

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning		and ending	
B Check if applicable: <input 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	C Name of organization SAN ANTONIO AREA FOUNDATION		D Employer identification number 74-6065414
	Doing business as		E Telephone number 210-225-2243
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 155 CONCORD PLAZA DR 301		
	City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78216		G Gross receipts \$ 308,108,013.
	F Name and address of principal officer: NADEGE SOUVENIR SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
J Website: WWW.SAAFDN.ORG		H(c) Group exemption number 3910	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1964	M State of legal domicile: TX

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE SAN ANTONIO AREA FOUNDATION SERVES AS YOUR MOST TRUSTED AND IMPACTFUL PHILANTHROPIC PARTNER. THE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	54
	6	Total number of volunteers (estimate if necessary)	6	498
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	48,473,321.	44,881,873.
	9	Program service revenue (Part VIII, line 2g)	1,815,873.	2,133,543.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,722,546.	58,590,114.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	764,538.	2,424,306.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,776,278.	108,029,836.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,301,564.	44,323,810.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,304,259.	5,885,823.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	589,701.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,368,601.	6,245,842.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,974,424.	56,455,475.
19	Revenue less expenses. Subtract line 18 from line 12	20,801,854.	51,574,361.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	594,225,008.	640,685,033.
	21	Total liabilities (Part X, line 26)	27,667,752.	21,480,795.
	22	Net assets or fund balances. Subtract line 21 from line 20	566,557,256.	619,204,238.

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.					
Sign Here	Signature of officer				Date
	APRIL HANSARD, CHIEF FINANCIAL OFFICER				
	Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOSEPHINE BEHREND	JOSEPHINE BEHREND	11/13/25		P00715390
	Firm's name	Firm's EIN			
	RSM US LLP	42-0714325			
	Firm's address	Phone no.			
	19026 RIDGEWOOD PKWY, STE 400	210-828-6281			
	SAN ANTONIO, TX 78259				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

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

TO SERVE AS YOUR MOST TRUSTED AND IMPACTFUL PHILANTHROPIC PARTNER.

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☒
- Yes
- ☐
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code:) (Expenses \$
- 48,439,147.**
- including grants of \$
- 44,323,810.**
-) (Revenue \$
- 2,160,279.**
-)

THE SAN ANTONIO AREA FOUNDATION HELPS PEOPLE MAKE MEANINGFUL GIFTS TO IMPROVE THE QUALITY OF LIFE TODAY AND FOR GENERATIONS TO COME. THE AREA FOUNDATION PROVIDES A SIMPLE, POWERFUL, AND HIGHLY PERSONAL APPROACH TO GIVING, SO CONTRIBUTIONS CAN HAVE AN EVERLASTING IMPACT ON THE COMMUNITY. THE AREA FOUNDATION CONTRIBUTES THROUGH GRANTS AND SCHOLARSHIPS FUELED BY DONORS, HELPS NONPROFITS FURTHER AND STRENGTHEN THEIR MISSION, AND PROVIDES LEADERSHIP FOR KEY COMMUNITY ISSUES.

- 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
- 48,439,147.**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	X
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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
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>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 78	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	54
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/A
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/A
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	N/A
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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 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.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. 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.	17	N/A

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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14			
b Enter the number of voting members included on line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	

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, 301, SAN ANTONIO, TX 78216

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) NADEGE SOUVENIR CHIEF EXECUTIVE OFFICER	44.00 4.00			X				338,055.	0.	26,840.
(2) LISA BRUNSVOLD CHIEF DEVELOPMENT OFICER	44.00 4.00			X				312,075.	0.	29,172.
(3) LORI MADLA EXECUTIVE ASSISTANT (UNTIL 8/14/24)	40.00 1.00				X			319,417.	0.	9,979.
(4) ARENDA BURNS CHIEF OPERATING OFFICER	44.00 4.00			X				254,421.	0.	36,152.
(5) APRIL HANSARD CHIEF FINANCIAL OFFICER	44.00 4.00			X				217,032.	0.	31,986.
(6) JENNIFER COOK DIRECTOR OF STRATEGY AND IMPACT	40.00 1.00				X			167,129.	0.	27,718.
(7) JANE PACCIONE MANAGING DIRECTOR OF COLLECTIVE IMPA	40.00 1.00				X			131,564.	0.	7,945.
(8) HERNAN ROZEMBERG EXECUTIVE DIRECTOR OF MARKETING AND	40.00 1.00				X			117,683.	0.	19,403.
(9) ELISE PARMA ACCOUNTING MANAGER	38.00 6.00				X			121,820.	0.	14,432.
(10) RYAN LUGALIA-HOLLON CHIEF IMPACT OFFICER	44.00 4.00			X				53,568.	0.	3,214.
(11) ALEX PEREZ CHAIRMAN	2.00 2.00	X		X				0.	0.	0.
(12) GENERAL TOM HILL PAST CHAIR	2.00 2.00	X		X				0.	0.	0.
(13) BARBARA (BARBIE) O'CONNOR CHAIR-ELECT (UNTIL 10/4/2024)	2.00 2.00	X		X				0.	0.	0.
(14) SUZANNE WADE VICE CHAIR	2.00 2.00	X		X				0.	0.	0.
(15) SARAH HARTE SECRETARY	2.00 2.00	X		X				0.	0.	0.
(16) MICHAEL BOLNER TREASURER	2.00 2.00	X		X				0.	0.	0.
(17) MARI AGUIRRE RODRIGUEZ 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) JORGE ELIZONDO DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) BLAKE HASTINGS DIRECTOR (UNTIL 5/4/2024)	1.00 1.00	X						0.	0.	0.
(21) ROBERT HERNANDEZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) DAVID KOMET DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) DEBBIE SEROT DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) GURPAUL SINGH DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) DR. MORRIS STRIBLING DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) HARRY W. WOLFF, JR. DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Subtotal								2,032,764.	0.	206,841.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,032,764.	0.	206,841.

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

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- 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
- 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
- 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

	Yes	No
3		X
4	X	
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
NEPC LLC 255 STATE ST, BOSTON, MA 02109	INVESTMENT MANAGEMENT	360,728.
RSM US, LLP, 19026 RIDGEWOOD PKWY, STE 400, SAN ANTONIO, TX 78259	PROFESSIONAL SERVICES	324,107.
CREWCIAL PARTNERS LLC 810 SEVENTH AVE 32ND FL, NEW YORK, NY 10019	INVESTMENT MANAGEMENT	213,594.
KITTLEMAN AND ASSOCIATES LLC 200 S WACKER DR 31ST FL, CHICAGO, IL 60606	PROFESSIONAL SERVICES	106,667.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,533,653.				
	d Related organizations	1d	11,345,660.				
	e Government grants (contributions)	1e	675,803.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	30,326,757.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,117,064.				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a ADMIN FEE REVENUE	Business Code					
		900099		1,977,128.	1,977,128.		
	b PROGRAM REVENUE	900099		156,415.	156,415.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,133,543.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			18,318,420.			18318420.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			1,746,012.			1746012.
	6 a Gross rents	6a	(i) Real (ii) Personal				
			211,200.				
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	211,200.				
	d Net rental income or (loss)			211,200.			211,200.
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other				
			240,187,525.				
	b Less: cost or other basis and sales expenses	7b	199,915,085.				
	c Gain or (loss)	7c	40,272,440.	-746.			
	d Net gain or (loss)			40,271,694.			40271694.
	8 a Gross income from fundraising events (not including \$ 2,533,653. of contributions reported on line 1c). See Part IV, line 18	8a	602,704.				
	b Less: direct expenses	8b	162,346.				
	c Net income or (loss) from fundraising events			440,358.			440,358.
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099		26,736.	26,736.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			26,736.			
12 Total revenue. See instructions			108029836.	2,160,279.	0.	60987684.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	36,083,150.	36,083,150.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,031,416.	8,031,416.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	209,244.	209,244.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,302,515.	240,234.	909,696.	152,585.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,806,055.	1,356,738.	2,200,157.	249,160.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,335.	82,461.	126,994.	14,880.
9 Other employee benefits	184,048.	70,573.	105,471.	8,004.
10 Payroll taxes	368,870.	124,867.	218,407.	25,596.
11 Fees for services (nonemployees):				
a Management				
b Legal	162,954.	17,661.	145,293.	
c Accounting	269,450.	6,645.	262,805.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,344,456.		1,344,456.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,100,440.	575,674.	524,766.	
12 Advertising and promotion	110,212.	4,409.	105,803.	
13 Office expenses	231,168.	55,358.	126,328.	49,482.
14 Information technology	575,558.	393,787.	163,370.	18,401.
15 Royalties	27,450.	27,450.		
16 Occupancy	954,999.	369,732.	529,607.	55,660.
17 Travel	112,705.	18,360.	94,345.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	252,706.	193,742.	58,964.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,563.	10,494.	79,489.	1,580.
23 Insurance	96,815.	391.	96,424.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSES	644,578.	475,699.	168,879.	
b DUES & SUBSCRIPTIONS	83,724.	29,332.	54,392.	
c REPAIRS AND MAINTENANCE	76,222.	29,449.	42,983.	3,790.
d MEALS & ENTERTAINMENT	71,238.	18,146.	42,529.	10,563.
e All other expenses	39,604.	14,135.	25,469.	
25 Total functional expenses. Add lines 1 through 24e	56,455,475.	48,439,147.	7,426,627.	589,701.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,587,180.	1	6,601,868.
	2 Savings and temporary cash investments	53,052,086.	2	55,385,534.
	3 Pledges and grants receivable, net	8,046,817.	3	5,614,178.
	4 Accounts receivable, net	559,180.	4	599,208.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	441,842.	9	315,220.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 807,321.		
	b Less: accumulated depreciation	10b 248,157.		
		623,603.	10c	559,164.
	11 Investments - publicly traded securities	329,031,300.	11	358,571,752.
	12 Investments - other securities. See Part IV, line 11	192,341,889.	12	208,997,794.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,541,111.	15	4,040,315.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	594,225,008.	16	640,685,033.	
Liabilities	17 Accounts payable and accrued expenses	1,210,875.	17	1,123,717.
	18 Grants payable	945,487.	18	744,355.
	19 Deferred revenue	38,206.	19	20,621.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	20,650,198.	21	15,115,150.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	139,642.	24	122,697.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,683,344.	25	4,354,255.
	26 Total liabilities. Add lines 17 through 25	27,667,752.	26	21,480,795.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	226,644,764.	27	244,208,419.
	28 Net assets with donor restrictions	339,912,492.	28	374,995,819.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	566,557,256.	32	619,204,238.
	33 Total liabilities and net assets/fund balances	594,225,008.	33	640,685,033.

Part XI Reconciliation of Net AssetsCheck 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	108,029,836.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,455,475.
3	Revenue less expenses. Subtract line 2 from line 1	3	51,574,361.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	566,557,256.
5	Net unrealized gains (losses) on investments	5	-1,531,016.
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	2,603,637.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	619,204,238.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
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? _____		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number	
--------------------------------	--

74-6065414

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

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		
Total						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	59985164.	58884959.	51862762.	48473321.	44881873.	264088079
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	59985164.	58884959.	51862762.	48473321.	44881873.	264088079
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						76484714.
6 Public support. Subtract line 5 from line 4.						187603365

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	59985164.	58884959.	51862762.	48473321.	44881873.	264088079
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8331791.	9855250.	14800036.	16117002.	20275632.	69379711.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1517011.	431,383.	9,974.	0.	0.	1958368.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,840.	290.	89,392.	164,230.	26,736.	293,488.
11 Total support. Add lines 7 through 10						335719646

12 Gross receipts from related activities, etc. (see instructions)	12	
13 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	<input type="checkbox"/>	

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	55.88 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	52.77 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2023. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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

**Schedule B
(Form 990)**(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

SAN ANTONIO AREA FOUNDATION

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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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

Employer identification number

SAN ANTONIO AREA FOUNDATION

74-6065414

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
<u>1</u>		\$ <u>10,337,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>8,349,435.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>3,000,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,996,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>2,292,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>2,189,880.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SAN ANTONIO AREA FOUNDATION

74-6065414

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		\$ 1,171,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,040,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

74-6065414

Part II

[illegible]

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

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	181	0
2 Aggregate value of contributions to (during year)	19,593,778.	0.
3 Aggregate value of grants from (during year)	21,120,264.	0.
4 Aggregate value at end of year	157,935,793.	0.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

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

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

d ☐ Loan or exchange program

b ☒ Scholarly research

e ☐ Other _____

c ☒ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 in 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	155,939,793.	134,707,543.	150,646,811.	124,130,243.	114,041,874.
b Contributions	3,177,386.	3,232,666.	1,579,591.	10,544,776.	24,087.
c Net investment earnings, gains, and losses	37,631,182.	26,339,887.	-10,121,125.	23,008,256.	17,399,606.
d Grants or scholarships	5,607,455.	4,221,640.	2,191,727.	2,206,041.	2,468,427.
e Other expenditures for facilities and programs	11,168.	32,117.	74,964.	59,651.	53,863.
f Administrative expenses	4,799,256.	4,086,546.	5,131,043.	4,770,772.	4,813,036.
g End of year balance	186,330,482.	155,939,793.	134,707,543.	150,646,811.	124,130,241.

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

a Board designated or quasi-endowment .4789 %

b Permanent endowment 93.5311 %

c Term endowment 5.9900 %

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:

(i) Unrelated organizations? ☒ Yes ☐ No

(ii) Related organizations? ☒ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☒ Yes ☐ No

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		272,090.	41,036.	231,054.
d Equipment		241,306.	149,078.	92,228.
e Other		143,925.	58,043.	85,882.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				559,164.

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	185,345,769.	END-OF-YEAR MARKET VALUE
(C) MINERAL INTERESTS	16,651,961.	END-OF-YEAR MARKET VALUE
(D) PARTNERSHIP INVESTMENTS	6,259,394.	END-OF-YEAR MARKET VALUE
(E) REAL ESTATE	740,670.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	208,997,794.	

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	4,354,255.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,354,255.

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.

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

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

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

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

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 THAT 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 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 XIII **Supplemental Information** *(continued)***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)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization: SAN ANTONIO AREA FOUNDATION
Employer identification number: 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.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (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. Rows include Europe (including Iceland & Greenland) and Central America and the Caribbean.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL SUPPORT	8,500.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	45,360.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	30,424.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	37,800.	WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	68,040.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **5**

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	6	19,120.	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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

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.

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

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
Open to Public
Inspection

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 nongovernment 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?
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.

Table with 6 columns: (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. Includes a Total row at the bottom.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration
or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 MPC GIVES 2024 INVITAT	(b) Event #2 RENAISSANCE WITH THE STA	(c) Other events 2	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	2,770,453.	124,218.	241,686.	3,136,357.
	2 Less: Contributions	2,222,731.	104,778.	206,144.	2,533,653.
	3 Gross income (line 1 minus line 2)	547,722.	19,440.	35,542.	602,704.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		50,791.	1,261.	52,052.
	7 Food and beverages		63,995.	1,773.	65,768.
	8 Entertainment		29,169.	2,250.	31,419.
	9 Other direct expenses		8,978.	4,129.	13,107.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				162,346.
	11 Net income summary. Subtract line 10 from line 3, column (d)				440,358.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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 | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

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 the 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.

Part IV	Supplemental Information <i>(continued)</i>
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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
RAYMOND JAMES CHARITABLE ENDOWMENT FUND - PO BOX 23559 - ST. PETERSBURG, FL 33742	59-3652538	501(C)(3)	3,197,710.	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)	1,518,344.	0.	N/A	N/A	GENERAL SUPPORT
UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY - PO BOX 898 - SAN ANTONIO, TX 78293-0898	74-1272381	501(C)(3)	1,358,848.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF TEXAS FOUNDATION 9011 MOUNTAIN RIDGE, STE 150 AUSTIN, TX 78759	74-1587488	501(C)(3)	1,020,500.	0.	N/A	N/A	GENERAL SUPPORT
AID THE SILENT 8126 BROADWAY STREET SAN ANTONIO, TX 78209	47-2883437	501(C)(3)	1,006,618.	0.	N/A	N/A	GENERAL SUPPORT
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY - 241 EARL GARRETT ST - KERVILLE, TX 78028	74-2225369	501(C)(3)	1,001,403.	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 **373.**
- 3** Enter total number of other organizations listed in the line 1 table **6.**

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

Schedule I (Form 990) (Rev. 12-2024)

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
NEW BRAUNFELS FOOD BANK 5200 HISTORIC OLD HWY 90 SAN ANTONIO, TX 78227-2209	74-2122979	501(C)(3)	809,350.	0.	N/A	N/A	GENERAL SUPPORT
BRIGHTON CENTER 14207 HIGGINS RD SAN ANTONIO, TX 78217	74-2331826	501(C)(3)	760,000.	0.	N/A	N/A	GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF SAN ANTONIO - 1045 CHEEVER BLVD, STE 201 - SAN ANTONIO, TX 78217	74-2393714	501(C)(3)	735,000.	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)	660,750.	0.	N/A	N/A	GENERAL SUPPORT
DORA MAAR CULTURAL CENTER 2121 SAGE RD, STE 235 HOUSTON, TX 77056	83-0748135	501(C)(3)	640,000.	0.	N/A	N/A	GENERAL SUPPORT
LIFTFUND, INC. 2014 SOUTH HACKBERRY STREET SAN ANTONIO, TX 78210	74-2712770	501(C)(3)	545,500.	0.	N/A	N/A	GENERAL SUPPORT
CENTERS FOR APPLIED SCIENCE AND TECHNOLOGY NETWORK - 200 E BASSE RD, STE 201 - SAN ANTONIO, TX 78209	82-5253554	501(C)(3)	507,339.	0.	N/A	N/A	GENERAL SUPPORT
UT HEALTH SAN ANTONIO 7703 FLOYD CURL DR MC 7835 SAN ANTONIO, TX 78229-3900	74-1586031	501(C)(3)	468,697.	0.	N/A	N/A	GENERAL SUPPORT
CLASSICAL MUSIC INSTITUTE CMI PO BOX 6846 SAN ANTONIO, TX 78209	90-0398328	501(C)(3)	466,286.	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
OPERA SAN ANTONIO PO BOX 2641 SAN ANTONIO, TX 78299-2641	27-3552381	501(C)(3)	457,286.	0.	N/A	N/A	GENERAL SUPPORT
LIFETIME RECOVERY PO BOX 5968 SAN ANTONIO, TX 78201	74-1540097	501(C)(3)	437,000.	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)	432,518.	0.	N/A	N/A	GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	426,000.	0.	N/A	N/A	GENERAL SUPPORT
GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP RD SAN ANTONIO, TX 78216-2812	74-1109759	501(C)(3)	405,950.	0.	N/A	N/A	GENERAL SUPPORT
UNITED SERVICE ORGANIZATIONS (USO) NATIONAL - PO BOX 96860 - WASHINGTON, DC 20077-7677	13-1610451	501(C)(3)	400,250.	0.	N/A	N/A	GENERAL SUPPORT
CONNECTIONS INDIVIDUAL AND FAMILY SERVICES, INC. - PO BOX 311268 - NEW BRAUNFELS, TX 78131	74-2179169	501(C)(3)	400,000.	0.	N/A	N/A	GENERAL SUPPORT
JUNIOR ACHIEVEMENT USA ONE EDUCATION WAY COLORADO SPRINGS, CO 80906-4477	84-1267604	501(C)(3)	400,000.	0.	N/A	N/A	GENERAL SUPPORT
THE UNIVERSITY OF TEXAS AT AUSTIN 1 UNIVERSITY STATION AUSTIN, TX 78712-7159	74-6000203	501(C)(1)	345,771.	0.	N/A	N/A	GENERAL SUPPORT

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GUARDIAN HOUSE 1354 BASSE RD SAN ANTONIO, TX 78212	74-2780384	501(C)(3)	336,000.	0.	N/A	N/A	GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS INC. - SAN ANTONIO - 10843 GULFDAL - SAN ANTONIO, TX 78216	74-1897630	501(C)(3)	300,000.	0.	N/A	N/A	GENERAL SUPPORT
HELP ONE NOW (HELP END LOCAL POVERTY) - PO BOX 26716 - RALEIGH, NC 27611	26-3618295	501(C)(3)	300,000.	0.	N/A	N/A	GENERAL SUPPORT
MORNINGSIDE MINISTRIES 137 W FRENCH PL SAN ANTONIO, TX 78212	74-1388420	501(C)(3)	281,676.	0.	N/A	N/A	GENERAL SUPPORT
WITTE MUSEUM 3801 BROADWAY SAN ANTONIO, TX 78209	74-1400537	501(C)(3)	270,695.	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)	265,727.	0.	N/A	N/A	GENERAL SUPPORT
MCNAY ART MUSEUM PO BOX 6069 SAN ANTONIO, TX 78209-0069	74-1195277	501(C)(3)	263,438.	0.	N/A	N/A	GENERAL SUPPORT
CHRYSALIS MINISTRIES 509 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-1914047	501(C)(3)	250,000.	0.	N/A	N/A	GENERAL SUPPORT
RISE RECOVERY 2803 MOSSROCK SAN ANTONIO, TX 78230	74-2216041	501(C)(3)	243,930.	0.	N/A	N/A	GENERAL SUPPORT

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THE GIVING GROVE 300 EAST 39TH STREET KANSAS CITY, MO 64111	46-5000184	501(C)(3)	225,000.	0.	N/A	N/A	GENERAL SUPPORT
GARDOPIA GARDENS 122 TIMBERLANE SAN ANTONIO, TX 78209	47-4927209	501(C)(3)	225,000.	0.	N/A	N/A	GENERAL SUPPORT
INTERNATIONAL BIRD RESCUE 4369 CORDELIA ROAD FAIRFIELD, CA 94534	94-1739027	501(C)(3)	225,000.	0.	N/A	N/A	GENERAL SUPPORT
THE UNIVERSITY OF TEXAS AT SAN ANTONIO - ONE UTSA CIRCLE - SAN ANTONIO, TX 78249	74-1717115	501(C)(1)	218,043.	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)	206,716.	0.	N/A	N/A	GENERAL SUPPORT
ASSISTANCE LEAGUE OF SAN ANTONIO PO BOX 13130 SAN ANTONIO, TX 78213-0130	74-2330690	501(C)(3)	202,500.	0.	N/A	N/A	GENERAL SUPPORT
ROTARY CLUB OF SAN ANTONIO FOUNDATION - 118 BROADWAY, STE 319 - SAN ANTONIO, TX 78205	74-6067202	501(C)(3)	201,293.	0.	N/A	N/A	GENERAL SUPPORT
SA CHRISTIAN HOPE RESOURCE CENTER PO BOX 780904 SAN ANTONIO, TX 78278	74-2989365	501(C)(3)	201,000.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO COLLEGES FOUNDATION INC. 2222 N ALAMO ST SAN ANTONIO, TX 78215	74-2422589	501(C)(3)	178,000.	0.	N/A	N/A	GENERAL SUPPORT

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HEADWATERS AT THE COMAL 333 E KLINGEMANN NEW BRAUNFELS, TX 78130	82-2200071	501(C)(3)	175,000.	0.	N/A	N/A	GENERAL SUPPORT
FORM COMMUNITIES INC 6851 CLUBHOUSE WAY SAN ANTONIO, TX 78229	82-0559940	501(C)(3)	165,000.	0.	N/A	N/A	GENERAL SUPPORT
PUTTING AN END TO ABUSE THROUGH COMMUNITY EFFORTS INITIATIVE - 1443 S ST MARY'S ST - SAN ANTONIO, TX 78210	46-0483780	501(C)(3)	165,000.	0.	N/A	N/A	GENERAL SUPPORT
EMPOWER HOUSE SA (PREV MARTINEZ STREET WOMEN'S CENTER) - 801 NORTH OLIVE ST - SAN ANTONIO, TX 78202	74-2934053	501(C)(3)	160,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN INDIANS IN TEXAS AT THE SPANISH COLONIAL MISSIONS - 1616 E. COMMERCE - SAN ANTONIO, TX 78205	74-2717029	501(C)(3)	160,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. MARK'S EPISCOPAL CHURCH 315 E PECAN ST SAN ANTONIO, TX 78205-1819	74-1143125	501(C)(3)	153,523.	0.	N/A	N/A	GENERAL SUPPORT
REAL LIFE COMMUNITY OUTREACH 16765 LOOKOUT ROAD SELMA, TX 78154	86-3469753	501(C)(3)	150,000.	0.	N/A	N/A	GENERAL SUPPORT
FAMILY SERVICE ASSOCIATION 702 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-1117341	501(C)(3)	148,258.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO FOUNDATION FOR EXCELLENCE IN EDUCATION INC. - 1270 W SUMMIT - SAN ANTONIO, TX 78201	74-2861587	501(C)(3)	140,742.	0.	N/A	N/A	GENERAL SUPPORT

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PROJECT QUEST, INC 800 QUINTANA RD, BLDG 8 SAN ANTONIO, TX 78211	74-2643545	501(C)(3)	140,000.	0.	N/A	N/A	GENERAL SUPPORT
ANY BABY CAN - SAN ANTONIO 217 HOWARD ST SAN ANTONIO, TX 78212	74-2684333	501(C)(3)	135,250.	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)	133,500.	0.	N/A	N/A	GENERAL SUPPORT
BEXAR COUNTY PERFORMING ARTS CENTER FOUNDATION DBA TOBIN CENTER FOR THE PERFORMI - 115 AUDITORIUM CIR - SAN ANTONIO, TX 78205	26-1517165	501(C)(3)	130,000.	0.	N/A	N/A	GENERAL SUPPORT
ARTPACE INC. 445 N MAIN AVE SAN ANTONIO, TX 78205-1441	04-3757857	501(C)(3)	128,700.	0.	N/A	N/A	GENERAL SUPPORT
TRAVIS PARK UNITED METHODIST CHURCH - 230 E TRAVIS ST - SAN ANTONIO, TX 78205	74-1152600	501(C)(3)	125,000.	0.	N/A	N/A	GENERAL SUPPORT
P16PLUS COUNCIL OF GREATER BEXAR COUNTY FOUNDATION INC. DBA UP PARTNERSHIP - 11103 WESTG AVE, STE 2101 - SAN ANTONIO, TX 78213	80-0174484	501(C)(3)	125,000.	0.	N/A	N/A	GENERAL SUPPORT
LAUREN INTERNATIONAL, INC. 1057 WOODSTOCK AVE JACKSONVILLE, FL 32254	59-2981750	501(C)(3)	124,500.	0.	N/A	N/A	GENERAL SUPPORT
PROJECT MEND 5015 WURZBACH RD. SAN ANTONIO, TX 78238	74-2647324	501(C)(3)	123,500.	0.	N/A	N/A	GENERAL SUPPORT

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FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	122,941.	0.	N/A	N/A	GENERAL SUPPORT
RECOVERYWERKS 790 LANDA STREET NEW BRAUNFELS, TX 78130	47-3519239	501(C)(3)	120,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. ANTHONY CATHOLIC SCHOOL 205 W HUISACHE AVE SAN ANTONIO, TX 78212-8801	74-2368777	501(C)(3)	120,000.	0.	N/A	N/A	GENERAL SUPPORT
PECOS-BARSTOW-TOYAH ISD PO BOX 869 PECOS, TX 79772	74-6001867	501(C)(3)	116,500.	0.	N/A	N/A	GENERAL SUPPORT
TEAMABILITY, INC. 5210 THOUSAND OAKS DRIVE, STE 1333 SAN ANTONIO, TX 78233	30-0208271	501(C)(3)	114,000.	0.	N/A	N/A	GENERAL SUPPORT
THE ARC OF SAN ANTONIO INC 13430 WEST AVE SAN ANTONIO, TX 78216-2005	74-1200110	501(C)(3)	112,750.	0.	N/A	N/A	GENERAL SUPPORT
DISCOVERY CAMPS, INC. PO BOX 692153 SAN ANTONIO, TX 78269	74-2924336	501(C)(3)	110,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO SPORTS FOUNDATION PO BOX 830386 SAN ANTONIO, TX 78283-0386	74-2471362	501(C)(3)	110,000.	0.	N/A	N/A	GENERAL SUPPORT
CHILDSAFE 3730 IH-10 EAST SAN ANTONIO, TX 78220	74-2633697	501(C)(3)	105,500.	0.	N/A	N/A	GENERAL SUPPORT

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SAN PEDRO PLAYHOUSE DBA SAN ANTONIO LITTLE THEATRE INC. - 800 W ASHBY PL - SAN ANTONIO, TX 78212	74-1166905	501(C)(3)	102,843.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN CANCER SOCIETY - DALLAS 270 PEACHTREE ST NW, STE 1300 ATLANTA, GA 30303	13-1788491	501(C)(3)	101,500.	0.	N/A	N/A	GENERAL SUPPORT
CHILDREN'S SHELTER 2939 W WOODLAWN AVE SAN ANTONIO, TX 78228	74-1109660	501(C)(3)	101,000.	0.	N/A	N/A	GENERAL SUPPORT
SALOC PO BOX 830824 SAN ANTONIO, TX 78383	74-2669879	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL SUPPORT
THE ENGLISH FAMILY RISE SCHOOL OF SAN ANTONIO, INC. - 911 CENTRAL PARKWAY NORTH - SAN ANTONIO, TX 78232	93-2412684	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL SUPPORT
SA TALENT INC. 112 E PECAN, STE 2635 SAN ANTONIO, TX 78205	81-3677054	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL SUPPORT
CULTURINGUA 5460 BABCOCK RD #120 SAN ANTONIO, TX 78240	84-1940407	501(C)(3)	100,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO LEGAL SERVICES ASSOCIATION - PO BOX 12404 - SAN ANTONIO, TX 78212	32-0092986	501(C)(3)	96,000.	0.	N/A	N/A	GENERAL SUPPORT
THRU PROJECT 4502 CENTERVIEW DR., STE 225 SAN ANTONIO, TX 78228	46-3961089	501(C)(3)	94,000.	0.	N/A	N/A	GENERAL SUPPORT

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SAY SI 1310 S BRAZOS ST SAN ANTONIO, TX 78207	74-2759456	501(C)(3)	91,000.	0.	N/A	N/A	GENERAL SUPPORT
TRINITY UNIVERSITY ONE TRINITY PLACE # 49 SAN ANTONIO, TX 78212	74-1109633	501(C)(3)	88,182.	0.	N/A	N/A	GENERAL SUPPORT
HEARD NATURAL SCIENCE MUSEUM AND WILDLIFE SANCTUARY, INC. - ONE NATURE PLACE - MCKINNEY, TX 75069	75-1317961	501(C)(3)	88,000.	0.	N/A	N/A	GENERAL SUPPORT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION YWCA - SAN ANTONIO - 503 CASTROVILLE RD - SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	87,500.	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)	86,300.	0.	N/A	N/A	GENERAL SUPPORT
ARCHDIOCESE OF SAN ANTONIO - CATHOLIC TELEVISION - 2718 W WOODLAWN AVE - SAN ANTONIO, TX 78228	74-1109740	501(C)(3)	85,504.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL DBA KLRN - PO BOX 9 - SAN ANTONIO, TX 78291-0009	74-2461534	501(C)(3)	84,500.	0.	N/A	N/A	GENERAL SUPPORT
ANIMAL DEFENSE LEAGUE 11300 NACOGDOCHES RD SAN ANTONIO, TX 78217	74-6002033	501(C)(3)	84,090.	0.	N/A	N/A	GENERAL SUPPORT
ROY MAAS YOUTH ALTERNATIVES INC. 3103 WEST AVE SAN ANTONIO, TX 78213	74-1914638	501(C)(3)	83,648.	0.	N/A	N/A	GENERAL SUPPORT

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BRITISH SCHOOLS AND UNIVERSITIES FOUNDATION - 575 MADISON AVENUE, STE 1006 - NEW YORK, NY 10022-2511	13-6161189	501(C)(3)	82,750.	0.	N/A	N/A	GENERAL SUPPORT
BELIEVE IT FOUNDATION 4242 BROADWAY, STE 706 SAN ANTONIO, TX 78209	30-0512535	501(C)(3)	80,000.	0.	N/A	N/A	GENERAL SUPPORT
MEALS ON WHEELS SAN ANTONIO 2718 DANBURY ST. SAN ANTONIO, TX 78217	74-1948646	501(C)(3)	78,175.	0.	N/A	N/A	GENERAL SUPPORT
WOODLAWN THEATRE DBA WONDER THEATRE - 1920 FREDERICKSBURG RD - SAN ANTONIO, TX 78201	45-4109079	501(C)(3)	75,828.	0.	N/A	N/A	GENERAL SUPPORT
HOUSE OF NEIGHBORLY SERVICE 407 N CALAVERAS SAN ANTONIO, TX 78207	74-1153442	501(C)(3)	75,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS PUBLIC RADIO 321 W COMMERCE ST SAN ANTONIO, TX 78205	74-2559514	501(C)(3)	72,896.	0.	N/A	N/A	GENERAL SUPPORT
WILDLIFE RESCUE AND REHABILITATION INC. - PO BOX 369 - KENDALIA, TX 78027	74-2012897	501(C)(3)	71,762.	0.	N/A	N/A	GENERAL SUPPORT
CHILD ADVOCATES SAN ANTONIO 1956 S WW WHITE RD SAN ANTONIO, TX 78222	74-2494625	501(C)(3)	70,000.	0.	N/A	N/A	GENERAL SUPPORT
OUR LADY OF THE LAKE UNIVERSITY OF SAN ANTONIO - 411 SW 24TH ST - SAN ANTONIO, TX 78207-4689	74-1109631	501(C)(3)	68,562.	0.	N/A	N/A	GENERAL SUPPORT

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CELEBRATE DYSLEXIA 10131 W MILITARY DR, STE 104 SAN ANTONIO, TX 78251	84-2654436	501(C)(3)	68,000.	0.	N/A	N/A	GENERAL SUPPORT
BRACKENRIDGE PARK CONSERVANCY PO BOX 6311 SAN ANTONIO, TX 78209	26-3416330	501(C)(3)	65,000.	0.	N/A	N/A	GENERAL SUPPORT
METHODIST CHILDREN'S HOME 1111 HERRING AVE WACO, TX 76708	74-1109750	501(C)(3)	64,050.	0.	N/A	N/A	GENERAL SUPPORT
ST. MARY'S UNIVERSITY ONE CAMINO SANTA MARIA SAN ANTONIO, TX 78228	74-1143128	501(C)(3)	64,000.	0.	N/A	N/A	GENERAL SUPPORT
ADMIRAL NIMITZ FOUNDATION 328 E MAIN ST FREDERICKSBURG, TX 78624	74-1492692	501(C)(3)	62,809.	0.	N/A	N/A	GENERAL SUPPORT
THRIVEWELL CANCER FOUNDATION PO BOX 29331 SAN ANTONIO, TX 78229	26-0371270	501(C)(3)	62,100.	0.	N/A	N/A	GENERAL SUPPORT
YMCA OF GREATER SAN ANTONIO 16103 HENDERSON PASS SAN ANTONIO, TX 78232	74-1109634	501(C)(3)	60,500.	0.	N/A	N/A	GENERAL SUPPORT
BLUEPRINT MINISTRIES, INC. PO BOX 782128 SAN ANTONIO, TX 78278	35-2238290	501(C)(3)	60,000.	0.	N/A	N/A	GENERAL SUPPORT
MAGIK CHILDRENS THEATRE OF SAN ANTONIO - 420 S ALAMO ST - SAN ANTONIO, TX 78205	74-2707895	501(C)(3)	60,000.	0.	N/A	N/A	GENERAL SUPPORT

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THE ALINE B. CARTER FOUNDATION PO BOX 120396 SAN ANTONIO, TX 78212	99-4569772	501(C)(3)	60,000.	0.	N/A	N/A	GENERAL SUPPORT
SOCIAL VENTURE PARTNERS SAN ANTONIO - 20770 N HIGHWAY 281, STE 108 - SAN ANTONIO, TX 78258	83-2852601	501(C)(3)	56,700.	0.	N/A	N/A	GENERAL SUPPORT
MADONNA CENTER INCORPORATED 1906 CASTROVILLE RD SAN ANTONIO, TX 78237	74-1143119	501(C)(3)	55,000.	0.	N/A	N/A	GENERAL SUPPORT
CITY YEAR INC. 109B N SAN SABA SAN ANTONIO, TX 78207-3118	22-2882549	501(C)(3)	55,000.	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)	55,000.	0.	N/A	N/A	GENERAL SUPPORT
RESTORE EDUCATION PO BOX 692338 SAN ANTONIO, TX 78269	26-2966263	501(C)(3)	54,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO REPORT 711 NAVARRO STREET, STE 535 SAN ANTONIO, TX 78205	47-4820476	501(C)(3)	53,750.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO HUMANE SOCIETY 4804 FREDRICKSBURG RD SAN ANTONIO, TX 78229	74-6024105	501(C)(3)	53,012.	0.	N/A	N/A	GENERAL SUPPORT
FAMILY VIOLENCE PREVENTION SERVICES, INC. - 7911 BROADWAY ST - SAN ANTONIO, TX 78209	74-1994151	501(C)(3)	52,750.	0.	N/A	N/A	GENERAL SUPPORT

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ECUMENICAL CENTER FOR RELIGION AND HEALTH - 8310 EWING HALSELL DR - SAN ANTONIO, TX 78229	74-1587388	501(C)(3)	52,500.	0.	N/A	N/A	GENERAL SUPPORT
GOOD SAMARITAN CENTER (FREDERICKSBURG COMMUNITY HEALTH CENTER) - 140 INDUSTRIAL LOOP, STE 100 - FREDERICKSBURG, TX	91-2129853	501(C)(3)	52,500.	0.	N/A	N/A	GENERAL SUPPORT
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL INC - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)(3)	52,500.	0.	N/A	N/A	GENERAL SUPPORT
GUADALUPE CULTURAL ARTS CENTER 723 S BRAZOS ST SAN ANTONIO, TX 78207	74-2036976	501(C)(3)	51,200.	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)	51,000.	0.	N/A	N/A	GENERAL SUPPORT
CROSSPOINT INC. 301 YUCCA SAN ANTONIO, TX 78203	74-6058916	501(C)(3)	51,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO CHRISTIAN DENTAL CLINIC - PO BOX 831750 - SAN ANTONIO, TX 78283	74-2428161	501(C)(3)	51,000.	0.	N/A	N/A	GENERAL SUPPORT
MUSICAL BRIDGES AROUND THE WORLD, INC. - 23705 IH-10 WEST, STE 101 - SAN ANTONIO, TX 78257	74-2891493	501(C)(3)	50,750.	0.	N/A	N/A	GENERAL SUPPORT
THRIVE YOUTH CENTER INC P.O. BOX 831631 SAN ANTONIO, TX 78283	47-1528452	501(C)(3)	50,500.	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
ALZHEIMER'S ASSOCIATION - SAN ANTONIO AND SOUTH TEXAS CHAPTER - 1100 NORTHWEST LOOP 410, STE 302 - SAN ANTONIO, TX 78213	13-3039601	501(C)(3)	50,250.	0.	N/A	N/A	GENERAL SUPPORT
GODS DOGS RESCUE 12750 TRAWALTER LN VON ORMY, TX 78073	47-2023186	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
100 BLACK MEN OF SAN ANTONIO INC. 1104 DENVER BLVD SAN ANTONIO, TX 78210	74-2924578	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN GATEWAYS 314 E HIGHLAND MALL BLVD, STE 501 AUSTIN, TX 78752	74-2578266	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN GI FORUM NATIONAL VETERANS OUTREACH PROGRAM INC - 611 N FLORES, STE 200 - SAN ANTONIO, TX 78205	74-2033203	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
ARMS OF HOPE 21300 STATE HIGHWAY 16 N MEDINA, TX 78055-3820	51-0416193	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
CATHOLIC COMMUNITY FOUNDATION 111 BARILLA PL SAN ANTONIO, TX 78209	20-5817370	501(C)(3)	50,000.	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)	50,000.	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)	50,000.	0.	N/A	N/A	GENERAL SUPPORT

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SAN ANTONIO LIGHTHOUSE FOR THE BLIND DBA VIBRANT WORKS - 2305 ROOSEVELT - SAN ANTONIO, TX 78210-4920	74-1339051	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
LIVE MORE RECOVERY 10226 IRONSIDE DRIVE SAN ANTONIO, TX 78230	92-3125271	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
NATIONAL ASSOCIATION OF LATINO ARTS AND CULTURE AKA NALAC - 1208 BUENA VISTA ST - SAN ANTONIO, TX 78207	74-2581293	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO PETS ALIVE INC. PO BOX 830006 SAN ANTONIO, TX 78283	45-4141531	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
SOUTH ALAMO REGIONAL ALLIANCE FOR THE HOMELESS (SARAH) DBA CLOSE TO HOME - 4400 S PIEDRAS DR, STE 129 - SAN ANTONIO, TX 78228	74-3013287	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. STEPHEN'S EPISCOPAL SCHOOL - AUSTIN - 6500 ST STEPHEN'S DR - AUSTIN, TX 78746-9948	74-1109670	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS RAMP PROJECT PO BOX 832065 RICHARDSON, TX 75083	33-1139484	501(C)(3)	50,000.	0.	N/A	N/A	GENERAL SUPPORT
HEALY-MURPHY CENTER 618 LIVE OAK SAN ANTONIO, TX 78202	74-1667875	501(C)(3)	50,000.	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)	49,336.	0.	N/A	N/A	GENERAL SUPPORT

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AGARITA CHAMBER PLAYERS 117 INSLEE AVE SAN ANTONIO, TX 78209	82-4695428	501(C)(3)	47,000.	0.	N/A	N/A	GENERAL SUPPORT
ANTIOCH MISSIONARY BAPTIST CHURCH 1001 N WALTERS ST SAN ANTONIO, TX 78202	74-2048437	501(C)(3)	45,491.	0.	N/A	N/A	GENERAL SUPPORT
LA PRENSA FOUNDATION 800 QUINTANA RD, STE 200 SAN ANTONIO, TX 78211	74-2766511	501(C)(3)	45,000.	0.	N/A	N/A	GENERAL SUPPORT
PLANNED PARENTHOOD SOUTH TEXAS 2140 BABCOCK RD SAN ANTONIO, TX 78229	74-1297211	501(C)(3)	44,250.	0.	N/A	N/A	GENERAL SUPPORT
BOYSVILLE, INC. PO BOX 369 CONVERSE, TX 78109	74-1207553	501(C)(3)	43,849.	0.	N/A	N/A	GENERAL SUPPORT
SALVATION ARMY - SAN ANTONIO PO BOX 831 SAN ANTONIO, TX 78293-0831	58-0660607	501(C)(3)	43,578.	0.	N/A	N/A	GENERAL SUPPORT
DAILY BREAD MINISTRIES 3559 BELGIUM LN SAN ANTONIO, TX 78219	74-2863470	501(C)(3)	42,500.	0.	N/A	N/A	GENERAL SUPPORT
ST. GEORGE MARONITE CATHOLIC CHURCH - 6070 BABCOCK RD - SAN ANTONIO, TX 78240	74-1485911	501(C)(3)	40,500.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO COMMUNITY RESOURCE DIRECTORY AKA SACRD - 1150 N LOOP 1604 W, STE 108-511 - SAN ANTONIO, TX 78248	83-4051815	501(C)(3)	40,000.	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.)

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SPECIAL REACH INC. 535 BANDERA ROAD, STE #200 SAN ANTONIO, TX 78228	45-1967838	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL SUPPORT
WINGS RESCUE CENTER PO BOX 1912 ROCKPORT, TX 78381	30-0931951	501(C)(3)	40,000.	0.	N/A	N/A	GENERAL SUPPORT
50CAN INC 1380 MONROE STREET NW WASHINGTON, DC 20010	27-3069592	501(C)(3)	38,603.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO AREA FRIENDS OF ANIMAL CARE SERVICES - 84 GRANDBURG CIR - SAN ANTONIO, TX 78218	84-1663447	501(C)(3)	38,000.	0.	N/A	N/A	GENERAL SUPPORT
THE NATIONAL INSTITUTE OF MEXICAN AMERICAN HISTORY OF CIVIL RIGHTS (MEXICAN AMER - PO BOX 12085 - SAN ANTONIO, TX 78212	84-1926914	501(C)(3)	37,500.	0.	N/A	N/A	GENERAL SUPPORT
CITY EDUCATION PARTNERS 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	47-4539590	501(C)(3)	36,000.	0.	N/A	N/A	GENERAL SUPPORT
A DOGGIE 4 YOU 1931 BUMP GATE RD PIPE CREEK, TX 78063	26-2578483	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL SUPPORT
HOPE HITS HARDER 1613 MIKULA PLACE NEW BRAUNFELS, TX 78130	46-1995037	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL SUPPORT
SA LIFE ACADEMY 308 MT CALVARY DR SAN ANTONIO, TX 78209	20-5613727	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL SUPPORT

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SAN ANTONIO FESTIVAL OF BOOKS, INC. - 4007 MCCULLOUGH AVENUE - SAN ANTONIO, TX 78212	84-4575069	501(C)(3)	35,000.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF TULSA 800 S TUCKER DR TULSA, OK 74104	73-0579298	501(C)(3)	34,747.	0.	N/A	N/A	GENERAL SUPPORT
WESTERN RESERVE ACADEMY 115 COLLEGE STREET HUDSON, OH 44236	34-0714390	501(C)(3)	33,766.	0.	N/A	N/A	GENERAL SUPPORT
SHRINERS HOSPITALS FOR CHILDREN - SONNTAG DISTRIBUTION - PO BOX 31356 - TAMPA, FL 33631-3356	36-2193608	501(C)(3)	33,340.	0.	N/A	N/A	GENERAL SUPPORT
AUSTIN THEATRE ALLIANCE (PARAMOUNT THEATRE FOR THE PERFORMING ARTS, INC.) - 713 CONGRESS AVE - AUSTIN, TX 78701	74-2975922	501(C)(3)	32,500.	0.	N/A	N/A	GENERAL SUPPORT
GEMINI SERIES INC. (GEMINI INK) 1111 NAVARRO ST SAN ANTONIO, TX 78205	74-2774094	501(C)(3)	32,500.	0.	N/A	N/A	GENERAL SUPPORT
CATHOLIC CHARITIES ARCHDIOCESE OF SAN ANTONIO - 202 W FRENCH PL - SAN ANTONIO, TX 78212	74-1109743	501(C)(3)	31,994.	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)	31,620.	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)	30,200.	0.	N/A	N/A	GENERAL SUPPORT

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TRIPLE H EQUITHERAPY CENTER 791 BACKHAUS RD PIPE CREEK, TX 78063	74-2746369	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
SLEW INC. (SUPPORT LENDING FOR EMOTIONAL WELL-BEING) - 12525 NACOGDOCHES RD, STE 104 - SAN ANTONIO, TX 78217	42-1580967	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
FOOTBRIDGE FOUNDATION INC. 431 KING WILLIAM SAN ANTONIO, TX 78204	82-4079560	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
VANDERBILT UNIVERSITY 2301 VANDERBILT PL NASHVILLE, TN 37240-7727	62-0476822	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
FUERZA UNIDA 710 NEW LAREDO HWY SAN ANTONIO, TX 78211	74-2615917	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
NONPROFIT COUNCIL INC 1150 N LOOP 1604 W SAN ANTONIO, TX 78248	03-0485670	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
BULVERDE AREA HUMANE SOCIETY PO BOX 50 BULVERDE, TX 78163	74-2283493	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
CHILDREN AT RISK, INC P.O. BOX 56003 HOUSTON, TX 77256	76-0360533	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT
BAMBERGER RANCH PRESERVE 2341 BLUE RIDGE DR JOHNSON CITY, TX 78636	30-0041245	501(C)(3)	30,000.	0.	N/A	N/A	GENERAL SUPPORT

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H.I.S. BRIDGEBUILDERS - SAN ANTONIO - 422 PIKE RD - SAN ANTONIO, TX 78209	81-2967361	501(C)(3)	29,500.	0.	N/A	N/A	GENERAL SUPPORT
JEWISH FEDERATION OF SAN ANTONIO 12500 NW MILITARY HWY SAN ANTONIO, TX 78231	74-1109662	501(C)(3)	29,343.	0.	N/A	N/A	GENERAL SUPPORT
SICKLE CELL DISEASE ASSOCIATION OF AMERICA MICHIGAN CHAPTER INC. - 18516 JAMES COUZENS FWY - DETROIT, MI 48235	38-1963640	501(C)(3)	28,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO RIVER FOUNDATION PO BOX 830045 SAN ANTONIO, TX 78283	42-1602181	501(C)(3)	27,848.	0.	N/A	N/A	GENERAL SUPPORT
LUMINARIA PO BOX 120188 SAN ANTONIO, TX 78212	26-3764030	501(C)(3)	27,500.	0.	N/A	N/A	GENERAL SUPPORT
MOSAS PERFORMANCE FUND 1314 GUADALUPE STREET, STE 201 SAN ANTONIO, TX 78207	47-3139419	501(C)(3)	27,286.	0.	N/A	N/A	GENERAL SUPPORT
URBAN-15 GROUP 2500 S PRESA SAN ANTONIO, TX 78210	74-2334966	501(C)(3)	26,250.	0.	N/A	N/A	GENERAL SUPPORT
BARSHOP JEWISH COMMUNITY CENTER OF SAN ANTONIO - 12500 NW MILITARY HWY, STE 275 - SAN ANTONIO, TX 78231	74-1152783	501(C)(3)	26,200.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO BOTANICAL GARDEN SOCIETY, INC. - PO BOX 6569 - SAN ANTONIO, TX 78209-0569	74-2178792	501(C)(3)	26,192.	0.	N/A	N/A	GENERAL SUPPORT

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ABODE CONTEMPLATIVE CARE FOR THE DYING - PO BOX 47640 - SAN ANTONIO, TX 78265	27-3691295	501(C)(3)	26,000.	0.	N/A	N/A	GENERAL SUPPORT
TEMPLE BETH-EL 211 BELKNAP PLACE SAN ANTONIO, TX 78212	74-1246242	501(C)(3)	25,764.	0.	N/A	N/A	GENERAL SUPPORT
KINETIC KIDS PO BOX 690993 SAN ANTONIO, TX 78269-0993	74-3080076	501(C)(3)	25,500.	0.	N/A	N/A	GENERAL SUPPORT
EACH ONE TEACH ONE 815 EL MONTE BLVD SAN ANTONIO, TX 78201	38-3813982	501(C)(3)	25,406.	0.	N/A	N/A	GENERAL SUPPORT
AM PROJECT 2500 MCCULLOUGH AVE SAN ANTONIO, TX 78212	47-4661001	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
ALELUYA MINISTRIES OF HOPE INC 230 PEREIDA ST SAN ANTONIO, TX 78210-1145	27-2344923	501(C)(3)	25,000.	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
BULVERDE SENIOR CENTER PO BOX 353 BULVERDE, TX 78163	74-2625611	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
CAMP PHOENIX (PHOENIX CENTER) PO BOX 732 MARBLE FALLS, TX 78654	26-0310507	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT

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HEARTGIFT FOUNDATION 3310 W. BRAKER LN, STE 300 #704 AUSTIN, TX 78758	74-2967809	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
CARVER DEVELOPMENT BOARD 226 N HACKBERRY ST SAN ANTONIO, TX 78202	74-2480343	501(C)(3)	25,000.	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
FOR HER 8546 BROADWAY ST, STE 255 SAN ANTONIO, TX 78217	46-3307140	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
GIRLS ON THE RUN OF BEXAR COUNTY 10223 MCALLISTER FREEWAY, STE 101 SAN ANTONIO, TX 78216	27-3619254	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
HOPEWEST PO BOX 2132 MEEKER, CO 81641	84-1207388	501(C)(3)	25,000.	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
NATIONAL CHRISTIAN CHARITABLE FOUNDATION, INC. - 1150 SANCTUARY PARKWAY, STE 350 - ALPHARETTA, GA 30009	58-1493949	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
PIONEERS HEALTHCARE FOUNDATION INC 100 PIONEERS MEDICAL CENTER DR MEEKER, CO 81641	45-2539644	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT

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R3 STUDENT OUTREACH 2555 CASTROVILLE ROAD, STE 104 SAN ANTONIO, TX 78237	84-2460492	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
RESIDENTIAL ENERGY ASSISTANCE PARTNERSHIP INC. - PO BOX 1771 - SAN ANTONIO, TX 78296	46-0493200	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTO CULTURAL ARTS 2120 EL PASO ST SAN ANTONIO, TX 78207	74-2852981	501(C)(3)	25,000.	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
SOUTHWEST OUTREACH FOR OLDER PEOPLE (RIDE CONNECT TEXAS) - 517 SW MILITARY DR - SAN ANTONIO, TX 78221	45-5521039	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
SPAY NEUTER NETWORK P.O.BOX 515 KAUFMAN, TX 75142	20-0276988	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS TRIBAL BUFFALO PROJECT 2463 FM 1269 WAELDER, TX 78959	85-3887724	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
I CARE SAN ANTONIO, INC. 1 HAVEN FOR HOPE WAY BLDG 1, STE 20 SAN ANTONIO, TX 78207	74-2690192	501(C)(3)	25,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. JUDE CHILDRENS RESEARCH HOSPITAL INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38104	62-0646012	501(C)(3)	24,594.	0.	N/A	N/A	GENERAL SUPPORT

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CHRIST EPISCOPAL CHURCH 510 BELKNAP PL SAN ANTONIO, TX 78212-3493	74-1180188	501(C)(3)	24,148.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF THE INCARNATE WORD 4301 BROADWAY CPO 309 SAN ANTONIO, TX 78209	74-1109661	501(C)(3)	23,682.	0.	N/A	N/A	GENERAL SUPPORT
MORGAN'S WONDERLAND 5223 DAVID EDWARDS DR SAN ANTONIO, TX 78233	26-1219640	501(C)(3)	23,600.	0.	N/A	N/A	GENERAL SUPPORT
FAITH UNITED CHURCH OF CHRIST 970 LOOP 337 NEW BRAUNFELS, TX 78130	13-1957221	501(C)(3)	23,000.	0.	N/A	N/A	GENERAL SUPPORT
SADDLE LIGHT CENTER INC 17530 OLD EVANS RD SELMA, TX 78154-3801	74-2612738	501(C)(3)	22,500.	0.	N/A	N/A	GENERAL SUPPORT
LOW VISION RESOURCE CENTER 1250 NE LOOP 410, STE 800 SAN ANTONIO, TX 78209	74-2930723	501(C)(3)	21,500.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO CONSERVATION SOCIETY 1146 S ALAMO STREET SAN ANTONIO, TX 78210	74-1664620	501(C)(3)	21,368.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS BUSINESS HALL OF FAME FOUNDATION - PO BOX 22048 - HOUSTON, TX 77227	75-1842638	501(C)(3)	21,173.	0.	N/A	N/A	GENERAL SUPPORT
AUTISM COMMUNITY NETWORK 535 BANDERA SAN ANTONIO, TX 78228	26-2592058	501(C)(3)	21,000.	0.	N/A	N/A	GENERAL SUPPORT

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MISSION ROAD DEVELOPMENTAL CENTER 8706 MISSION RD SAN ANTONIO, TX 78214	74-6024405	501(C)(3)	20,300.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO CHILDRENS MUSEUM DBA THE DOSEUM - 2800 BROADWAY - SAN ANTONIO, TX 78209	74-2659746	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
SALA DIAZ, INC. 517 STIEREN ST SAN ANTONIO, TX 78210	56-2561093	501(C)(3)	20,000.	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
SAMARITAN'S ATTIC 338 BRANCH OAK WAY SHAVANO PARK, TX 78230	92-0540195	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
SA YOUTH 17890 BLANCO RD # 402 SAN ANTONIO, TX 78232	74-2333088	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
SPOTLIGHT THEATER & ARTS GROUP, ETC. (STAGE INC) - PO BOX 75 - BULVERDE, TX 78163	74-2089292	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
LITTLE ANGELS OF MARY 1374 COPPER POINT DR. NEW BRAUNFELS, TX 78130	92-2730720	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
SOUTHWESTERN UNIVERSITY PO BOX 770 GEORGETOWN, TX 78627-0770	74-1233796	501(C)(3)	20,000.	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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UNDIES FOR EVERYONE 3610 WILLOWBEND #1000 HOUSTON, TX 77054	46-0640114	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO RISING STARS INC. 2134 DANIEL BOONE SAN ANTONIO, TX 78238	82-2968307	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
BETHEL HORIZONS FOUNDATION, INC. 312 WISCONSIN AVE MADISON, WI 53703	23-7017755	501(C)(3)	20,000.	0.	N/A	N/A	GENERAL SUPPORT
OPEN TRAIL INC. 28710 BOERNE STAGE RD BOERNE, TX 78006	38-3875160	501(C)(3)	19,577.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO YOUNG WOMEN'S LEADERSHIP ACADEMY FOUNDATION - 155 CONCORD PLAZA, STE 301 - SAN ANTONIO, TX 78216	27-5164994	501(C)(3)	19,250.	0.	N/A	N/A	GENERAL SUPPORT
MISSION ROAD MINISTRIES 8706 MISSION RD SAN ANTONIO, TX 78214-3144	74-2958552	501(C)(3)	18,800.	0.	N/A	N/A	GENERAL SUPPORT
BRADY HIGH SCHOOL 2301 HWY 190 BRADY, TX 76825	74-6000386	501(C)(1)	18,479.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS STATE UNIVERSITY 601 UNIVERSITY DR SAN MARCOS, TX 78666-4602	72-1579293	501(C)(1)	18,333.	0.	N/A	N/A	GENERAL SUPPORT
RIVER CITY LIVING CHURCH 702 DONALDSON AVE SAN ANTONIO, TX 78201-4851	74-2346008	501(C)(3)	18,299.	0.	N/A	N/A	GENERAL SUPPORT

Schedule I (Form 990)

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WOMAN'S CLUB OF SAN ANTONIO 1717 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2601452	501(C)(3)	15,368.	0.	N/A	N/A	GENERAL SUPPORT
TMI THE EPISCOPAL SCHOOL (TEXAS MILITARY INSTITUTE) - 20955 WEST TEJAS TRAIL - SAN ANTONIO, TX 78257-1603	74-1109666	501(C)(3)	15,250.	0.	N/A	N/A	GENERAL SUPPORT
CHOSEN CARE INC - NEW BRAUNFELS 144 CLEMENS AVE NEW BRAUNFELS, TX 78130	81-2872095	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
ALS ASSOCIATION 1300 WILSON BLVD, STE 600 ARLINGTON, VA 22209	13-3271855	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
ANGER SOLUTIONS NETWORK (LIFE SKILLS FOR LIVING) - 900 NE LOOP 410, STE D307 - SAN ANTONIO, TX 78209	31-1731468	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
ATASCOSA ANIMAL ALLIES INC 1240 W OAKLAWN RD, STE 101, PMB 195 PLEASANTON, TX 78064	82-3068046	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
AUTISM TREATMENT CENTER INC. - SAN ANTONIO - 15911 NACOGDOCHES - SAN ANTONIO, TX 78247	75-1518193	501(C)(3)	15,000.	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
ARTVANGO THERAPEUTIC SERVICES, INC. - 3201 CHERRY RIDGE ST. STE B 202 - SAN ANTONIO, TX 78230	82-2427166	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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DAISY FUND (DAISY CARES) 5200 HISTORIC OLD US HIGHWAY 90 SAN ANTONIO, TX 78227	35-2372827	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
ETOSHA RESCUE & ADOPTION PO BOX 1688 SEGUIN, TX 78155	31-1630377	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
DISABILITYSA PO BOX 28243 SAN ANTONIO, TX 78228-0243	81-4443195	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
CHURCH UNDER THE BRIDGE 724 CHESTNUT STREET SAN ANTONIO, TX 78202	36-4328915	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
DEE HOWARD FOUNDATION 3331 GENERAL HUDNELL DRIVE SAN ANTONIO, TX 78226	81-4636512	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
DISTRICT 2-A2 SIGHT & 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
CONVERSE ANIMAL SHELTER, INC. 9634 SCHAEFER RD CONVERSE, TX 78109-0644	74-2197306	501(C)(3)	15,000.	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
CHAMPIONS FORE CHARITY P.O.BOX 690330 SAN ANTONIO, TX 78269	74-2904514	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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ANUJA SA, INC PO BOX 591801 SAN ANTONIO, TX 78260	45-2836698	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
NORTHEAST SENIOR ASSISTANCE 2903 NACOGDOCHES RD SAN ANTONIO, TX 78217	74-2405293	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
MARBLE FALLS INCLUSIVE PLAY GROUP 700 6TH ST. MARBLE FALLS, TX 78654	88-2983040	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
MULTI-ASSISTANCE CENTER AT MORGAN'S WONDERLAND - 5025 DAVID EDWARDS DRIVE, STE. 1318 - SAN ANTONIO, TX 78233	83-1978281	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
JUMP-START PERFORMANCE COMPANY 710 FREDERICKSBURG RD SAN ANTONIO, TX 78201	74-2371461	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
ILLUMINATING FUTURE FOUNDATION INC 7508 ECUREIL DR AUSTIN, TX 78738	93-1606332	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
KING'S COMPASSION 11943 CEDAR GREY SAN ANTONIO, TX 78249	27-5131736	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
LEADERS READERS NETWORK PO BOX 1313 CANYON, TX 79015	36-4753948	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
LOUISE H. BATZ PATIENT SAFETY FOUNDATION - 117 W MISTLETOE AVE - SAN ANTONIO, TX 78212	26-4765497	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT

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JUSTICE FOR ALL IMMIGRANTS 2220 BROADWAY STREET HOUSTON, TX 77012	47-2079630	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
WILSON COUNTY AREA ALLIANCE FOR ANIMAL WELL-BEING - 8806 US HIGHWAY 181 NORTH, STE B - FLORESVILLE, TX 78114	92-2852934	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
ST. LUKE'S EPISCOPAL CHURCH 11 ST LUKES LN SAN ANTONIO, TX 78209	74-1143124	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS A AND M SAN ANTONIO FOUNDATION - ONE UNIVERSITY WAY - SAN ANTONIO, TX 78224	26-4168896	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS GRANDPARENTS RAISING GRANDCHILDREN - 7719 BARHILL POST - SAN ANTONIO, TX 78254	84-1976315	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
TRACYS PAWS RESCUE PO BOX 849 HONDO, TX 78861	84-3933841	501(C)(3)	15,000.	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
YANAWANA HERBOLARIOS 209 COUNTRY VIEW LANE FLORESVILLE, TX 78114	46-0969842	501(C)(3)	15,000.	0.	N/A	N/A	GENERAL SUPPORT
SC CHAPTER OF THE NATIONAL MULTIPLE SCLEROSIS SOCIETY (NATIONAL MULTIPLE SCLEROS - 1050 N POST OAK, STE 240 - HOUSTON, TX	13-5661935	501(C)(3)	14,714.	0.	N/A	N/A	GENERAL SUPPORT

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SARAH ROBERTS FRENCH HOME 1315 TEXAS AVE SAN ANTONIO, TX 78201	74-1175881	501(C)(3)	14,347.	0.	N/A	N/A	GENERAL SUPPORT
GRACE NORTHRIDGE CHURCH 2659 EISENHAWER ROAD SAN ANTONIO, TX 78209	27-2915309	501(C)(3)	14,000.	0.	N/A	N/A	GENERAL SUPPORT
SPAY-NEUTER ASSISTANCE PROGRAM PO BOX 70286 HOUSTON, TX 77270	76-0608925	501(C)(3)	13,439.	0.	N/A	N/A	GENERAL SUPPORT
DISABLED AMERICAN VETERANS - COLD SPRING - 3725 ALEXANDRIA PIKE - COLD SPRING, KY 41076	94-2776664	501(C)(4)	13,344.	0.	N/A	N/A	GENERAL SUPPORT
WEAVE INC. 1900 K ST SACRAMENTO, CA 95811	94-2493158	501(C)(3)	13,336.	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)	13,336.	0.	N/A	N/A	GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES OF SAN ANTONIO TEXAS INC. - 4847 CHARLES KATZ - SAN ANTONIO, TX 78229	74-2140528	501(C)(3)	13,250.	0.	N/A	N/A	GENERAL SUPPORT
LEMONADE CIRCLE 909 NE LOOP 410, STE. 717 SAN ANTONIO, TX 78209	84-1935482	501(C)(3)	13,000.	0.	N/A	N/A	GENERAL SUPPORT
GIRL WITH GRIT PROGRAM 110 COTERIE PL BOERNE, TX 78006-9427	85-4224853	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT

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CONTEMPORARY ART FOR SAN ANTONIO (BLUE STAR CONTEMPORARY) - 116 BLUE STAR - SAN ANTONIO, TX 78204	74-2419615	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT
MERLIN TUTTLE'S BAT CONSERVATION 5000 MISSION OAKS BLVD. #41 AUSTIN, TX 78735	46-5077536	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT
CHRISTIAN ASSISTANCE MINISTRY INC. 110 MCCULLOUGH AVE SAN ANTONIO, TX 78215	74-1947967	501(C)(3)	12,000.	0.	N/A	N/A	GENERAL SUPPORT
LANDA GARDENS CONSERVANCY PO BOX 12243 SAN ANTONIO, TX 78212-0243	20-1508875	501(C)(3)	11,894.	0.	N/A	N/A	GENERAL SUPPORT
HUMANITIES TEXAS 1410 RIO GRANDE AUSTIN, TX 78701	75-1493438	501(C)(3)	11,500.	0.	N/A	N/A	GENERAL SUPPORT
SIGMA ALPHA EPSILON FOUNDATION 1856 SHERIDAN RD EVANSTON, IL 60201-3837	36-2170145	501(C)(3)	11,065.	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)	11,000.	0.	N/A	N/A	GENERAL SUPPORT
STILL WATER CHRISTIAN MINISTRIES (STILL WATER CAMPS) - PO BOX 1885 - BOERNE, TX 78006	74-3007857	501(C)(3)	11,000.	0.	N/A	N/A	GENERAL SUPPORT
CENTRAL TEXAS FOOD BANK INC. 6500 METROPOLIS DR AUSTIN, TX 78744	74-2217350	501(C)(3)	10,500.	0.	N/A	N/A	GENERAL SUPPORT

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DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755-3555	02-0222111	501(C)(3)	10,500.	0.	N/A	N/A	GENERAL SUPPORT
EVA'S HEROES 11120 WURZBACH RD, STE 300 SAN ANTONIO, TX 78230	74-3190719	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
LIFELONG LEARNING WITH FRIENDS 2800 COLE ST., APT. 207 AUSTIN, TX 78705	93-3743199	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
AGORA MINISTRIES, INC. 1807 SAN FERNANDO ST SAN ANTONIO, TX 78207	74-2877337	501(C)(3)	10,000.	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)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
BLESSED SACRAMENT AND INCARNATE WORD CONVENT DBA BLESSED SACRAMENT ACADEMY - 1135 MISSION ROAD - SAN ANTONIO, TX 78210-4598	74-1369411	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CAMP CUMMINS ACTIVITY CENTER 241 S. BUSINESS IH-35 NEW BRAUNFELS, TX 78130	82-4435855	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
ESSENCE PREP, INC. 723 SE LOOP 410 SAN ANTONIO, TX 78220	85-3931348	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CHROMOSOME 18 REGISTRY AND RESEARCH SOCIETY - 7155 OAKRIDGE DR - SAN ANTONIO, TX 78229	74-2557551	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT

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CITIZENS FOR ANIMAL PROTECTION INC 17555 KATY FREEWAY HOUSTON, TX 77094	23-7296260	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
EPILEPSY FOUNDATION CENTRAL AND SOUTH TEXAS - 8601 VILLAGE DR, STE 220 - SAN ANTONIO, TX 78217	76-0415338	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
LUBBOCK AREA UNITED WAY 1655 MAIN ST. #101 LUBBOCK, TX 79401	75-0961812	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
FOUNDATION FIGHTING BLINDNESS INC. 6925 OAKLAND MILLS RD., STE 701 COLUMBIA, MD 21045	23-7135845	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
GRACE BIBLE CHAPEL OF KERRVILLE 241 SOUTHWAY DR KERRVILLE, TX 78028	74-1695140	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
CARE WARRIORS INC. 18411 CROSSPRAIRIE SAN ANTONIO, TX 78258	85-1017811	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
ALAMO HEAD INJURY ASSOCIATION, INC. - PO BOX 29074 - SAN ANTONIO, TX 78229-0074	74-2588800	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
TELLURIDE FOUNDATION 220 E. COLORADO AVE., STE 106 TELLURIDE, CO 81435	84-1530768	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
MERCED HOUSING TEXAS 212 WEST LAUREL SAN ANTONIO, TX 78212	74-2740889	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT

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WORLD CENTRAL KITCHEN, INC. PO BOX 96538 WASHINGTON, DC 20090-6538	27-3521132	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
SPINA BIFIDA TEXAS 1600 NE LOOP 410, STE 211 SAN ANTONIO, TX 78209	74-1936785	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
WILD RIDE MINISTRIES PO BOX 549 HARPER, TX 78631	42-1689812	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
UVALDE CISD 1000 NORTH GETTY STREET UVALDE, TX 78801	74-6002426	501(C)(3)	10,000.	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
SUN VALLEY WRITERS' CONFERENCE P O BOX 957 KETCHUM, ID 83340	82-0496196	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
UNIVERSITY OF IOWA COLLEGE OF LAW 290 BOYD LAW BUILDING IOWA CITY,, IA 52242-1113	42-6004813	501(C)(1)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
SJRC DBA ST. JUDES RANCH FOR CHILDREN TEXAS REGION INC. - 1400 RIDGE CREEK LN - BULVERDE, TX 78163	74-2469139	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
RESPITE CARE OF SAN ANTONIO INCORPORATED - PO BOX 12633 - SAN ANTONIO, TX 78212-0633	74-2467770	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT

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MAKE-A-WISH FOUNDATION OF CENTRAL AND SOUTH TEXAS - AUSTIN - 3600 BEE CAVES RD, STE 100 - WEST LAKE HILLS, TX 78746	74-2357788	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
PHIL HARDBERGER PARK CONSERVANCY 1021 VOELKER LANE #4 SAN ANTONIO, TX 78248	26-3416476	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
MINDSHIFTED PARENT INSTITUTE 3531 EMBASSY DR. SAN ANTONIO, TX 78228	88-3119496	501(C)(3)	10,000.	0.	N/A	N/A	GENERAL SUPPORT
YOUTH FOR CHRIST USA DBA SOUTH TEXAS YOUTH FOR CHRIST - 10401 W INTERSTATE 10, STE. 203 - SAN ANTONIO, TX 78230	74-1471798	501(C)(3)	9,558.	0.	N/A	N/A	GENERAL SUPPORT
BEYOND THE LIGHT OUTREACH PROJECT 607 PIEDMONT AVE SAN ANTONIO, TX 78203	47-3840669	501(C)(3)	9,000.	0.	N/A	N/A	GENERAL SUPPORT
GENEVA SCHOOL OF BOERNE 113 CASCADE CAVERNS RD BOERNE, TX 78015	74-2903692	501(C)(3)	9,000.	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)	9,000.	0.	N/A	N/A	GENERAL SUPPORT
SOMERSET ISD EDUCATION FOUNDATION PO BOX 34 SOMERSET, TX 78069	11-3841532	501(C)(3)	8,972.	0.	N/A	N/A	GENERAL SUPPORT
KLRN ENDOWMENT FUND INC. PO BOX 9 SAN ANTONIO, TX 78291-0009	74-2709188	501(C)(3)	8,886.	0.	N/A	N/A	GENERAL SUPPORT

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
SAN ANTONIO COALITION FOR VETERANS AND FAMILIES - 4102 S NEW BRAUNFELS - SAN ANTONIO, TX 78223	27-3156831	501(C)(3)	8,600.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS BIOMEDICAL RESEARCH INSTITUTE - 8715 W MILITARY DR - SAN ANTONIO, TX 78227-5302	74-1109630	501(C)(3)	8,400.	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)	8,368.	0.	N/A	N/A	GENERAL SUPPORT
COMFORT GOLDEN AGE CENTER FOUNDATION - 628 FRONT STREET - COMFORT, TX 78013	74-2501265	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
BEXAR BRANCHES ALLIANCE PO BOX 760608 SAN ANTONIO, TX 78245	87-1957313	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
KITTYS PURRSUIT OF HAPPINESS PO BOX 1011 SPRING BRANCH, TX 78070	47-2566562	501(C)(3)	8,000.	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
CANNOLI FUND PO BOX 831444 SAN ANTONIO, TX 78283-1444	45-2476260	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
CENTER FOR ACKNOWLEDGING THE VALUES ACCOMPLISHMENTS OF OUR REMARKABLE YOUTH (CAV - 18911 HARDY OAK BLVD, STE 225 - SAN	76-0708392	501(C)(3)	8,000.	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
SAN ANTONIO CHORAL SOCIETY, INC. PO BOX 12186 SAN ANTONIO, TX 78212	74-6076231	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
MUSICA SACRA SAN ANTONIO 8907 WICKFIELD SAN ANTONIO, TX 78217	45-3851875	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS CAVALIERS CHARITABLE FOUNDATION - 909 NE LOOP 410, STE 903 - SAN ANTONIO, TX 78209	74-2546003	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
TRI CITY ANIMAL SANCTUARY PO BOX 194 SOMERSET, TX 78069	42-1589520	501(C)(3)	8,000.	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
SUMMIT COUNTY FAMILY RESOURCE CENTER(FAMILY AND INTERCULTURAL RESOURCE CTR) - PO BOX 1636 - SILVERTHORNE, CO 80498	84-1252900	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY E, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	8,000.	0.	N/A	N/A	GENERAL SUPPORT
LOS COMPRADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK (MISSION HERITAG - P.O. BOX 14704 - SAN ANTONIO, TX 78204	74-2308287	501(C)(3)	7,750.	0.	N/A	N/A	GENERAL SUPPORT
TAKES SO LITTLE 427 EVANS AVE SAN ANTONIO, TX 78209	83-1659654	501(C)(3)	7,500.	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
ZACHARY SCOTT THEATRE CENTER 202 S LAMAR AUSTIN, TX 78704	74-1369410	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL SUPPORT
SAN ANTONIO CITY WIDE NSBE JR CHAPTER - 9934 AUTUMN DAWN - CONVERSE, TX 78109	26-0799649	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL SUPPORT
EAGLES FLIGHT ADVOCACY & OUTREACH 26520 FIRE DANCE SAN ANTONIO, TX 78006	47-1777957	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN ARTISTS PROJECT 10708 NATICK LANE AUSTIN, TX 78739	84-2629187	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL SUPPORT
J STREET EDUCATION FUND, INC. PO BOX 66073 WASHINGTON, DC 20035	20-2777557	501(C)(3)	7,500.	0.	N/A	N/A	GENERAL SUPPORT
COLLABORATIVE RESEARCH FOUNDATION 1790 HOLLY STAR DR TYLER, TX 75703	92-2232673	501(C)(3)	7,450.	0.	N/A	N/A	GENERAL SUPPORT
TEXAS BIOMEDICAL FORUM PO BOX 6648 SAN ANTONIO, TX 78209	23-7080207	501(C)(3)	7,300.	0.	N/A	N/A	GENERAL SUPPORT
INCARNATION MINISTRIES CORP 600 N BROAD ST UNIT 5 #3181 MIDDLETOWN, DE 19709	88-0954345	501(C)(3)	7,200.	0.	N/A	N/A	GENERAL SUPPORT
ST. PAUL'S EPISCOPAL CHURCH 1018 E GRAYSON ST SAN ANTONIO, TX 78208	74-1207558	501(C)(3)	7,018.	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
CHARITY BALL ASSOCIATION OF SAN ANTONIO - PO BOX 2357 - SAN ANTONIO, TX 78298-2357	74-1488436	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL SUPPORT
ST MARKS EPISCOPAL CHURCH ENDOWMENT FUND - PO BOX 2950 - SAN ANTONIO, TX 78299-2950	74-6031980	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL SUPPORT
CAPITAL OF TEXAS PUBLIC TELECOMMUNICATIONS COUNCIL (AUSTIN PBS, KLRU-TV) - PO BOX 7158 - AUSTIN, TX 78713-7158	75-7126012	501(C)(3)	7,000.	0.	N/A	N/A	GENERAL SUPPORT
FISHER HOUSE FOUNDATION INC. 12300 TWINBROOK PKWY, STE 410 ROCKVILLE, MD 20852	11-3158401	501(C)(3)	6,762.	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)	6,634.	0.	N/A	N/A	GENERAL SUPPORT
SAN FERNANDO CATHEDRAL 115 MAIN PLAZA SAN ANTONIO, TX 78205	74-1400826	501(C)(3)	6,148.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF CIBOLO WILDERNESS (CIBOLO CENTER FOR CONSERVATION) - 140 CITY PARK RD - BOERNE, TX 78006	74-2564700	501(C)(3)	6,145.	0.	N/A	N/A	GENERAL SUPPORT
GOLDEN MANOR 13409 NW MILITARY HWY, STE 210 SAN ANTONIO, TX 78231	74-6061449	501(C)(3)	6,122.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF HOSPICE SAN ANTONIO, INC. - PO BOX 40487 - SAN ANTONIO, TX 78229-0487	74-2608764	501(C)(3)	6,000.	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
ALAMEDA COUNTY COMMUNITY FOOD BANK, INC. - PO BOX 2599 - OAKLAND, CA 94614	94-2960297	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. - PO BOX 4124 - NEW YORK, NY 10163	13-1656634	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT
FRIENDS OF CHRISTUS SANTA ROSA FOUNDATION - 100 NE LOOP 410, STE 706 - SAN ANTONIO, TX 78216-4738	74-2723391	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT
RAUL JIMENEZ ANNUAL THANKSGIVING FUND - 8700 CROWNHILL BLVD, STE 802 - SAN ANTONIO, TX 78209	74-2231894	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT
OLMOS ENSEMBLE PO BOX 701864 SAN ANTONIO, TX 78270-1864	74-2711997	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT
JLF TEXAS (OLAMI) 2025 GUADALUPE STREET #250 AUSTIN, TX 78705	83-3040034	501(C)(3)	6,000.	0.	N/A	N/A	GENERAL SUPPORT
EPISCOPAL DIOCESE OF WEST TEXAS PO BOX 6885 SAN ANTONIO, TX 78209	74-1143118	501(C)(3)	5,984.	0.	N/A	N/A	GENERAL SUPPORT
ENTERTAINMENT INDUSTRY FOUNDATION 10880 WILSHIRE BLVD, STE 1400 LOS ANGELES, CA 90024	95-1644609	501(C)(3)	5,500.	0.	N/A	N/A	GENERAL SUPPORT
STANFORD UNIVERSITY PO BOX 20466 STANFORD, CA 94309	94-1156365	501(C)(3)	5,500.	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
TEXAS DIAPER BANK 1803 GRANDSTAND DR. SAN ANTONIO, TX 78238	74-2886380	501(C)(3)	5,275.	0.	N/A	N/A	GENERAL SUPPORT
MEDECINS SANS FRONTIERS USA INC. (DOCTORS WITHOUT BORDERS USA) - 40 RECTOR ST, FL 16 - NEW YORK, NY 10006	13-3433452	501(C)(3)	5,250.	0.	N/A	N/A	GENERAL SUPPORT
YOUNG LIFE - SAN ANTONIO CENTRAL 452 - 1150 N LOOP 1604 W, STE 108-615 - SAN ANTONIO, TX 78248	84-0385934	501(C)(3)	5,250.	0.	N/A	N/A	GENERAL SUPPORT
BCFS HEALTH AND HUMAN SERVICES 1506 BEXAR CROSSING SAN ANTONIO, TX 78232	74-1260710	501(C)(3)	5,081.	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
SCHOLARSHIP GRANTS	1766	6,855,683.	0.		
HARDSHIP GRANTS	2296	1,175,733.	0.		

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)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

**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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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) NADEGE SOUVENIR	(i)	338,055.	0.	0.	18,721.	8,119.	364,895.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA BRUNSVOLD	(i)	312,075.	0.	0.	19,038.	10,134.	341,247.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORI MADLA	(i)	64,417.	0.	255,000.	4,025.	5,954.	329,396.	0.
EXECUTIVE ASSISTANT (UNTIL 8/14/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ARENDA BURNS	(i)	254,421.	0.	0.	15,901.	20,251.	290,573.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) APRIL HANSARD	(i)	217,032.	0.	0.	13,549.	18,437.	249,018.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER COOK	(i)	167,129.	0.	0.	10,482.	17,236.	194,847.	0.
DIRECTOR OF STRATEGY AND IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

LORI MADLA RECEIVED A PAYMENT OF \$255,000 PURSUANT TO LINE 4A.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	3,117,064.	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 on 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	

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

Schedule M (Form 990) 2024

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, PART I, LINE 32B:
NONCASH CONTRIBUTIONS ARE SOLD BY A THIRD PARTY.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SAN ANTONIO AREA FOUNDATION

Employer identification number

74-6065414

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

AREA FOUNDATION STRIVES TO CLOSE OPPORTUNITY GAPS FOR THOSE WHO NEED IT MOST.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE SAN ANTONIO AREA FOUNDATION PARTICIPATES IN THE FUTURE READY BEXAR COUNTY PLAN, A MULTI-YEAR EDUCATIONAL EFFORT MEANT TO BOOST THE VOLUME OF HIGH SCHOOL GRADUATES GOING TO COLLEGE AND POST-SECONDARY CREDENTIAL, MILITARY, OR VOCATIONAL SCHOOLS.

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 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

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

Schedule O (Form 990) (Rev. 12-2024)

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

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 BE FOUND IN THE MINUTES OF THE SESSION. THE SAN ANTONIO AREA FOUNDATION UTILIZED AN OUTSIDE AGENCY TO DETERMINE THE CEO MARKET COMPENSATION DURING THE HIRING PROCESS OF A NEW CEO IN 2024.

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 2023.

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	2,381,116.
CHANGE IN VALUE OF GIFT ANNUITIES	222,521.
TOTAL TO FORM 990, PART XI, LINE 9	2,603,637.

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)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**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) (Rev. 1-2025)

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	
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 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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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	8,349,435.	CASH
(2) CITY EDUCATION PARTNERS	S	60,000.	CASH
(3) JOHN L. SANTIKOS CHARITABLE FOUNDATION	S	1,544,922.	CASH
(4) RAPIER EDUCATIONAL FOUNDATION	S	72,000.	CASH
(5) GUNN FAMILY FOUNDATION	C	2,996,225.	CASH
(6)			

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.

[illegible]

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:****SANTILOS THEATERS LLC****DIRECT CONTROLLING ENTITY: JOHN L. SANTILOS CHARITABLE FOUNDATION**

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. SAN ANTONIO AREA FOUNDATION	Taxpayer identification number (TIN) 74-6065414
	Number, street, and room or suite no. If a P.O. box, see instructions. 155 CONCORD PLAZA DR, 301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78216	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **APRIL HANSARD**
155 CONCORD PLAZA DR, 301 - SAN ANTONIO, TX 78216

Telephone No. **210-225-2243** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to **www.irs.gov/Form990T** for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SAN ANTONIO AREA FOUNDATION	D Employer identification number 74-6065414
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 155 CONCORD PLAZA DR, 301	E Group exemption number (see instructions) 3910
		City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78216	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year 640,685,033.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			

H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>
J Enter the number of attached Schedules A (Form 990-T) _____
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation _____
L The books are in care of APRIL HANSARD Telephone number 210-225-2243

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
5 Alternative minimum tax	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2	0.	
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f	0.	
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	0.	

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: Preceding year's overpayment credited to the current year	6a	69,993.
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	69,993.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	69,993.
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	69,993.

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

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
	\$		
	\$		
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	JOSEPHINE BEHREND	JOSEPHINE BEHREND	11/13/25	PTIN
	Firm's name	Firm's EIN		
	19026 RIDGEWOOD PKWY, STE 400	42-0714325		
	Firm's address	Phone no.		
	SAN ANTONIO, TX 78259	210-828-6281		

Form 990-T (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. SAN ANTONIO AREA FOUNDATION	Taxpayer identification number (TIN) 74-6065414
	Number, street, and room or suite no. If a P.O. box, see instructions. 155 CONCORD PLAZA DR, 301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78216	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **APRIL HANSARD**
155 CONCORD PLAZA DR, 301 - SAN ANTONIO, TX 78216

Telephone No. **210-225-2243** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **24** or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	69,993.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev. 1-2025)