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990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052 മരവ

		nt of the Tr		Note	: The foundati	on may b	Treated as a lee able to use a copy				portin	na requirements	ı	2009
_					x year begin		<u> </u>			and endir				, 20
G Check all that apply Initial return				Initial re	turn o	of a former pu	blic charit	y y			Final return			
				_	Amended	return			s change	٢	<u>~</u>	lame change		•
_			Name of fo	undat	tion							A Employer ider	ntific	ation number
1	Use th	e IRS												
	lab		THE PHO	ENI	X CHARIT	ABLE I	FOUNDATION					20	0-6	5954843
	Other	wise,	Number an	d stre	et (or P O box	number if i	mail is not delivered to	street a	address)	Room/sui	te	B Telephone number (see pa	ige 10 of the instructions)
	pri				•				·					
	or ty		100 NE	LOO	P 410, S	UITE 1	1300					(:	210	0) 404-2828
	•	ecific tions.			te, and ZIP ∞o							C If exemption appl pending, check h	icatio	on is
٠	nsuuc	Juons.	'									D 1 Foreign organi		► 1
			SAN ANT	IONI	O, TX 78	216						2 Foreign organi		· —
H	Che	ck type	of organiz				c)(3) exempt priva	te fou	undation			85% test, ched	k he	
ſ		• •	-		mpt charitable				vate foundation	on	- 1	•		
i			t value of a				unting method					E If private foundate		tatus was terminated
			m Part II, c				ther (specify)	_ `						a 60-month termination
		▶ \$					column (d) must	be on	cash basis)			under section 50		- I I
		Analy	sis of Rev	enue	and Expens	es (The	(-) D	_						(d) Disbursements
		total c	of amounts in	colur	mns (b), (c), an	d (d)	(a) Revenue an expenses per		(b) Net inve incom		(c) Adjusted net income		for charitable
					ual the amount 1 of the instruc		books		incom	۱ ا		mome		purposes (cash basis only)
_	1		. 1-1.1		eceived (attach sch	.,,	150,0	00.					\exists	
	2	Check	of the	e found	dation is not req	uired to								
	3	-	allac		porary cash inves			58.		58.		51	8.	ATCH 1
	4		-	-	om securities				-				\neg	
	5 a													
	l .													
æ	l		•		of assets not on I								\neg	
Revenue		Gross s	ales pricé for a on line 6a										\neg	
eVe	7			ome (from Part IV, II	ne 2) .								
œ	8	Net sho	ort-term capi	tal gai	in									
	9				, <i></i>									
	10 a	Gross sa	ales less return wances	าร										··-
	ь		ost of goods so										_	
	c	Gross	profit or (loss	i) (atta	ach schedule)									
	11	Other i	ncome (attac	ch sch	nedule)									
_	12				h 11		150,0)58.		58.		51	8.	
	13	Comper	sation of office	ers, dır	rectors, trustees,	etc							_	
	14				and wages .								_	
es	15	Pensio	n plans, emp	loyee	benefits								\perp	
ens	16 a	Legarf	ees (attach s	chedu	yle)								\perp	
ă	Ь				schedule) ATO	H 2	4	150.		0.		450	0.	0
ē	c	Otter	professional f	lees (a	attach schedပဲ၊	e)							_	
ŧ	17	Interes	t · NOV · 2	2.9.	2010 · . S									
str	18	Taxes (a	attach schedul	e) (see	page 14 of the inst	ructions)* *		22		22.		2	2.	
Ē	19	Deprec	ation (attach	1.sche	edule) and dep	etion .								
턴	20	Occupa	(c)(J)	- !\! .									_	
þ	21	Traver,	conferences	, and	meetings							<u>.</u>	\dashv	
an	22	-	and publica										_	·-
ä	23				schedule) ATO			40.				4.0	υ.	· · · · · · · · · · · · · · · · · · ·
rat	24				ıınıstrative exp	enses.]							_
Operating and Administrative Expenses			es 13 throug					512.		22.		512	۷.	72.070
_	25		utions, gifts,	_	•	• • • •	73,8	-		- 33			+	73,872
_	26				ents Add lines 24	and 25	74,3	04.		22.		512	- 	73,872
	27		ct line 26 fror				75 /	7,						
					ses and disbursem		75,6	114.		36.			-	
					(if negative, ente	•				56.		-0-	_	

20-6954843

B	art II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	Er	nd of year
_	ai t ii	Dalance Oncess	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bean	ing			
	2	Savings and temporary c	ash investments	20,188.	95,86	2. 95,862.
	3	Accounts receivable				
		Less allowance for doub	otful accounts			<u> </u>
	4	Pledges receivable				
		Less allowance for doub	itful accounts			
	5					
	6		ficers, directors, trustees, and other			
	ľ		ch schedule) (see page 16 of the instructions)			
	7		ceivable (attach schedule)			
	′		otful accounts			
	_					
ş	8		e		 ·	
Assets	9		eferred charges			
ď	ı		government obligations (attach schedule)			
	l		stock (attach schedule)			<u> </u>
	11 °	Investments - corporate t Investments - land, buildings and equipment basis Less accumulated deprecia				
	١	(attach schedule)			· · · · · · · · · · · · · · · · · · ·	
	12	= =	loans			
	13 14	Investments - other (attac Land, buildings, and equipment basis	ch schedule)			
	• •	equipment basis	tion			
		(attach schedule)				
	15	Other assets (describe)			
	16	, ,	pleted by all filers - see the			
_			age 1, item l)		95,86	2. 95,862.
- 1	17	Accounts payable and ac	crued expenses			_
- !	18	Grants payable				
S	19					
Liabilities	20		s, trustees, and other disqualified persons			
ä	21		es payable (attach schedule)			
Ξ	22		▶)			
		,	, , , , , , , , , , , , , , , , , , , ,			\neg
	23	Total liabilities (add line	s 17 through 22)			
			ow SFAS 117, check here			\neg
ın		and complete lines 24	4 through 26 and lines 30 and 31.			
ances	24					-
						\dashv
Ba	26	Permanently restricted .			 	_
5	l	Foundations that do				
Ē		check here and comp	olete lines 27 through 31. ► X			
6	27	Capital stock, trust principal	pal, or current funds			
Net Assets or Fund Ba	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
SS	29	Retained earnings, accumula	ated income, endowment, or other funds	20,188.	95,86	2.
Ž	30	Total net assets or fund	balances (see page 17 of the			
Š		instructions)		20,188.	95,86	2.
	31	Total liabilities and net a	assets/fund balances (see page 17			
		of the instructions)		20,188.	95,86	2.
2	art II		anges in Net Assets or Fund			
			ances at beginning of year - Part II, co		gree with	
•			on prior year's return)			20,188.
2		r amount from Part I, lir			1 4	75,674
_			d (o (.tame.ma)			3
3						95,862
		lines 1, 2, and 3	ino 2 (Homizo) . N			-
		eases not included in li		5) Dod II ookuun (b) I	- -	5 95,862.
<u>6</u>	ıota	net assets or fund bala	ances at end of year (line 4 minus line	ອ ວງ - Mart II, Column (b), I	me 30	95,862

P	art IV Capital Gains	and Losses for Tax on Inv	vestment Income			
		describe the kind(s) of property sold (each warehouse, or common stock, 200 s		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
<u>1</u> a						
_t	o					
				 		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_ a	3					
t	·					
_						
	d			ļ		
_6	······································			ļ		
	Complete only for assets sho	wing gain in column (h) and owned			Gains (Col (h) g	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	COI	(k), but not less t Losses (from co	
_2	a			ļ		
_ <u>t</u>	b			ļ		
_				<u> </u>		
_	<u>d</u>					
_	9		figure also enter in Part I line 7	 	 	
2	Capital gain net income or (net capital loss)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gain	or (loss) as defined in sections 122	,			
	· · · · · · · · · · · · · · · · · · ·	ine 8, column (c) (see pages 13 an				
		ine 8		3		
P	Part V Qualification Un	der Section 4940(e) for Redu	ced Tax on Net Investment Inc	ome		
w		·	able amount of any year in the base o not complete this part	period?	C	Yes X No
1	Enter the appropriate amo	unt in each column for each year, s	ee page 18 of the instructions before	e making	any entries	
_	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	
_	2008	621,552.	227,201.			2.735692
	2007	168,200.	363,865.			0.462259
_	2006	348,170.	146,606.			2.374869
_	2005					
	2004		L	 		
2	Total of line 1, column (d)			2		5.572820
3	▼	or the 5-year base period - divide the				1.393205
	number of years the found	ation has been in existence if less t	han 5 years	3	· -	1.393203
4	Enter the net value of nonc	charitable-use assets for 2009 from	Part X, line 5	4		62,276.
5	Multiply line 4 by line 3			5		86,763.
6	Enter 1% of net investmen	t income (1% of Part I, line 27b) .		6		
7	Add lines 5 and 6			7		86,763.
8	Enter qualifying distribution		in Part VI, line 1b, and complete	8 that part	using a 1% ta	73,872.
	Part VI instructions on pag	e 18	are 11, and 15, and complete	part	u 1/0 ta/	a.u oce inc

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	structi	ons)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.			
	here and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%						
	of Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2						
3	Add lines 1 and 2			0.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0.			
6	Credits/Payments						
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 0 .						
b	Exempt foreign organizations-tax withheld at source						
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.						
d	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d			<u> </u>			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>0.</u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid						
11	Enter the amount of line 10 to be Credited to 2010 estimated tax Refunded 11						
Par	t VII-A Statements Regarding Activities	г					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		Х			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19						
	of the instructions for definition)?	1b	 	Х			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials						
	published or distributed by the foundation in connection with the activities	١.		v			
С	Did the foundation file Form 1120-POL for this year?	1c		Х			
d							
	(1) On the foundation \$\Bigsim \\$ \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqquad \qqqqq \qqqqqqqqqqqqqqqqqqqqqqqqqqqqq						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers \$			Х			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2					
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	١.		Х			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1		X			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	N				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	1 1/	X			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5					
_	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		i i				
	By language in the governing instrument, or		i i				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	x				
-	conflict with the state law remain in the governing instrument?		X				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<u> </u>					
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the						
L.	Instructions) $ ightharpoonup { m TX}_{,}$ If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1					
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X				
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	30					
9							
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page	9		Х			
40	27)? If "Yes, "complete Part XIV	<u> </u>					
10		10	X				
	names and addresses		O DE				

Form 990-PF (2009)

3b

4b

N/A

Х

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	nagers, Highly Paid Emplo	oyees,
3 Five high	est-paid independent contractors for professional services (see page 23	of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			•
	-		
Total number	r of others receiving over \$50,000 for professional services		▶ NONE
		· · · · · · · · · · · · · · · · · · ·	
Part IX-A	Summary of Direct Charitable Activities		
	ation's four largest direct charitable activities during the tax year. Include relevant statistical informatis and other beneficiaries served, conferences convened, research papers produced, etc.	tion such as the number	Expenses
1 N/A			"
2			
3			
4			
-			
Part IX-B	Summary of Program-Related Investments (see page 23 of the inst	ructions)	
	wo largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 NONE			
2			
All other progr	am-related investments See page 24 of the instructions		
3 NONE	antriciates investinents. See page 24 of the institutions		
3 NONE			
Total, Add In	nes 1 through 3		
			L

Form 990-PF (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foresee page 24 of the instructions.)	eign foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	. 1a	·
b	Average of monthly cash balances	. 1b	63,224.
C	Fair market value of all other assets (see page 24 of the instructions)	. 1c	0.
d		. 1d	63,224.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	0.
3	Subtract line 2 from line 1d	3	63,224.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	. 4	948.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	. 5	62,276.
6	Minimum investment return. Enter 5% of line 5	. 6	3,114.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privious foundations and certain foreign organizations check here ▶ ☐ and do not complete this	ate operating part)	
1	Minimum investment return from Part X, line 6	. 1	3,114.
2 a	Tax on investment income for 2009 from Part VI, line 5	o.	
	Income tax for 2009 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1		3,114.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	3,114.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	. 7	3,114.
Pa	art XII Qualifying Distributions(see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а			73,872.
b		. 1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	. 2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	. 3a	0.
þ	· · · · · · · · · · · · · · · · · · ·		0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	. 4	73,872.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	. 5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	73,872.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh qualifies for the section 4940(e) reduction of tax in those years	ether the found	dation

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Pa	Part XIII Undistributed Income (see page 26 of the instructions)										
_		(a)	(b) Years prior to 2008	(c) 2008	(d) 2009						
1	Distributable amount for 2009 from Part XI,	Corpus	Tears prior to 2000	2000	3,114.						
	line 7				3,114.						
2	Undistributed income, if any, as of the end of 2009										
	Enter amount for 2008 only		<u> </u>								
	Total for pnor years 20 07 ,20 06 ,20 05										
3	Excess distributions carryover, if any, to 2009										
	From 2004										
þ	From 2005										
С	150 360			ļ							
d	610 226										
		1,104,296.		•							
	Total of lines 3a through e	1,104,290.			-						
4	Qualifying distributions for 2009 from Part XII,										
	line 4 ▶ \$ 73,872.										
	Applied to 2008, but not more than line 2a										
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)										
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)										
d	Applied to 2009 distributable amount				3,114.						
	Remaining amount distributed out of corpus	70,758.									
5	Excess distributions carryover applied to 2009										
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:										
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,175,054.									
	Prior years' undistributed income Subtract										
~	line 4b from line 2b				<u> </u>						
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued or on which the section 4942(a) tax has been previously assessed										
d	Subtract line 6c from line 6b Taxable										
е	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line										
	4a from line 2a Taxable amount - see page										
	27 of the instructions										
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010										
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the										
8	instructions)										
J	applied on line 5 or line 7 (see page 27 of the instructions)										
9	Excess distributions carryover to 2010.										
	Subtract lines 7 and 8 from line 6a	1,175,054.									
	Analysis of line 9										
	Excess from 2005										
	Excess from 2006 343, 691.										
	Excess from 2007										
	Excess from 2008 610,236.										
е	Excess from 2009 70,758.			1							

Pa	rt XIV Private Oper	ating Foundations(see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
1 a	If the foundation has foundation, and the ruling				ating -	
b	Check box to indicate whe			n described in section	4942()	(3) or 4942(J)(5)
2 a	Enter the lesser of the ad-	Tax year		Pnor 3 years		(e) Total
2 0	justed net income from Part I or the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(0) 10(2)
	return from Part X for each year listed					
ь	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 a	Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying under section					
b	4942(j)(3)(B)(i) "Endowment" alternative test- enter 2/3 of minimum invest-					
•	ment return shown in Part X. tine 6 for each year listed					
С	"Support" alternative test - enter (1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities loans (section 512(a)(5)),					
	or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	(4) Gross investment income			L		<u>L</u>
Pa		ary Information (C during the year - se			ation had \$5,000	or more in assets
1	Information Regarding				*****	
а	List any managers of before the close of any	the foundation who h	ave contributed more	e than 2% of the tota more than \$5,000) (S	l contributions receiv ee section 507(d)(2))	ed by the foundation
	REX AMINI					
b	List any managers of ownership of a partner					large portion of the
	N/A			·		
2	Information Regarding					
	Check here ► if t unsolicited requests f organizations under ot		dation makes gifts, g	rants, etc (see page	able organizations a 28 of the instructio	ns) to individuals or
а	The name, address, an N/A	d telephone number of	the person to whom a	pplications should be a	ddressed	
b	The form in which appli	cations should be subn	nitted and information	and materials they sho	uld include	
	N/A					
С	Any submission deadling	nes				
	N/A			inhical cross shared	blo fiolds brade of	institutions of other
a	Any restrictions or lifactors	пінаноп'я ол awards,	such as by geogra	ipilicai areas, charita	ule Helus, KINOS Of	manunons, or omer
_	N/A					

3 Grants and Contributions Paid During the Year or Approved for Future Payment										
Recipient	If recipient is an individual,	Foundation								
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount						
a Paid during the year	or substitute condition	· - · · · ·								
ATTACHMENT 6										
		<u> </u>		72.072						
Total	<u> </u>			73,872.						
b Approved for future payment										
				1						
		L	<u> </u>							
Total			<u> ▶ 3b</u>	1						

Page **12**

Part XVI	-A Analysis of Income-Produ	ucing Act	ivities			
Enter gross	amounts unless otherwise indicated	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a						
d				<u> </u>		
е						
f						
-	s and contracts from government agencies					
	rship dues and assessments			1.4		
	on savings and temporary cash investments	ļ		14	58.	
	ds and interest from securities	ļ		<u> </u>		
	tal income or (loss) from real estate				_	
	ot-financed property	-				
	debt-financed property			 		
	al income or (loss) from personal property investment income					
	loss) from sales of assets other than inventory	l .		<u> </u>		
	ome or (loss) from special events					
	profit or (loss) from sales of inventory			_		
•	evenue a					
b						
c						
d						
е						
12 Subtota	Add columns (b), (d), and (e)				58.	
13 Total. A	Add line 12, columns (b), (d), and (e)				13	58.
	heet in line 13 instructions on page 28 to					
Part XVI	Relationship of Activities				•	
Line No.	Explain below how each activithe accomplishment of the fo					
▼	page 29 of the instructions)	Jungations	exempt purposes (or		by providing failed for	Such purposes, (See
	pege at the management,			-		
						
					-	
						
			NOT APPLICABLE	· · · · · · · · · · · · · · · · · · ·		
					· · · · · · · · · · · · · · · · · · ·	
	 	·				
						
				-		
						· · · · · · · · · · · · · · · · · · ·

Pa	rt XVII	Information Exempt Orga		ransfers To	and Transa	ctions	and Relationships With	Nonc	harit	able
1	ın se	ction 501(c) of the C	ode (other than	section 501(c)(organizations	with a	any other organization described section 527, relating to political		Yes	No
а		zations? fers from the reporting fou						4 - (4)		х
										X
		transactions						. 1.0(2)	-	
_			aritable exempt oi	ganization				. 15(1)		_x_
										Х
	(3) R	ental of facilities, equipme	ent, or other asset	s				. 1b(3)	ļ	Х
	(4) R	eimbursement arrangeme	ents					. 1b(4)	ļ	X
		oans or loan guarantees								X
	• •	erformance of services or	-	=					-	X
0							Column (b) should always she		four r	
C							Column (b) should always should fithe foundation received less			
		=					of the goods, other assets, o			
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt	organization	(d) Des	cription of transfers, transactions, and sh	anng ana	ngemen	its
		N/A				N/A				
										_
					- 					
					· · · · · · · · · · · · · · · · · · ·					
_							·			
								_		
						-				
										_
										_
		·-								
	sectio		ner than section				exempt organizations described in		es 🗀	No
		(a) Name of organization		(b) Type	e of organization		(c) Description of relation	nship	•	
_										
		· · · ·								
										
		it is title, correct, and com	are that I have explete Declaration	l amined this return, of preparer (other th	including accompa nan taxpayer or fidu	nying schericiary) is ba	dules and statements, and to the best ased on all information of which prepared to the best ased on all information of which prepared to the best as a state of	of my li	knowled iny know	ge and wledge
ere	Sı	gnature of officer or trustee		-		Date	Title December	a ido-4-f		
Sign Here	ح ي	Preparer's			Date	0 / 1 0	Check if self-employed Preparer number page 30 o	See Sign	ature o	
Š	Paid eparer's se Only	signature			11/	8/10				
	Paid Preparer's Use Only	Firm's name (or yours if self-employed), address	<u> </u>	LLP ONVENT STRE	ET, SUITE	1200	EIN ► 13-556	5207		

Form 990-PF (2009)

Phone no 210-227-9272

and ZIP code

78205

SAN ANTONIO,

Schedule B

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

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number	
THE PHOENIX CHARITA	ABLE FOUNDATION		
		20-6954843	
Organization type (check or	ne)		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a pri	vate foundation	
	527 political organization		
Form 990-PF	X 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule See	
General Rule			
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II	000 or more (in money or	
Special Rules			
sections 509(a)(1)	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % su and 170(b)(1)(A)(vi), and received from any one contributor, during the 2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-E	year, a contribution of the greater	
the year, aggregat	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from e contributions of more than \$1,000 for use exclusively for religious, coses, or the prevention of cruelty to children or animals. Complete Parts I	charitable, scientific, literary, or	
the year, contribut aggregate to more year for an <i>exclus</i> , applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from for use exclusively for religious, charitable, etc., purposes, but the than \$1,000. If this box is checked, enter here the total contributions the evely religious, charitable, etc., purpose. Do not complete any of the part anization because it received nonexclusively religious, charitable, etc., contributions.	se contributions did not at were received during the is unless the General Rule contributions of \$5,000 or more	
990-EZ, or 990-PF), but it m	It is not covered by the General Rule and/or the Special Rules does not ust answer "No" on Part IV, line 2 of its Form 990, or check the box on PF, to certify that it does not meet the filing requirements of Schedule B (line H of its Form 990-EZ,	
For Privacy Act and Paperwork Re for Form 990, 990-EZ, or 990-PF	duction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)	

JSA

	(Form 990, 990-EZ, or 990-PF) (2009)	· ·	Page of of Part
Name of or	ganization THE PHOENIX CHARITABLE FOUNDATION		Employer identification number 20-6954843
Part I	Contributors (see instructions)		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MARGARET AMINI C/O DAN SLATTERY & ASSOC. 8000 W I-10, STE 1030 SAN ANTONIO, TX 78230	\$100,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	REX AMINI 108 BISON ROAD SAN ANTONIO, TX 78232	50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroli Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person

(Complete Part II if there is a noncash contribution)

Payroll Noncash

2215210

ATTACHMENT 1

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A TO N	2	I
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FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

ADJUSTED NET INCOME	. 28.	58.
NET INVESTMENT INCOME	58.	58.
REVENUE AND EXPENSES PER BOOKS	58.	58.
		TOTAL
DESCRIPTION	INTEREST INCOME	

ATTACHMENT

FORM 990PF, PART I - ACCOUNTING FEES

REVENUE	且
AND	
N. P. N. P. D. N. P. N. P. N. P. N. P.	•
PER BO	BOOKS

AI		,	
NET	NVESTMENT	INCOME	

PUR		

450.

TOTALS

ACCOUNTING FEES

DESCRIPTION

450.

PAGE 20

ATTACHMENT 3

ATTACHMENT 3

FORM 990PF, PART I - TAXES

ADJUSTED NET INCOME	22.	22.
NET INVESTMENT INCOME	22.	22.
REVENUE AND EXPENSES PER BOOKS	22.	22.
		TOTALS
DESCRIPTION	FEDERAL TAXES	

ATTACHMENT 4

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION MISCELLANEOUS EXPENSES

REVENUE AND EXPENSES PER BOOKS

40.

TOTALS

40. ADJUSTED NET INCOME

40.

PAGE 21

- LIST OF OFFICERS,

FORM 990PF, PART VIII

20-6954843

ATTACHMENT

PAGE 22

TITLE AND AVERAGE HOURS PER

DIRECTORS, AND TRUSTEES

WEEK DEVOTED TO POSITION

NAME AND ADDRESS

REX AMINI 108 BISON ROAD SAN ANTONIO, TX 78232

DEBORAH AMINI

108 BISON ROAD SAN ANTONIO, TX 78232

TRUSTEE NONE

TRUSTEE NONE

GRAND TOTALS

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20-6954843

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PAID DID
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CONT
AND
- GRANTS AND CONTRIBUTI
×
PART XX
FORM 990PF

PURPOSE OF GRANT OR CONTRIBUTION		
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		
RECIPIENT NAME AND ADDRESS	MOBILE LOAVES & FISHES 903 SOUTH CAPITAL OF TEXAS HIGHWAY AUSTIN, TX 78746	SAM MINISTRIES 5254 BLANCO ROAD SAN ANTONIO, TX 78216

5,000

AMOUNT

ATTACHMENT 6

1,022

38,450

YOUNG LIFE

	00,400
P.O BOX 520	
COLORADO SPRINGS, CO 80901	
MD ANDERSON CANCER CENTER	400.
P O. BOX 301439	
HOUSTON, TX 77230	
THE CHARITY BALL ASSOCIATION	3,000
P.O BOX 6708	
SAN ANTONIO, TX 78209	

25,000

KIPP ASPIRE ACADEMY
735 FREDERICKSBURG ROAD
SAN ANTONIO, TX 78201

ATTACHMENT 6 PAGE 23

V 09-8.4

EORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

10 37.53 AM

V 09-8.4

2215210

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

1,000

ENNIS COMMUNITY CHILDREN'S SCHOOL PO BOX 262

RECIPIENT NAME AND ADDRESS

ENNIS, MT 59729

AMOUNT

ATTACHMENT 6 (CONT'D)

TOTAL CONTRIBUTIONS PAID

73,872

ATTACHMENT 6 PAGE 24

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

internal Revenue S	ervice	c a ccp	arate approation to the					
•	ling for an Automatic 3-N		•				. ▶ 🗓	
 If you are fill Do not complete 	ling for an Additional (No ete Part II unlessou have	ot Automatic) 3-Month already been granted	Extension, complete an automatic 3-month	only Part II (on extension on a pr	page 2 of this for eviously filed Fo	orm) rm 8868		
Part I Auto	matic 3-Month Extens	sion of Time. Only	submit original (no co	opies needed)				
	equired to file Form 990-1	f and requesting an au	tomatic 6-month extens	sion - check this b	ox and complete	е		
Part I only					• • • • • • • •		.▶ ⊔	
	orations (including 1120 ome tax returns	-C filers), partnership	os, REMICs, and trust	s must use For	m 7004 to req	uest an ex	tension of	
one of the reference one of the reference of the referenc	ng (e-file) Generally, you turns noted below (6 n f (1) you want the addi omposite or consolidated e details on the electronic	nonths for a corporational (not automatic) I From 990-T Instead	tion required to file to a second to the sec	Form 990-T) Ho or (2) you file Fo e fully completed	owever, you ca orms 990-BL, 60 and signed pa	nnot file Fo 069, or 887 ge 2 (Part I	orm 8868 70, group	
Type or	Name of Exempt Organiza	tion			Employer	dentification	number	
print	THE PHOENIX (CHARITABLE FOUN	DATION		20-6	954843		
File by the	Number, street, and room	Number, street, and room or suite no. If a P.O. box, see instructions						
due date for	100 NE LOOP 4	110, SUITE 1300						
filing your return See	City, town or post office, state, and ZIP code For a foreign address, see instructions							
instructions	SAN ANTONIO,	TX 78216						
Check type of	return to be filed (file a	separate application f	or each return)					
Form 990		Form 990-T (corpo	ration)		Form 4720			
Form 990	-BL	Form 990-T (sec 4	101(a) or 408(a) trust)	<u> </u>	Form 5227			
Form 990		Form 990-T (trust	other than above)		Form 6069			
X Form 990	-PF	Form 1041-A			Form 8870			
If the organIf this is forfor the whole g	No ▶ 210 404-28: Ization does not have an a Group Return, enter the group, check this box. Is of all members the exte	office or place of busi e organization's four d	ness in the United Stat	lumber (GEN)		If th		
	it an automatic 3-mo		r a corporation re-	gured to file	Form 990-T)	evtension	of time	
untıl	09/16 201	$\frac{0}{1}$, to file the exer	npt organization return	n for the organiz				
2 If this tax	year is for less than 12 m	onths, check reason	Initial return	Final return	Change	in accountin	g period	
-	plication is for Form 99 dable credits See instruc		, 4720, or 6069, ent	er the tentative	tax, less any	3a \$	0.	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax p				tax payments				
	clude any prior year over					3b \$	0.	
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See								
		ed, by using EFTP:	S (Electronic Federal	Tax Payment S	System) See			
instructioi		 .				3c \$	0.	
-	are going to make an ele	ctronic fund withdrawa	il with this Form 8868,	see Form 8453-E	O and Form 887	9-EO		
for payment ins								
For Privacy Ac	t and Paperwork Reduct	ion Act Notice, see In	structions.			Form 8868 (Rev 4-2009)	

Form 8868 (3 (Rev 4-2009)		Page 2						
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II a	nd check this box							
	Only complete Part II if you have already been granted an automatic 3-month extension on a								
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	,							
	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no copies	needed).						
Type or print	Name of Exempt Organization	Employer identificatio							
	THE PHOENIX CHARITABLE FOUNDATION	20-6954843	43						
File by the	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only							
extended	1 100 NE LOOP 410. SUITE 1300								
due date for filing the	TOT	L	1						
return Sec	ee								
Check t	type of return to be filed (File a separate application for each return)								
	Form 990 X Form 990-PF	Form 1041- A	Form 6069						
	Form 990-B L Form 990-T (sec 401(a) or 408(a) tr ust)	Form 4720	Form 8870						
—	Form 990-EZ Form 990-T (trust other than above)	Form 5227	_						
	Do not complete Part II if you were not already granted an automatic 3-month exter		filed Form 8868.						
	books are in the care of STAN PARIS								
	phone No ▶ 210 404-2828 FAX No ▶ 210 404-	1301							
• If the	e organization does not have an office or place of business in the United States, check this bo	x	▶ 🛄						
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this i	s						
	whole group, check this box If it is for part of the group, check this box	▶ and attach a							
	n the names and EINs of all members the extension is for								
4 re	request an additional 3-month extension of time until 11/15/2010								
	or calendar year 2009, or other tax year beginning and en	ding							
	7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE								
	ND ACCURATE RETURN IS NOT YET AVAILABLE.								
_									
8a If	e tax, less any	<u> </u>							
no	8a	\$ 0.							
b If	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
tax	amount paid								
pre	reviously with Form 8868	8b	\$ 0.						
с Ва	quired, deposit								
WI	See instructions 8c	\$ 0.							
	Signature and Verification								
	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statement correct, and complete, and that I am authorized to prepare this form	nts, and to the best of my	knowledge and belief,						
	_ CPA		08/11/2010						
Signature	e ▶ Title ▶								
	KPMG LLP	For	n 8868 (Rev 4-2009)						
	300 CONVENT STREET, SUITE 1200								
	SAN ANTONIO, TX 78205								