Form 8879-E0

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning

OMB No. 1545-1878

inte	artment of the Treasury rnal Revenue Service	 Do not send to the IRS. Keep for your records. ■ Go to www.irs.gov/Form8879EO for the latest information 	n.	2019
	ne of exempt organization		Employer identification	number
Sa	n Antonio For ne and title of officer	undation for Excellence in Education	74-2861587	
		m.		
	lly Boswell,			
*********		Return and Return Information (Whole Dollars Only)		
ene lea the	eck the box on line ve line 1b, 2b, 3b, applicable line be	e return for which you are using this Form 8879-EO and enter the applicable 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return b 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you ent low. Do not complete more than one line in Part I.	eing filed with this fo ered -0- on the retu	orm was blank then
	Form 990 check h	A series of the series of	12) 11	7,080,537.
	Form 990-EZ che		21	**************************************
	Form 1120-POL c		31	
		ck here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI here ▶ ☐ b Balance Due (Form 8868, line 3c)	I, line 5) 41	
Va	1 OHIT COUG CHECK	note Pub balance bue (ronn oods, line 30) ,	5k)
(2)	อหังไม ่ Decla ra	tion and Signature Authorization of Officer		
org are org to s the aut fina retr Agr inv res ele	panization's 2019 e true, correct, and panization's electro send the organizati transmission, (b) t chorize the U.S. Tre ancial institution ac urn, and the financ ent at 1-888-353-4 olved in the proces colve issues related otronic return and, ficer's PIN: check I authorize GR on the organizat being filed with	rjury, I declare that I am an officer of the above organization and that I have lectronic return and accompanying schedules and statements and to the complete. I further declare that the amount in Part I above is the amount in creturn. I consent to allow my intermediate service provider, transmitter ion's return to the IRS and to receive from the IRS (a) an acknowledgement in count in the IRS and to receive from the IRS (a) an acknowledgement in the reason for any delay in processing the return or refund, and (c) the data assury and its designated Financial Agent to initiate an electronic funds with count indicated in the tax preparation software for payment of the organization indicated in the tax preparation software for payment of the organization is institution to debit the entry to this account. To revoke a payment, I must be a later than 2 business days prior to the payment (settlement) date, assing of the electronic payment of taxes to receive confidential information in the payment. I have selected a personal identification number (PIN) as if applicable, the organization's consent to electronic funds withdrawal. If a policable, the organization's consent to electronic funds withdrawal. If a policable, the organization is consent to electronic funds withdrawal. It is a crutcheled, LLC to enter my PIN ERO firm name. It is tax year 2019 electronically filed return. If I have indicated within this a state agency(les) regulating charities as part of the IRS Fed/State progray PIN on the return's disclosure consent screen.	best of my knowled shown on the copy of th	ge and bellef, they of the n originator (ERO) on for rejection of pplicable, I it) entry to the s owed on this Treasury Financial financial institutions rer inquiries and e organization's as my signature of the return is
]	If I have Indicate	the organization, I will enter my PIN as my signature on the organization's ad within this return that a copy of the return is being filed with a state age to program, I will enter my PIN on the return's disclosure consent screen.	ncy(les) regulating (
V om	cer's signature ▶ 🍳	Date Date Date	8/28/202	വ
		ation and Authentication	1 1 100	
		ter your six-digit electronic filing identification	7 0 0 0 4 7	[[C 7 7 6
nui	mber (EFIN) follow	ed by your five-digit self-selected PIN.	7 0 8 0 4 7 Do not ente	5 6 7 7 6 rall zeros
ind inf	licated above. I co	e numeric entry is my PIN, which is my signature on the 2019 electronical nfirm that I am submitting this return in accordance with the requirements wized IRS e-file Providers for Business Returns. Date	lly filed return for the of Pub. 4163, Mod	o organization ernized e-File (MeF)
	en e	ERC Must Retain This Form — See Instruction Do Not Submit This Form to the IRS Unless Requested		,

Form 990

(Rev. January 2020)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

Open to Public Inspection

<u>A</u>	For the	2019 calen	dar year, or tax year beginning , 2019, and end	lng		, 20					
В	Check is	f applicable:	C Name of organization San Antonio Foundation for Excellence	in Education	D Emplo	yer identification number					
	Address	change	Doing business as SAISD Foundation			361587					
n	Name c	- 1	Number and street (or P.O. box if mall is not delivered to street address)	Room/sulte		none number					
$\overline{\Box}$	Initial re	*	2411 San Pedro	1100111000110		554-2235					
H		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		(210)	7554 2255					
		ed return	G Gross receipts \$7, 172, 331.								
		tion pending	11211								
	Applion	don pending	F Name and address of principal officer:			or subordinates? Ves No					
	Tay-aya	mpt status:		***************************************		es Included? Yes No					
÷						st. (see instructions)					
-			://www.saisdfoundation.com	H(c) Group e							
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	nation: 1997	M State	of legal domicile: TX					
	art [Summa				···					
4.	1	Briefly des	cribe the organization's mission or most significant activities: To mobi	lize the community to	<u>invest i</u>	n student and teacher success.					
Activities & Governance						***************					
Ш	_		*****								
ē.	2		box $ ightharpoonup$ if the organization discontinued its operations or dispose	ed of more than	25% of	its net assets.					
Ğ	3				3	27					
ళ గు	4		independent voting members of the governing body (Part VI, line 1		4	27					
追	5		per of Individuals employed in calendar year 2019 (Part V, Ilne 2a)		5	4					
,	6	Total numb	per of volunteers (estimate if necessary)		6	100					
¥	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelat	ted business taxable income from Form 990-T, line 39		7b	0.					
				Prior Yea	r	Current Year					
đi	8	Contribution	ons and grants (Part VIII, line 1h)	3,828	726.	7,035,691.					
Ē	9		ervice revenue (Part VIII, line 2g)								
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)								
Œ	11										
	12		ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			-41,609. 7,080,537.					
	13		d similar amounts paid (Part IX, column (A), Ilnes 1-3)	1,217		1,126,127.					
	14		aid to or for members (Part IX, column (A), line 4)	21/21.1	720.	1,120,127,					
ω	15		ther compensation, employee benefits (Part IX, column (A), Ilnes 5-10)	901.	283,587.						
Š	16a		al fundraising fees (Part IX, column (A), line 11e)	210	, 2041	205/367.					
Expenses	b		raising expenses (Part IX, column (D), line 25) > 78,692.	Section of the section of	74775 W.S.	Printing visits all and the Soft					
ŭ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,736	EO4	3,569,383.					
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	,							
	19			4,231	,	4,979,097.					
- 49	19	venerine is	ess expenses. Subtract line 18 from line 12		130.	2,101,440.					
ts o	00	Takal asset	to (Doub V. Burn 4.0)	Beginning of Cur		End of Year					
SSE	20		ts (Part X, line 16)	11,051		11,205,887.					
Net Assets or Fund Balances	21		ities (Part X, line 26)	2,679		27,886.					
7.5	22		or fund balances. Subtract line 21 from line 20	8,371	, 312.	11,178,001.					
00000000	ant (II)		ire Block								
			r, I declare that I have examined this return, including accompanying schedules and si to Declaration of preparer (other than officer) is based on all information of which prep			my knowledge and belief, it is					
			or positioned of property (office that smooth to before our all all officers of animal prop	· · · · · · · · · · · · · · · · · · ·							
o:		b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3/28/2	2020					
Si	_	Slgnat	ure of officer	Date	Ð	•					
HE	ere		ly Boswell, Treasurer								
		Type o	or print name and title	,							
Pε	nid	PrintType	preparer's name Preparer's signature	Date	Check						
	epare	Bill d	J. Gregory, CPA Sill Kingung	8-17-20	self-em	ployed P00254894					
			me ▶ GREGORY & CRUTCHFIELD, LLC	Firm	s ElN ▶	26-3996959					
U	se On	Firm's add	···· · · · · · · · · · · · · · · · · ·			10) 495-6776					
Ma	y the I		this return with the preparer shown above? (see instructions)			. XYes No					

Check If Schedule O contains a response or note to any line in this Part III		· · · · · · · · · · · · · · · · · · ·	Page 2
1 Briefly describe the organization's mission: To mobilize the community to invest in student and teacher success. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	Part		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27 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 and services? 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 501c(3c) and 501c(3c) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenues, if any, the cach program service reported. 4a (Code:) (Expenses \$ 4,756,733, including grants of \$ 980,027,) (Revenue \$ 125,000,)) Innovative, grants of sarving, SAISD to help, schools, in, the district, to implement and achieve their strategie, antitiatives. Student, scholarship, awaysis, is, SAISD, students, for, higher, education. Teacher, grants of serving, SAISD, students. Testal, students, serving, SAISD, students. 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 \$		Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
2 Did the organization undertake any significent program services during the year which were not listed on the prior Form 90 or 990-EZ?	1		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? "If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(d) organizations are required to report the emount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 4,796,733, including grants of \$ 980,027.) (Revenue \$ 125,000.) Innovative, grants, to SAISD to help schools in the district to implement and achieves the strategic initiatives. Student, acholarship, awards to SAISD students for higher, edwastion. Teacher, grants, of serving, SAISD students. Teacher, grants, of serving, SAISD students. Teicha, students, served, approx. 39,000. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) According grants of \$) (Revenue \$)			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 990-E27 Tyes No Yes Yes			
prior Form 990 or 990-EZ? I' Yes, "describle these new services on Schedule O. Old the organization cease conducting, or make significant changes in how it conducts, any program services? I' Yes, "describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(63) and 501(64) 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:			**********
services?	2	prlor Form 990 or 990-EZ?	⊠No
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Services for 60(3)(4) organizations are required to report the amount of grants and silocations to others, the total expenses, and revenue, if any, for each program service required to report the amount of grants and silocations to others, the total expenses, and revenue, if any, for each program service propried. 4a (Code:	3	services?	⊠No
Annovative grants to SAISP to help schools in the district to implement and acheieve their strategic initiatives Student scholarship awards to SAISP students for higher education. Teacher grants of serving SAISP students Total students served: approx 30,000 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schodule O.) [Expenses * including grants of \$) (Revenue \$)	4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
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 \$) 4d Total program service expenses \$4, 796, 733.	4a	Innovative grants to SAISD to help schools in the district to implement and acheieve their strategic initiatives. Student scholarship awards to SAISD students for higher education. Teacher grants of serving SAISD students	
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 > 4,796,733.			***************************************
4d Other program services (Describe on Schedule O.) (Expenses \$ Including grants of \$) (Revenue \$) 4e Total program service expenses > 4,796,733.			
(Expenses \$ Including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 4,796,733.	4c	(Code:) (Expenses \$including grants of \$) (Revenue \$.)
(Expenses \$ Including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 4,796,733.			
(Expenses \$ Including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 4,796,733.	*******		
		(Expenses \$ Including grants of \$) (Revenue \$)	
FIGUROPOR DELO	4e		00 :-

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

Parit	Checklist of Required Schedules (continued)		<u>-</u>	ugu •
			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), Ilne 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Dld 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? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		`
С	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? If "Yes," complete Schedule L, Part I	25a		×
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? If "Yes," complete Schedule L, Part I	25b		×
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? If "Yes," complete Schedule L, Part II	26		×
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? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L., Part IV	28b		×
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Ilne 2	36		×
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? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38		×
Pani	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	, ,	,	. 🗆
	,		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	107896		10 00 00 00 00 00 00 00 00 00 00 00 00 0
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		PAN.

Form 99			F	age 5
Parti	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 4			FFF.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		\$13.E	
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,			
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	0.33078	×
b	If "Yes," enter the name of the foreign country See instructions for filling regulators for Fig. CEN Fig. 144. B.		KL III	inelity at
5a	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	A. 94.	SAP LA	
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	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		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? ,	6b		100
7	Organizations that may receive deductible contributions under section 170(c).			Martinia Martinia
а	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		S.Gal
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Ţ
d	If "Yes," indicate the number of Forms 8282 filed during the year	12 42 N.a	Maraj	X No. To
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	rwe is	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	WE'S	AG (6	es sij y
U	sponsoring organization have excess business holdings at any time during the year?	8	19694350	14,271.75.1
9	Sponsoring organizations maintaining donor advised funds.		Wite S.	W.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	tangan dang	1 12 P 12 11 11 11 11 11 11 11 11 11 11 11 11
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	de		
10	Section 501(c)(7) organizations. Enter:	4.5%	AV. DOM	y jan 1914
а	Initiation fees and capital contributions included on Part VIII, line 12		132.4	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		10 mg/mg/	
11	Section 501(c)(12) organizations. Enter:		A.	4.4
a	Gross income from members or shareholders	4.		The state
b	Gross income from other sources (Do not net amounts due or paid to other sources	14 70 m 2 12 1 1		
	against amounts due or received from them.)	が続け	1000	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a	11.2	el di gracie d
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	51 (1) (A) 2 (A) (A) (A)		322 C 22 2 C 2 A 7 D
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		M. 46	a Afrikasiya Magadalik
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note: See the Instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	X.,	No.	
	the organization is licensed to issue qualified health plans			100
С	Enter the amount of reserves on hand	M. Sty	196	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	×
b	If "Yes," has It filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	T	1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		Π	
• ••	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	3/3/3		4.35
16	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
•	If "Yes," complete Form 4720, Schedule O.	Seg. or		學等

Pant	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	, and See in	for a	"No" tions
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
4	Final description of the Boundary of the Colonia of		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27	100 M/A		
	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.			1.57.00
b				
2	1—————————————————————————————————————			22647.1 02367.5
	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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	ļ	×
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	4	<u> </u>	×
6	Did the organization become aware during the year of a significant diversion of the organization is assets?	5		×
7a	-	0		 ^
ra	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		×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			200
	the year by the following:	. Tiv.		13/2
a	The governing body?	8a	×	ļ
b	Each committee with authority to act on behalf of the governing body?	8b	×	ļ
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	İ	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.))
		ļ	Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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	×	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2200	1997	200
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	×	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	×	(1280)0000
b	Other officers or key employees of the organization	15b		<u> </u>
V	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).	7.(250)	78st	61,4697
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	9.00	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	126.70		
	organization's exempt status with respect to such arrangements?	16b	9711	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Secti	ion C. Disclosure	1 1 2 2		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	T (Sec	ction	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 inte	rest :	noliev
13	and financial statements available to the public during the tax year.	_, .,,,,,	0	₋ -,(-,)
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	3 📂	
	Tudy Geelboed 2411 San Pedro, San Antonio . TX 78212 (210)554-2235			

Part VIII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any, See instructions for definition of "key employee,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

Orieck this pox in heither the organization no	T dry rolato	a org.			(1)	orripo			Jindery and Stery	<u> </u>
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ox directo	unles	Pos seck	ltion more rson lrect	than the both start Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Suzanne Peterson	2.00			-						
Chair		×		×				0.	0.	. 0.
(2) Ernest Bromley VC Development & Chair Elect	1.50	×		×				0.	0,	0.
(3) Kelly Boswell	1.50							_	_	_
Treasurer	<u> </u>	×		×	<u> </u>			0.	0.	0.
(4) Chris Quinn Secretary	1.50	×		×				0.	0.	0.
(5) Victoria Moreno-Herrera VC School Grants	1.00	×		×				0.	0.	0.
(6) Shari Albright VC Development	1,00	×		×				0,	0.	0.
(7) Pat DiGiovanni VC Strategic Initiatives	1.00	×		×				0.	0.	0.
(8) Deborah Amini Trustee	1.00	×			 			0.	0.	0.
(9) Mario Barrera Trustee	1.00	×						0,	0.	0.
(10) Jose Ramon Campos Trustee	1.00	×						0.	0.	0.
(11) Sonia Quirino Canales Trustee	1.00	×						0.	0.	0.
(12) Julian Casillas Trustee	1.00	×						0.	0.	. 0.
(13) Rick Crider Trustee	1.00	×						0.	0.	0.
(14) Rebecca Flores Trustee	1.00	×	unaumaum .					0.	0.	0.

Form 990 (2019) Page 8 Page Will Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (B) Name and title Average hours hours Officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) (E) Reportable compensation compensat										
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	compensation from the organization and related organizations
(15) Rudy Garza Trustee	1.00	×						0		
(16) Connie Gonzalez	1.00		ļ	<u> </u>	-		-	0.	0	0.
Trustee		×		<u> </u>	<u> </u>		ļ	0.	0	. 0.
(17) Amanda Keammerer Trustee	1.00	×						0.	0	.] 0.
(18) Mark Leita	1.00									
Trustee	7 00	×			ļ	<u> </u>		0.	0	. 0.
(19) Carlos Maestas Trustee	1.00	×						0.	0	. 0.
(20) Tony Magaro Trustee	1.00	×						0.	0	
(21) Pedro Martinez	1.00									
Trustee	1.00	×	ļ	-	-		ļ	0.	0	. 0.
(22) Robert Olivares Trustee	1.00	×						0.		. 0.
(23) Lisa Rosenzweig	1.00							_	_	
Trustee (24) Debra Salge	1,00	×	<u> </u>	-	<u> </u>	 		0.	0	0.
Trustee	11:00	×						0.	, c	0.
(25) Ryan Snider	1.00								_	
Trustee	<u> </u>	×		<u></u>	Ц.,	<u>. </u>	<u> </u>	0,	0	
1b Subtotal			•				≥	94,712.		
d Total (add lines 1b and 1c)								94,712.		0.
2 Total number of individuals (including b	ut not limite	d to ti	1056	e lis	ted	abov	e) v	vho received mo	re than \$100,0	00 of
reportable compensation from the orga	nization ▶									Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete	officer, dir	ector, I for s	, tru uch	uste inc	e, livla	key e lual		oloyee, or highe		C 750 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
4 For any individual listed on line 1a, is to organization and related organization	ne sum of re s greater th	porta an \$	ble 150	cor ,00	npe	nsati // "Ye	on a	and other compe complete Sche	ensation from t Idule J for su	ch 自己 自己 自己 自己 自己 自己 自己 自
individual ,	or accrue o	ompe	กรล	tior	ı fro	m an	y ur	 nrelated organiza	 atlon or individu	ıal X
for services rendered to the organization Section B. Independent Contractors	n'/ <i>It "Yes,"</i>	comp	lete	SC	nea	uie J	tor	such person .		5 X
1 Complete this table for your five hi	ghest comp	ensa	ted	ind	lepe	nden	t c	ontractors that	received more	than \$100,000 of
compensation from the organization. Re	port compe	nsatic	n fo	or th	e ca	alenda	ar ye	ear ending with o	r within the org	janization's tax year.
(A) Name and business a	ddress							(日) Description of se	rvices	(C) Compensation
						•	-			
							<u> </u>			
							T			
2 Total number of independent contract	tora finalisa	Ina h	.	n n‡	Ilm	lted 4	1	hase listed sha	ve) who	
2 Total number of independent contract received more than \$100,000 of compe							· ·	ANDO HOLOU ADU	1.0) IIII0	

Part	VIII	Statement of Revenue	V		line a line della Da	.4.3711)		F1
		Check if Schedule O contains a	respon	se or note to ar				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from (ax under sections 512-514
ıts	1a	Federated campaigns	la			jes franciska da		and the second
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues	1b					
	C	Fundraising events	1c	323,627.		guesa William Care		
a cit	d	Related organizations	1d 1e		via chrip strib at			医维尔特斯伊克尔
ži iš	e	All other contributions, gifts, grants	` —					
er S	'	and similar amounts not included above	e 1f	6,712,064.		1910 2006		医软件系统
혈	g	Noncash contributions included in		,				
ig of	_	lines 1a-1f	1g	\$				
9 0	<u>h</u> _	Total. Add lines 1a-1f		. , 🕨	7,035,691.			
a)	_			Business Code	3. 3. 4. (S.)			455在MATERIA
Program Service Revenue	2a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			· · · · · · · · · · · · · · · · · · ·			
Ser	b							
gram Ser Revenue	d	***************************************						
P G	e	***************************************						
F	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including di					_	
	А	other similar amounts)			86,455.	86,455.	0.	0.
	4 5	Royalties	•	•			, .	
	•	(i) R	eal	(II) Personal	and a second second	V. S.	North Control of the	
	6a	Gross rents 6a	 			2. 微电压通路		
	b	Less; rental expenses 6b						
	C	Rental Income or (loss) 6c				4500 653 4650	rsasner saeta	
	d				Distriction (CH Current Arrest		TO CONTROL SECTION OF THE PROPERTY.	Not 1905 and 400 0 800 1900 271
	7a	Gross amount from (1) Sec	urities	(ii) Other				
		sales of assets other than inventory 7a						
<u>o</u>	b	Less; cost or other basis	······					
Revenue	-	and sales expenses . 7b						
Ę.		Gain or (loss) 7c					ana da	
		Net gain or (loss)	<u>' </u>	🔈		00.000		5 V 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Other	8a	Gross income from fundralsing					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		events (not including \$ 323, 627. of contributions reported on line		1	100		li en eggenerale verbie. En groot of Margarit (1821)	
		1c). See Part IV, line 18	8a	41,572.		in the light one		\$ \$ 95 k (1 1 7 k)
	b	Less: direct expenses	d8	91,794.				May James Learning
	C	Net income or (loss) from fundrals	sing eve	nts ⊳	-50,222.	\$25.00 (\$1.00) (\$4.00)	0.	-50,222.
	9a	Gross income from gaming	~]				
	_	activities. See Part IV, line 19 .	9a					
Ì	b	Less: direct expenses	9b					
	с 10а	Net income or (loss) from gaming Gross sales of inventory, less		s , , , <u>></u>	50 50 500 500		t og Styringsbyligt	8 J.S. 75 # SWS : 75 (45)
	IVa	returns and allowances	1					
	b	Less: cost of goods sold	10b					
	C	Net income or (loss) from sales or	finvento	ory 🕨				
sn	_			Business Code				
ne	11a							
scellaneo Revenue	b	***************************************		<u></u>		<u> </u>		
Miscellaneous Revenue	C d	All other revenue			8,613.	8,613.	0.	0,
Mi	e	Total. Add lines 11a-11d			8,613.			Website assistant
	12	Total revenue. See instructions		>	7,080,537.	95,068.	0.	-50,222.

Part IX Statement of Functional Expenses

	Statement of Functional Expenses	t.t !! ! A!!			(4)
Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	iete ali columns. Ali	otner organizations	must complete coil	ımn (A).
	of tinclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations		6APETIAGO	gallalat axpalaca	experises
	and domestic governments. See Part IV, line 21 .	980,027.	980,027.		
2	Grants and other assistance to domestic individuals, See Part IV, line 22 . ,	146,100.	146,100.	and the same to be suggested to	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				Contract March
5	Compensation of current officers, directors, trustees, and key'employees				
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	248,459.	137,359.	45,775.	65,325.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,516.	10,789.	3,596.	5,131.
10	Payroll taxes	15,612.	8,631.	2,876.	4,105.
11	Fees for services (nonemployees):				
a	Management	TINEST THE REST OF THE SECOND			
b	Legal	10 050		10,050.	0.
c d	Accounting	10,050.	0.	10,050.	0,
e e	Lobbying				
ſ	Investment management fees			appendig og skinde populjstene i oce ski og se de	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	12,854.	0.	8,923.	3,931.
13	Office expenses	1,716.	0.	1,716.	0.
14	Information technology			·	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .			<u> </u>	
23	Insurance	5,506.	0.	5,506.	0.
24	Other expenses. Itemize expenses not covered		But I de la final de la fi		
	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.)			nos aspirológicos (h.)	
а	Meetings and training	7,730.	4,730.	3,000.	0.
b	Program supplies	6,170.	6,170.	0.	0.
c	Project expenses	1,395.	1,395.	0.	0.
d	Postage	1,049.	0.	1,049.	0.
Θ	All other expenses	3,522,913.	3,501,532.	21,181.	200.
25	Total functional expenses. Add lines 1 through 24e	4,979,097.	4,796,733.	103,672.	78,692.
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				
	following SOP 98-2 (ASC 958-720)		<u> </u>		Fever 990 (2010)

					Page II
	ant X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	rt X		П
Bettervitten	- 1.0 to to - 1.0 to	Check is conseque of contained a reaponed of note to any line in this is	(A) Beginning of year	<u> </u>	(B) End of year
	1	Cash—non-interest-bearing , , ,	742,176.	1	242,124.
	2	Savings and temporary cash investments	2,551,311.	2	2,954,957.
	3	Pledges and grants receivable, net	5,302,714.	3	3,670,346.
	4	Accounts receivable, net	14,270.	4	352,500.
	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		(65%	
	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	
S	7	Notes and loans receivable, net		7	,
Assets	8	Inventories for sale or use		8	
\$	9	Prepaid expenses and deferred charges ,		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	publish ang Puntua ng Perundan Indonésia magha	10c	Pro 1970 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	11	Investments—publicly traded securities	2,440,751.	11	3,985,960.
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	,	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,051,222.	16	11,205,887.
	17	Accounts payable and accrued expenses	2,679,910.	17	27,886.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	A COMMITTEE OF THE STATE OF THE
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26	Total liabilities. Add lines 17 through 25	2,679,910.	26	27,886.
Secu		Organizations that follow FASB ASC 958, check here ▶ ☒ and complete lines 27, 28, 32, and 33.	50 - 1 (V.)		
<u>a</u>	27	Net assets without donor restrictions	720,522.		807,254.
ŭ	28	Net assets with donor restrictions	7,650,790.		10,370,747.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	The second secon	29	
Sie	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances	8,371,312	. 32	11,178,001
Ze	33	Total liabilities and net assets/fund balances	11,051,222	. 33	11,205,887

11,178,001.

Total liabilities and net assets/fund balances

Form 9	90 (2019)			Pa	ige 12
Par	Reconciliation of Net Assets			·····	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), Ilne 12)	1	. 7,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		79,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		01,4	
4	Net assets or fund balances at beginning of year (must equal Part X, Ilne 32, column (A))	4		71,3	
5	Net unrealized gains (losses) on investments	5		26,6	
6	Donated services and use of facilities	6		78,5	
7	Investment expenses	7		1070	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	11,1	78.0	101.
Pari	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			, ,	. 🗆
			***************************************	Yes	
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other		300000		17.35
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were cor		- 1700 A		
	reviewed on a separate basis, consolidated basis, or both:		多等 進		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		\$2,650 C. \$2,550 G.		
b	Were the organization's financial statements audited by an Independent accountant?		2b	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited on a	9539		1300
	separate basis, consolidated basis, or both:		5000		
	Separate basis Consolidated basis Both consolidated and separate basis			140	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight of	, 1 **∪34#2		1000
•	the audit, review, or compilation of its financial statements and selection of an independent account		2c	×	

If the organization changed either its oversight process or selection process during the tax year, explain on

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.

Schedule O.

За

Continuation Statement

San Antonio Foundation for Excellence in Education

Form 990: Return of Organization Exempt from Income Tax

Part VII: Section A (continued)

										_
			Pos	Position						
Name and title	Average hours director per week C2 - Inst (list any C3 - Offi hours for C4 - Key organizations C5 - High on the right) employee	C1 - Ind director C2 - Ins C3 - Off C4 - Key C5 - Hig employee C6 - Fon	Individual trustee or itor Institutional trustee Officer Key employee Highest compensated Nyee	ional compe	ustee trust nsatec	i ee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	· N
		C1 C5	2 C3	C4	CS	CG			7.487	
Ron Thomas Trustee	1.00	×					. ()	0.	0.	
Steve Young Trustee	1.00	×					.0	• 0	0.	
Judy Geelhoed Executive Director	1.00		×				94,712.	• 0	0.	
WANTE TRANSPORTED TO THE PROPERTY OF THE PROPE	A REPORT OF THE PROPERTY OF TH						94.712.	0	.0	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

	of the organization					Employer Identification	number
San	Antonio Foundation for	Excellence	in Education			74-2861587	
Pair		ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.
1	organization is not a private founda	ition because it is	s: (For lines 1 through	12, chec	k only on	e box.)	
2	A school described in section	168, or association	on of churches descri	Dea In Se	Ction 179	υ(β)(1}(Α)(I). ₂ (\	1
3	A hospital or a cooperative hos						
4	A medical research organization	on operated in co	niunction with a hose	i section ital desci	ry(a)orr s ni badin s	/(^/(III): ection 170/h\/1\/Δ\/	iii) Enfor the
•	hospital's name, city, and state	3;	rijanosori vitai a noop	1101 G0001	ibod iii o		inj. Enter the
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp	the benefit of a	college or university	owned or	operate	d by a government	al unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	in sectio	n 170(b)	(1)(A)(v).	
7	☒ An organization that normally described in section 170(b)(1)	receives a subst	tantial part of its supp				the general public
8	A community trust described in	n section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
	An agricultural research organi or university or a non-land-gra university;	nt college of agri	iculture (see instructio	ns). Ente	r the nam	e, city, and state of	the college or
10	An organization that normally r	ecelves: (1) more	e than 331/9% of its su	ipport fro	m contrib	outlons, membership	fees, and gross
	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui tincome and uni fter June 30, 197	nctions—subject to ce related business taxat 75. See section 509(a	ertain exc ole incom)(2). (Con	eptions, e (less se nplete Pa	and (2) no more that ection 511 tax) from ert III.)	businesses
11	An organization organized and	operated exclus	sively to test for public	safety. S	See secti	on 509(a)(4).	
12	An organization organized and						
	of one or more publicly suppo						
_	Check the box in lines 12a thro						
а	Type I. A supporting organ the supported organization						
	supporting organization. Ye					ne anotors or tract	200, 01, 11,10
b		•	•			upported organization	on(s), by having
	control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	[]	•	•		nnection	with and functions	ally integrated with
·	its supported organization(my throughterout thirty
d	☐ Type III non-functionally i	integrated. A su	pporting organization	operated	l In conne	ection with its suppo	rted organization(s)
	that is not functionally integ						d an attentiveness
	requirement (see Instructio	ns). You must c	omplete Part IV, Sec	tions A a	ınd D, ar	nd Part V.	
е							ı II, Type III
e	functionally integrated, or T	7 7		-	_		<u> </u>
f g	Enter the number of supported or Provide the following information	organizations . n about the supr	orted organization(s)			• • • • • •	· - L
	(i) Name of supported organization	(II) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		V V	(described on lines 1-10	listed in you	ir governing nent?	support (see	other support (see
			above (see instructions))	docu	TIOTIC	Instructions)	Instructions)
				Yes	No		
(A)							amatania karmana wa
(B)							
(C)							•
(D)							A STATE OF THE STA
(E)							
Tota	il	100000000000000000000000000000000000000		Professor	With Section		

PERM							
	(Complete only if you checked the Part III. If the organization fails to	e box on line	95,/,orbot	Part For II th	e organizatio	n railed to qu	ality under
Secti	on A. Public Support	quality unde	er the tests is	sted below, p	lease comple	ne Part III.)	
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(î) Total
1	Gifts, grants, contributions, and	(4) 2010	(6) 2010	(0) 2017	(a) 2010	(6/2019	(i) rotar
	membership fees received. (Do not						
	include any "unusual grants.")	627,038.	4,588,339.	17.818.959.	3,501,479.	7.035.691.	33,571,506.
2	Tax revenues levied for the					.,,,	==,,,:=,,,,,
	organization's benefit and either paid			<u> </u>			
	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	627,038	4,588,339.	17,818,959.	3,501,479.	7,035,691.	33,571,506.
5	The portion of total contributions by				ette ette et tille så i h	AND STATE OF STREET	
	each person (other than a						
	governmental unit or publicly supported organization) included on				a divide single		
	line 1 that exceeds 2% of the amount						,
	shown on line 11, column (f)						9,676,640.
6	Public support. Subtract line 5 from line 4		yra og sacing			VIII TO THE	23,894,866.
Secti	on B. Total Support		<u> </u>	3	1.5.1.3.1		3
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	627,038.	4,588,339.	17,818,959.	3,501,479.	7,035,691.	33,571,506.
8	Gross Income from Interest, dividends,]				
	payments received on securities loans,			1			
	rents, royalties, and income from similar sources			0.5.00.5			
9	Net income from unrelated business	2,282.	58,074.	35,365.	58,131.	86,455.	240,307.
ď	activities, whether or not the business						
	is regularly carried on					1	
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	32,635.	39,037.	58,376,	0.	4,082.	134,130.
11	Total support. Add lines 7 through 10						33,945,943.
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the	-			•		
041	organization, check this box and stop he		• • • • •				🔊 🗌
	on C. Computation of Public Suppor			4 (0)		144	70 204
14 15	Public support percentage for 2019 (line 6					14 15	70.39%
16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organi						70.27 %
144	box and stop here. The organization qua						
b	331/3% support test-2018. If the organi						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-20	019. If the ora	anization did r	ot check a bo	x on line 13, 1	6a, or 16b, an	id line 14 ls
	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						🕨 📋
đ	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
40	supported organization						_
18	instructions						

20

	e A (Form 990 or 990-EZ) 2019						Page 3
Part	Support Schedule for Organiza	tions Descri	bed in Secti	on 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I	or if the orgar	nization failed	l to qualify un	der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	1.)	
	on A. Public Support				 		
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") 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 8	Add lines 7a and 7b						
Secti	on B. Total Support			<u>Reflective authory</u>	<u> </u>	The conduction with a series of the	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.						
đ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization, check this box and stop he					ear as a section	
Secti	ion C. Computation of Public Suppo						
15	Public support percentage for 2019 (line	8 column (f) o	livided by line	13. column (fl)		15	%
16	Public support percentage from 2018 Sc						%
	on D. Computation of Investment In						
17	Investment income percentage for 2019	(line 10c, colur	nn (f), divided	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201	8 Schedule A.	Part III, line 17	·		18	%
19a	331/3% support tests - 2019. If the organ 17 is not more than 331/3%, check this box	nization did no and <mark>stop her</mark> e	t check the bo . The organizat	x on line 14, a ion qualifles as	ınd line 15 is r a publicly supp	nore than 331/3 oorted organizat	tlon . ▶ 🔲
b	331/3% support tests - 2018. If the organi line 18 is not more than 331/3%, check this	zation did not o	check a box on here. The organ	line 14 or line dzation qualifie	19a, and line 1 s as a publicly :	6 is more than supported orga	33¹/₃%, and nization ▶ □

Parit IV Supporting Organizations

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

Section	Д,	ΑII	Supp	orting	Organ	izations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	4		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		36, 31 35, 32, 14, 32,
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		¢y.
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		ja jer
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	Maliferia gradient	A. S
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	10 K (3)	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b	J. O. C.	Big.
С 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	PK N	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	(7.5	(Astri
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))? If "Yes," provide detail in Part VI.	9a		150 M/S 25 S 24 5 S 24
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	105		\$\$4000 \$\$4000

Pant	M Supporting Organizations (continued)		·	age o
			res	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Greeks Januari	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		36	3.5
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
Section	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	11c		
0001	on b. Type I supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	124.5 9.9	/es	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI now the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	No.		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	27 (d. 17)	J.	
	organizations and what conditions of 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	6.42		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		多 次	·《香港等 ····································
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Spoti	on C. Type II Supporting Organizations	2		
0000	on of Type it supporting Organizations	Ti.	100	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	\$15.78° 47	/es	140
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		16.47 21.47	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		ioniel"
Sect	on D. All Type III Supporting Organizations			
			/es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Jack Strain		
	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?		áli.	Lyk H
2		1	Örm.	8 17.5at
_	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	,5944 	V ^{all} age,
3	By reason of the relationship described in (2), did the organization's supported organizations have a		976.S	92.50
	significant voice in the organization's investment policies and in directing the use of the organization's	All Section		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			整数
	supported organizations played in this regard.	3		
Secti	on 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	instruct	tions	s).
a	☐ The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	` -		
2		1/2 20 10 12	res	No
а	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	6000000 600000000		
	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 in (a) constitute activities that, but for the organization's involvement, one or more			7
	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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	75.175G	ege Lec
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		3) 3	(58%)
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		ı

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	lzat	ions must complete Section	ns 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):	7(E) 1(E) 1(E)		
a Average monthly value of securities	la		
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	1,7		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from fine 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoverles 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 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 Check here if the current year is the organization's first as a non-functional	1	formated Tune III supposition	l arganization (acc
instructions).	וויייי	regrated type in supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedul (Pari)	e A (Form 990 or 990-EZ) 2019 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zatione (continued)	Page 7
	on D—Distributions	, capporting organi	zadona (continued)	Current Year
1	Amounts paid to supported organizations to consumit labor			
	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe			
~_	organizations, in excess of income from activity	impi purposes or suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	asses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	osos or supported orga	Inzations	
<u>.</u>	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>b</u>	From 2015			宣教所以2007年被基础
<u>C</u>	From 2016			The state of the s
d	From 2017	公司·司机 的复数 网络斯拉		Barata Garata
е	From 2018 , , ,			
f	Total of lines 3a through e	Marie Company		
<u>g</u>	Applied to underdistributions of prior years	The state of the s		建筑等建立性 发生
<u>h</u>	Applied to 2019 distributable amount			La Maria de la casa de
<u>i</u>	Carryover from 2014 not applied (see instructions)		1.50, 1	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, Ilne 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.	Biologica, pour de la compaña Vitar de		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain In Part VI. See instructions.			in their symbol consumers
	To a company of the c		SA SIDA GA WAREJUANGA NIJI DA	
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	· ,			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016		Davidat Committee 19	Principal principal de la company
	Excess from 2017			
d	Excess from 2018		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
e	Excess from 2019	AND TO COMPANY OF THE PARTY OF	Property and the second	Victoria de monero de la como

Schedule A (Form 990 or 990-EZ) 2019

PantWII	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.)
Pt II I	n 10: Other Income Part II, Line 10 Description: Grant refunds received
2015: 3	2635. 2016: 39037. 2017: 0. 2018: 0. 2019: 0. Description: Other income
2017: 5	8376. 2018: 0. 2019: 4382.

P R B N W = 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2019

San Antonio Foundation for Excellence in Education 74-2861587 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **⊠** 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check If your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor, Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling 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, 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

Name of organization

San Antonio Foundation for Excellence in Education

Employer Identification number 74-2861587

(Helia) II	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anonymous donor via San Antonio Area Foundation 303 Pearl Parkway, Ste 114 San Antonio TX 78215	\$ 206,106.	Person 🔀 Payroli 🔲 Noncash 🔲 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Center for Applied Science & Technology Network 200 E. Basse Road, Ste 201 San Antonio TX 78209	\$ 930,800.	Person 🔀 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	City Education Partners 250 East Grayson San Antonio TX 78215	\$ <u>705,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Greehey Family Foundation P.O. Box 780489 San Antonio TX 78278	\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Trinity University 1 Trinity Pl San Antonio TX 78212	\$202,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Walton Family Foundation P.O. Box 2030 Austin TX 78712	\$1,550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

San Antonio Foundation for Excellence in Education

74-2861587

Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional spa	ace Is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
***************************************		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
*************		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

San Ant	onio Foundation for Excell	ence in Educati	.on		74-2861587		
Parit III	Exclusively religious, charitable, (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the contributio	or the year from any ations completing Pa the year. (Enter this li	one contributor. In till, enter the total Information once. S	Complete al of <i>exclusi</i>	columns (a) through (e) and ive/v religious, charitable, etc		
	Use duplicate copies of Part III if ac	iditional space is nee	eded.		***************************************		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		

		/a\ 7	6-11-6-11-6-11-11-11-11-11-11-11-11-11-1				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relation:		nship of tra	nsferor to transferee			
			RAT - 200 4000 - 2				
	***************************************				***************************************		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
		*************	********	************			

					~~ ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	(e) Transfer of gift						
_	Transferee's name, address, a		_	nship of tra	nsferor to transferee		
		***************************************		***************************************			
		***************************************	***************************************	***************************************			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
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	Transferee's name, address, a		fer of gift Relation	nchin of tra	nsferor to transferee		
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'			4444444444	* ********			
			********************	~~**********			
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(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift Is held		
		4		***********			
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1	***************************************			***********			
<u></u>		13.7	* * ***		· · · · · · · · · · · · · · · · · · ·		
The second second second	Transferee's name, address, a		fer of gift Relatio	nship of tra	nsferor to transferee		
Γ.							
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#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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 Employer Identification number San Antonio Foundation for Excellence in Education 74-2861587 Panil 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 . . . , , . . 2 Aggregate value of contributions to (during year) . Aggregate value of grants from (during year) . . . 3 4 Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 PartII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certifled historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b c Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶______Number of states where property subject to conservation easement is located ▶______ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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. 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: 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: 

			4		,				
b'screenmanner.	le D (Form 990) 2019								Page 2
Par	IIII Organizations Maintaining C	collections of a	Art, His	torical 1	reasures	, or O	ther Similar As:	sets (cont	Inued)
3	Using the organization's acquisition, accollection items (check all that apply):								
а	☐ Public exhibition		d	☐ Loan	or exchang	e proa	ram		
b	Scholarly research						~~~~~		
С	☐ Preservation for future generations				~~~~~~~~~		~~ ~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	unu du	
4	Provide a description of the organization XIII.	n's collections a	ınd expl	ain how t	hey further	the or	ganization's exem	pt purpose	in Part
5	During the year, did the organization sassets to be sold to raise funds rather the	olicit or receive	donation	is of art,	historical tr	easure	s, or other simila		□ ata
Per	Escrow and Custodial Arran	demente	inieu as i	Dail Of the	organizaci	UII S CI	Mecdon , .	res	□ 140
	Complete if the organization a		' on For	m aan t	Part IV line	2 0 Ar	reported an am	ount on E	arm.
	990, Part X, line 21.						•		OHII
1a	Is the organization an agent, trustee, of included on Form 990, Part X?	custodian or oth	er Intern	nediary fo	or contribut	ions o	r other assets no	t □ Yes	□ No
b	If "Yes," explain the arrangement in Par								□
	,	•		J			An	nount	
C	Beginning balance					10	;		
d	Additions during the year	, . ,				10	1	***************************************	
е	Distributions during the year					16	5		
f	Ending balance					11	ŧ l		
2a	Did the organization include an amount	on Form 990, Pa	art X, line	21, for e	scrow or co	ustodia	l account liability	∂ ☐ Yes	□No
b	If "Yes," explain the arrangement in Par	t XIII. Check here	e if the e	xplanatio	n has been	provid	ed on Part XIII .		
Par	W Endowment Funds.		•						
	Complete if the organization a	inswered "Yes'	' on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years back	(e) Four yea	ars back
la	Beginning of year balance	216,023.	11:	3,584.					
b	Contributions	104,256.	10	0,000.					
C	Net Investment earnings, gains, and								
	losses ,	12,331.		3,000.				1.	
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs	13,340.		5,561.				1	
f	Administrative expenses								
g	End of year balance	319,270.		6,023.					
2	Provide the estimated percentage of the	e current year en	d balanc	e (line 1g	, column (a	)) held	as:		
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	%						•	
C	Term endowment ▶ %	<b></b> -							
	The percentages on lines 2a, 2b, and 2d	should equal 10	00%.						
За	Are there endowment funds not in the porganization by:	possession of th	e organi	zation tha	at are held	and ac	iministered for the	<del>γ</del> ε	es No
	(i) Unrelated organizations							3a(i)	×
	(ii) Related organizations							3a(ii)	×
b	If "Yes" on line 3a(il), are the related org							3b	<del></del>
4	Describe in Part XIII the intended uses of								
Pari							,	· ·	
AND THE PERSONS	Complete if the organization a		on For	m 990. F	Part IV. line	e 11a.	See Form 990.	Part X. lin	e 10.
	Description of property	(a) Cost or oth	her basis	(b) Cost o	or other basis	(c)	Accumulated epreciation	(d) Book v	
	Land	Willowin		ļ			2 = /23 x = = 23 23		
1 44		1		1		100 100 100	unia seri, remedia Misserva I		

b Buildings . . . . . .c Leasehold improvements

e Other . . .

PalacyIII	Investments—Other Securities.  Complete if the organization answered "Yes" on Formula in the complete in the c	m 990. Part IV. lin	e 11b See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Meth	od of valuation:
	(including name of security)		Cost or end-c	f-year market value
(1) Financial				
(2) Other	neld equity Interests			· · · · · · · · · · · · · · · · · · ·
(a) Other				
/A				
(B) (C)				
(D)				
(E)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(F)	**************************************			
(G)	4			
(H)			<u> </u>	
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		The Karlotte and the Alice	
Parit VIII	Investments-Program Related.		Lead of the section o	er talend i della skullet i ja järetti kela ette jär ja ja ja
	Complete if the organization answered "Yes" on For	m 990. Part IV. lir	e 11c. See Form	990. Part X. line 13.
	(a) Description of Investment	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	Inches Contract Contr	L		
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
PartiX	Other Assets.	000 5 1 11 / 11	4410 =	000 B 11/ U 45
	Complete if the organization answered "Yes" on For	m 990, Part IV, lir	e 11d. See Form	
(4)	(a) Description			(b) Book value
(1)				
(2)	THE STATE OF THE S			
(4)				
(5)				
(6)				
(7)	777 TO 18 TO			
(8)				<del></del>
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For	m 990. Part IV. Jir	ne 11e or 11f. See	Form 990, Part X.
	line 25.	,,		,
1.	(a) Description of liability	· · · · · · · · · · · · · · · · · · ·	1	(b) Book value
(1) Federal la	ncome taxes			
(2)				
(3)	The state of the s			
(4)				
(5)				
(6)				
(7)	, , , , , , , , , , , , , , , , , , , ,			
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability fo	r uncertain tax positions, in Part XIII, provide the text of the footn	ote to the organization	n's financial stateme	nts that reports the
organization	's liability for uncertain tax positions under FASB ASC 740. Check	chere If the text of th	e footnote has been p	provided in Part XIII . 🗌

Pari	e D (Form 990) 2019    Reconciliation o	f Revenue per	Audited Fina	ncial Statem	ents With	Revenue ner	Return	Page 4
	Complete if the c	rganization ans	wered "Yes"	on Form 990, I	Part IV. li	ne 12a.	11010111	•
1	Total revenue, gains, and	other support pe	r audited financ	clal statements			1	7,809,786.
2	Amounts Included on line	1 but not on Forr	n 990, Part VIII	, line 12:			Significant Control	1700077001
а	Net unrealized gains (loss	es) on investment	ts , ,		2a	226,655.		
b	Donated services and use	e of facilities ,			2b	502,594.		
C	Recoveries of prior year of	grants			2c		26.00	
d	Other (Describe in Part XI	II.) .   ,   ,   .   .			2d			•
е	Add lines 2a through 2d						2e	729,249.
3	Subtract line 2e from line	1					3	7,080,537.
4	Amounts included on For	m 990, Part VIII, II	ne 12, but not	on line 1:			YOU VE	
а	Investment expenses not	included on Form	n 990, Part VIII,	line 7b	4a			
b	Other (Describe in Part XI	II.) 、			4b			
C	Add lines 4a and 4b .						4c	
5	Total revenue. Add lines :	3 and 4c. (This mu	ıst equal Form	990, Part I, line	12.)		5	7,080,537.
Parti		f Expenses per	r Audited Fin	ancial Statem	ents Wit	h Expenses po	er Retu	rn.
	Complete if the c	rganization ans	wered "Yes" o	on Form 990, I	Part IV, lii	ne 12a.		
1	Total expenses and losse	s per audited fina	ncial statemen	ts	, , , ,		1	5,003,097.
2	Amounts included on line	1 but not on Forn	n 990, Part IX,	line 25:			3/2/3/3	THE PARTY OF THE P
а	Donated services and use				2a	24,000.		
b	Prior year adjustments				2b			
C	Other losses	,			2c			·
d	Other (Describe in Part XI	II.)			2d			
9	Add lines 2a through 2d						2e	24,000.
3	Subtract line 2e from line	1			,		3	4,979,097.
4	Amounts included on For							
а	Investment expenses not				4a		62.5	
b	Other (Describe in Part XI	II.)			46			
C	Add lines 4a and 4b .		, , , , ,				4c	F
5	Total expenses. Add lines	; 3 and 4c. <i>(This n</i>	nust equal Forn	n 990, Part I, line	e 18.) .     .		5	4,979,097.
	্যায় Supplemental In							
Provid 2; Part	e the descriptions required XI, lines 2d and 4b; and F	l for Part II, lines 3 art XII, lines 2d ar	3, 5, and 9; Par nd 4b. Also cor	t III, lines 1a and nplete this part	d 4; Part I\ to provide	/, lines 1b and 2b any additional ir	o; Part V nformatio	, line 4; Part X, line on.
			******					
P+ V	Line 4: Endowmen	its to be use	ed for now	tazahar ar	ante a	ad mini arar	. + a	
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Schedule D (For	m 990) 2019	Page 5
Parti XIII	Supplemental Information (continued)	
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#### SCHEDULE G (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest Information. Name of the organization Employer Identification number San Antonio Foundation for Excellence in Education 74-2861587 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mall solicitations e Solicitation of non-government grants ☐ Internet and email solicitations f Solicitation of government grants ☐ Phone solicitations g 

Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest pald individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundralser have (vi) Amount paid to (or retained by) (i) Name and address of individual (Iv) Gross receipts from activity (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity or entity (fundraiser) organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

ø)			(a) Event #1 Inspire Awards (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	236,715.	85,773.	42,708.	365,196.
	2 3	Less: Contributions Gross Income (line 1 minus	223,050.	79,673.	20,901.	323,624.
		line 2)	13,665.	6,100.	21,807.	41,572.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				1
ot Exp	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses ,	49,236.	14,383.	28,180.	91,799.
	10 11	Direct expense summary, Ac Net Income summary, Subtra	dd lines 4 through 9 in c act line 10 from line 3, c	column (d)		91,799. -50,227.
Pa	តៀញ	Gaming. Complete if th \$15,000 on Form 990-Ez	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Puil tabs/instant blngo/progressive bingo	(c) Other gaming	(d) Total gaming (add coi. (a) through coi. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor ,	☐ Yes	☐ Yes % ☐ No	☐ Yes% ☐ No	And the second s
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d) , , ,		
	8	Net gaming income summary	y. Subtract line 7 from l	ne 1, column (d)		
9 8	En als	nter the state(s) in which the on the organization licensed to co "No," explain:		****		
10a	i W	ere any of the organization's g "Yes," explain:	aming licenses revoked	l, suspended, or termina	ated during the tax year	? . Yes No

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3
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	
13	Indicate the percentage of gaming activity conducted in:	□ 169	[1] 1/0
а	The organization's facility		%
b	An outside facility		<del>70</del> %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		70
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	☐ Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	Yes	[] NO
	amount of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	1		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name De		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		·
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
	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 > \$		
Pari	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	ii) and ( al inforr	v); and nation.
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SCHEDULE! (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

A	■ Attach to Form 990.	Go to www.irs.gov/Form990 for the latest information.
		Ğ

Open to Public Inspection OMB No. 1545-0047 2019

Employer identification number 74-2861587 XYes

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? Pare General Information on Grants and Assistance

San Antonio Foundation for Excellence in Education

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, the selection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Pare II S

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	y recipient that	received more th	han \$5,000. Part	Il can be duplica	ted if additional sp		
1 (a) Name and address of organization or government	NE (q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(ft) Purpose of grant or assistance
(1) San Antonio Independent School District 141 Lavaca St. San Antonio TX 78210	74-6002167		731,069.			A STATE OF THE PROPERTY OF THE	Grants to schools
(2) San Antonio Incependent School District 141 Lavaca St. San Antonio TX 78210	74-6002167		165,924.	The state of the s		And the second s	Innovative Grants
(3) San Antonio Independent School District 141 Lavaca St. San Antonio TX 78210 74-6002167	74-6002167		72,300.			The second secon	Mini Grants
(4) San Antonio Independent School District 141 Lavaca St. San Antonio TX 78210	74-6002167		10,734.			A company of the comp	Teacher Grants
(5)						The second secon	· ·
(9)		The first through the state of					
(2)							
(8)							
(6)		THE PARTY OF THE P				1	and the state of t
(10)							Out-many regions as a region of the region o
((1))						THE PROPERTY CONTRACTOR OF THE PROPERTY CONTRACT	- Control and Cont
(12)		T THE REST OF THE PARTY OF THE					The state of the s
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	tions listed in the li	ne 1 table			
3 Enter total number of other organizations listed in the line 1	rganizations listed	in the line 1 table	•		•	•	A

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

Schedule I (Form 990) (2019)

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Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. (e) Method of valuation (book, FMV, appraísal, other) (d) Amount of noncash assistance 146,100 (c) Amount of cash grant REV 06/02/20 PRO 132 (b) Number of recipients (a) Type of grant or assistance 1 Student Scholarships Part III श्वामः IIV BAA Ø C) 4 rU) Ø

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.lrs.gov/Form990 for the latest information. 2019 Open to Public Inspection

OMB No. 1545-0047

San Antonio Foundation for Excellence in Education	74-2861587		
Pt VI, Line 11b: Form 990 reviewed by the Exec. Director and Trea			
copy to board of directors before filing			
Pt VI, Line 12c: Organization monitors and enforces as needed			
Pt VI, Line 15a: The Organization's Internal Operations Committee reviews the			
salary of the Executive Director and consults with the San Antonio Independent			
School District's Human Resources Department. The Committee then makes recommendations			
to the Board Executive Committee for consideration and action.			
Pt VI, Line 15b: The Organization's Internal Operations Committee reviews the			
salary of the Executive Director and consults with the San Antonia	o Independent		
School District's Human Resources Department. The Committee then makes recommendations			
to the Board Executive Committee for consideration and action.			
Pt IX, Line 24e:			
Description: Professional development			
Total: \$1,124	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Program services: \$0	,		
Management and general: \$924			
Fundraising: \$200			
Description: Printing			
Total: \$3,523			
Program services: \$0			
Management and general: \$3,523			
Fundraising: \$0			
Description: Professional services-other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total: \$12,721	***************************************		
Program services: \$0			

Name of the organization	Page 2
San Antonio Foundation for Excellence in Education	Employer Identification number 74-2861587
Management and general: \$12,721	114-2001301
Fundanisias 00	
Description: Emergency gap funding	
Total. 40 007	
Program convigees to oca	
Management and general, \$0	
Fundraising \$0	
Description: Contract staffing	,
Total: \$4,013	
Program services: \$0	**************************************
Management and general: \$4,013	4444
Fundraising: \$0	
Description: Strategic initiatives	
Total: \$3,492,465	
Program services: \$3,492,465	
Management and general: \$0	
Fundraising: \$0	

Name

San Antonio Foundation for Excellence in Education

Employer Identification No. 74-2861587

		T HAROGETO	1,12	2801387
Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Professional development	1 104			
Printing	1,124. 3,523.	. 0,	924.	200.
Professional services-other	3,523.		3,523.	0.
Franco State - C. li		0,	12,721.	0.
Emergency gap funding	9,067.		0.	0.
Contract staffing	4,013.	0.	4,013.	0.
Strategic initiatives	3,492,465.	3,492,465.	0.	.0.
w				
				7,70
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Total to Form 990, Part IX,		,	1	
line 24e	3,522,913.	3,501,532.	21,181.	200.

Additional information from your 2019 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax See All Other Revenue Smart Worksheet (2)

Line 11d Rel/Exem Fun Rev

Itemization Statement

Description		Amount
Other income		4,090.
Adjto reconcile to Sch D partXIIne 5		-8.
	Total	4,082.

Schedule G: Supplemental Information Regarding Fundraising or Gaming Activities Other Charitable Contrib. Itemization Statement

Description	Amount
Run for Education - contributions	13,800.
Other	7,101.
Total	20,901.