2) 155 CONCORD PLAZA, STE. 301 SAN ANTONIO, TX 78216	TRUSTS	TX	SAN ANTONIO AREA FOUNDATION	TRUST					X
SANTIKOS THEATERS LLC - 82-3945393 4630 N LOOP 1604 W STE 501 SAN ANTONIO, TX 78249	S CORPORATION	TX	JOHN L. SANTIKOS CHARITABLE	S CORP					X
ERNEST B. AND MARIE GRAHAM SCHOLARSHIP FUND - 81-5050142, 155 CONCORD PLAZA, STE. 301, SAN ANTONIO, TX 78216	SCHOLARSHIPS	TX	SAN ANTONIO AREA FOUNDATION	TRUST	-129,822.	7,888,069.	100%		X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JOHN L. SANTIKOS CHARITABLE FOUNDATION	C	3,257,361.	CASH
(2) CITY EDUCATION PARTNERS	S	60,000.	CASH
(3) JOHN L. SANTIKOS CHARITABLE FOUNDATION	S	1,084,221.	CASH
(4) RAPIER EDUCATIONAL FOUNDATION	S	72,000.	CASH
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(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