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DLN: 93493208009612

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a conviof this return to catisfy state reporting requirements

	Revenue		<u> </u>		, requirements	Inspection
Fo	r the 2	2011 calendar year, or tax year beginning 01-01-2011 C Name of organization	and ending 12-31-20:	l 1	D Employer id	entification number
_		SAN ANGELO AREA FOUNDATION			. ,	
_	lress ch	Doing Business As			73-163414 E Telephone n	
_	ne chai				(325)947-	7071
_	ıal retui	2201 SHERWOOD WAY NO 205	d to street address) Room/s	uite	G Gross receipts	
Ten _	minated				·	
Ame	ended i	return City or town, state or country, and ZIP + 4 SAN ANGELO, TX 76901				
App	lication	pending				
		F Name and address of principal officer		H(a) Is th	- ıs a group retur	
		MATT LEWIS 2201 SHERWOOD WAY NO 205		affilia	ates?	☐ Yes 🔽 No
		SAN ANGELO,TX 76901		H(b) Are a	ll affiliates inclu	ded?
				If "N	o," attach a list	(see instructions)
Tax	x-exem	pt status	947(a)(1) or 527	H(c) Grou	up exemption ni	umber 🟲
W	ebsite	::► WWW SAAFOUND ORG				
(Form	n of org	ganization Corporation Trust Association Other		L Year of fo	ormation 2001	M State of legal domicile TX
Pai	rt I	Summary			<u> </u>	-
	1 8	Briefly describe the organization's mission or most sign	nificant activities			
.,	1	MANAGING ENDOWED GIFTS IN ORDER TO MATCH	DONOR INTERESTS	WITH COMMU	NITY NEEDS	OF THE AREA
3	-					
auvellidlice	2 (Check this box দ if the organization discontinued its	operations or disposed	of more than 2	25% of its net a	ssets
	3 1	Number of voting members of the governing body (Part	VI, line 1a)		3	15
Ĉ	4 1	Number of independent voting members of the governin	g body (Part VI, line 1t)	. 4	15
ACUVIUES &	5 7	Fotal number of individuals employed in calendar year 2	2011 (Part V, line 2a)		5	5
3	l	Fotal number of volunteers (estimate if necessary) .			6	45
•	l	Fotal unrelated business revenue from Part VIII, colun	,		7a	0
	ь	Net unrelated business taxable income from Form 990-	-T, line 34	<u> </u>	7b	0
<u>.</u>			Pric	or Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	'	13,773,613	14,198,524	
Revenue	9	Program service revenue (Part VIII, line 2g)			1 045 043	621.252
H ₂ V	10 11	Investment income (Part VIII, column (A), lines 3, 4 Other revenue (Part VIII, column (A), lines 5, 6d, 8c	'	1,845,843	621,252	
	12	Total revenue—add lines 8 through 11 (must equal P		ne	<u> </u>	0
		12)			15,619,456	14,819,776
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,458,001	8,617,547
	14	Benefits paid to or for members (Part IX, column (A),			0	0
g.	15	Salaries, other compensation, employee benefits (Pa 5–10)	rt IX, column (A), lines		291,725	320,259
Бхрепзез	16a	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0	0
e di	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶88,37	•			
ın	17	Other expenses (Part IX, column (A), lines 11a-11d			490,782	442,716
	18	Total expenses Add lines 13–17 (must equal Part I)	•	-	12,240,508	9,380,522
	19	Revenue less expenses Subtract line 18 from line 12			3,378,948	5,439,254
8 9				Beginnin	g of Current	End of Year
net Assets or Fund Balances				<u> </u>	/ear	
88	20	Total assets (Part X, line 16)			54,987,115	58,796,711
<u> </u>	21	Total liabilities (Part X, line 26)			12,651,368	12,562,959
	22 t III	Net assets or fund balances Subtract line 21 from lii Signature Block	ne 20		42,335,747	46,233,752
Jnder	· penal	ties of perjury, I declare that I have examined this return, i and belief, it is true, correct, and complete. Declaration of p				
	edge.					
		*****		2	012-07-13	
Sign		Signature of officer		D	ate	
dere	9	MATT LEWIS CEO				
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·			
		Preparer's Suparture JEFF GRAHAM CPA	Date	Check if self-	Preparer's taxpa	ayer identification number s)
Paid	_	signature JEFF GRAHAM CPA		employed •	P00023095	,
	arer's	Firm's name (or yours CONDLEY AND COMPANY LLP			EIN • 75-1056	 027
Jse C	nly	If self-employed), address, and ZIP + 4				
			Phone no (325) 677-6251			

ABILENE, TX 796042993

May the IRS discuss this return with the preparer shown above? (see instructions) . .

FUIII	1990 (2011)				Page ∠
Par		ent of Program Service A Schedule O contains a response			
1		e the organization's mission	to any question in time i are iii		,
_	•	-	ATION IS TO BUILD A LEGACY (OF PHILANTHROPY BY ATTRA	ACTING AND
			ER TO MATCH DONOR INTERES		
2		ation undertake any significant p 90 or 990-EZ?	ogram services during the year wh		es 🗸 No
	If "Yes," describ	oe these new services on Schedu	le O		
3	_	ation cease conducting, or make	significant changes in how it condi		es 🔽 No
	If "Yes," describ	oe these changes on Schedule O			
4	expenses Secti	ion 501(c)(3) and 501(c)(4) org	omplishments for each of its three anizations and section 4947(a)(1) ses, and revenue, if any, for each p	trusts are required to report th	
	(Code) (Expenses \$	8,697,216 including grants of \$	8,617,547) (Revenue \$)
	AND RELIGIOUS E DONOR-ADVISED	NTITIES, FOR QUALIFIED CHARITABLE P	ONS, OR OTHER QUALIFIED ENTITIES LIKE URPOSES GRANTS ARE MADE FROM COM O UNRESTRICTED FUNDS, AND ARE BASED	PONENT FUNDS WHICH ARE DESIGNA	TED PURPOSE FUNDS,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	_				
	Other program	services (Describe in Schedule	0)		
•	(Expenses \$	•	grants of \$) (Revenue \$)
4e	Total program	service expenses > \$	8,697,216		

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Man	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

		_
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
1 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		Νo
b	,			
_	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	5 ,			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5с		
ā	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
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	7c	Yes	
d	file Form 8282?	70	165	
u	Ti res, indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	- 9		
	Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L 1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
_	sources against amounts due or received from them)			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
J	year 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
				
'A>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	l	Νo

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

Check if Schedule O contains a response to any question in this Part VI

Se	ection A. Governing Body and Management				
		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15			
b	Enter the number of voting members included in line 1a, above, who are independent	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation other officer, director, trustee, or key employee?	nship with any	2		No
3	Did the organization delegate control over management duties customarily performed by or under supervision of officers, directors or trustees, or key employees to a management company or other		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form	· · -			
5	filed? Did the organization become aware during the year of a significant diversion of the organization's a	-	5		No No
6		-	6		No
	Did the organization have members or stockholders?		-		NO
7a	more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members or persons other than the governing body?	s, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertake year by the following	n during the			
а	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	[8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	ection B. Policies (This Section B requests information about policies not required by				
Re	evenue Code.)				
		-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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 bethe form?		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 .				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	[12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests the rise to conflicts?		12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? It in Schedule O how this was done	f "Yes," describe	12c	Yes	
12	Did the organization have a written whistleblower policy?	· · ·	13	163	No
13 14	Did the organization have a written winstieblower policy?	+	14	Yes	INU
15	Did the process for determining compensation of the following persons include a review and appro		14	165	
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation. The organization's CEO, Executive Director, or top management official		15a	Yes	
	Other officers or key employees of the organization	-	15b	Yes	
U	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		200	, 03	
	Ti Tes, to line 13a of 13b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra taxable entity during the year?		16a		Νo
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval participation in joint venture arrangements under applicable federal tax law, and take steps to safe	eguard the			
	organization's exempt status with respect to such arrangements?	• • •	16b		
	ection C. Disclosure				
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 Form 1023 (or 1024 if applicable), 990, and 9 (3)s only) available for public inspection. Indicate how you made these available. Check all that a				

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MATT LEWIS 2201 SHERWOOD WAY 205

SAN ANGELO, TX 76901 (325)947-7071

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

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, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (describe hours	Position more unles an	on (de tha	C) o no n on son er a	t che e bo is be nd a stee	eck x, oth		(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Highest compensated employee Key employee Officer		Former				
(1) MATT LEWIS PRESIDENT & CEO	40 00	Х		Х		х		136,956	0	0
(2) JAMES CARTER BOARD MEMBER	2 00	х						0	0	0
(3) JM ANDERSON PAST CHAIRMAN	2 00	Х						0	0	0
(4) BRENDA GUNTER BOARD MEMBER	2 00	Х						0	0	0
(5) GARY COX CHAIRMAN	2 00	х						0	0	0
(6) ALBERT ELLIOTT BOARD MEMBER	2 00	х						0	0	0
(7) LIZ BATES BOARD MEMBER	2 00	Х						0	0	0
(8) DEANNA MAYFIELD BOARD MEMBER	2 00	Х						0	0	0
(9) BETTY MILLER BOARD MEMBER	2 00	Х						0	0	0
(10) SUSAN BROOKS BOARD MEMBER	2 00	Х						0	0	0
(11) BOB PFLUGER BOARD MEMBER	2 00	Х						0	0	0
(12) ALLEN PRICE VICE CHAIRMAN	2 00	х						0	0	0
(13) JIM RAYMOND BOARD MEMBER	2 00	х						0	0	0
(14) JEFF MCCORMICK SECRETARY/TREASURER	2 00	х						0	0	0
(15) CARMEN DUSEK BOARD MEMBER	2 00	х						0	0	0
(16) ANNE WILLIAMS BOARD MEMBER	2 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth		(D) Reporta compens from tl organizatio 2/1099-M	ation ne on (W-	(E) Reportable compensation from related organizions (W- 2/1099-		(F) Estima mount of compens from to	ted fother ation he on and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	,	relate organiza	
												+		
												+		
												\downarrow		
												+		
1b	Sub-Total							<u> </u> ▶				\perp		
c	Total from continuation sheets t					<u> </u>		P						
d	=							F	1	.36,956		0		0
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above) who	received m	nore tha	n			
											г		Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch	edule J for such	ındıvıdı	ual .		•	•	•		•		3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4		No
5	Did any person listed on line 1a services rendered to the organiza									zation d	r individual for	5		No
											L			
	ction B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax you	the organizatio												
	Nam	(A) ne and business add	dress							Descr	(B) iption of services		(C) Compen	
									$\overline{\Gamma}$			-		
	Fotal number of independent conti \$100,000 of compensation from t			ot lin	nıted	d to	those	liste	d above) wh	o receiv	ed more than			

Part v		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$ −	1a	Federated campaigns 1a					
든등	ь	Membership dues 1b					
ಕ್≘		Fundraising events 1c					
क्रुंक्ट ∣	С						
∌.ਰ	d	Related organizations 1d					
હેં≣	е	Government grants (contributions) 1e					
문	f	All other contributions, gifts, grants, and 1f	14,198,524				
要量	•	sımılar amounts not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in					
독교		lines 1a-1f \$ 1,353,863					
ರಹ	h	Total. Add lines 1a-1f	· · · •	14,198,524			
			Business Code				
€	2a	ŀ					
ē,							
윤	Ь						
ç	С						
<u> </u>	d						
చ	e						
an							
Program Service Revenue	f	All other program service revenue					
Ě	g	L Total. Add lines 2a-2f					
	3						
	3	Investment income (including dividend		442,197			442,197
		and other similar amounts)	-	442,197			442,197
	4	Income from investment of tax-exempt bond p					
	5	Royalties	•				
		(ı) Real	(11) Personal				
	6a	Gross rents					
	ь	Less rental					
	_	expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)	🟲				
		(ı) Securities	(II) Other				
	7a	Gross amount 11,742,572					
		from sales of assets other					
		than inventory					
	b	Less cost or 11,563,517 other basis and					
		sales expenses					
	С	Gain or (loss) 179,055					
	d	Net gain or (loss)		179,055			179,055
	8a	Gross income from fundraising					
Φ		events (not including					
투		\$					
¥.		of contributions reported on line 1c)					
ď		See Part IV, line 18					
Other Revenue	J-	-					
돛	b	Less direct expenses b					
O	С	Net income or (loss) from fundraising e	vents . •				
	9a	Gross income from gaming activities					
		See Part IV, line 19					
		a 					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activ	ities				
	10a	Gross sales of inventory, less returns and allowances .					
	h	-					
	b	Less cost of goods sold b	nton.				
	С	Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11a					<u></u> _	
	ь						
	С						
	_	All other revenue					
	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	•	14,819,776	0	0	621,252

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,789,850	7,789,850		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	827,697	827,697		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	,			
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	136,955	27,391	54,782	54,782
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	128,800	38,720	90,080	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	36,043	8,966	19,646	7,431
10	Payroll taxes	18,461	4,592	10,063	3,806
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	14,571		14,571	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	228,568		228,568	
g	Other	33,750		33,750	
12	Advertising and promotion	22,355			22,355
13	Office expenses	31,264		31,264	
14	Information technology				
15	Royalties				
16	Occupancy	20,449		20,449	
17	Travel	25,349		25,349	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	30,510		30,510	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,936		12,936	
23	Insurance	7,147		7,147	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DUES AND MEMBERSHIPS	14,348		14,348	
b	BANK CHARGES	1,469		1,469	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,380,522	8,697,216	594,932	88,374
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation			<u> </u>	rm 990 (2011)
				Fo	mm 990 (2011)

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	19,589	1	438,979
	2	Savings and temporary cash investments	2,597,593	2	1,105,815
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of			
w		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
88	8	Inventories for sale or use		8	
q.	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 544,564			
	ь	Less accumulated depreciation 10b 97,128	48,088	10c	447,436
	11	Investments—publicly traded securities	51,562,709	11	55,522,796
	12	Investments—other securities See Part IV, line 11	647,585	12	1,076,285
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	111,551	15	205,400
	16	Total assets. Add lines 1 through 15 (must equal line 34)	54,987,115	16	58,796,711
	17	Accounts payable and accrued expenses .	186	17	4,781
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
o.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	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	12,651,182	25	12,558,178
	26	D	12,651,162		12,558,178
	26	Total liabilities. Add lines 17 through 25	12,031,308	26	12,302,939
φ		through 29, and lines 33 and 34.			
ănc	27	Unrestricted net assets	835,757	27	896,531
<u> </u>	28	Temporarily restricted net assets	41,499,990	28	45,337,221
	29	Permanently restricted net assets	0	29	0
r Fund Balance		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
, O.	30	Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	42,335,747	33	46,233,752
Net	34	Total liabilities and net assets/fund balances	54 987 115		58 796 711

	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,8	319,776
2	Total expenses (must equal Part IX, column (A), line 25)	2		·	880,522
3	Revenue less expenses Subtract line 2 from line 1	3		5,4	139,254
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		42,3	335,747
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,5	541,250
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		46,2	233,752
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

OMB No 1545-0047

OMB NO 1545-002

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization SAN ANGELO AREA FOUNDATION

Department of the Treasury Internal Revenue Service

uplete if the organization is a section 501(c)(3) organization or a section

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number

73-1634145 **Reason for Public Charity Status** (All organizations must complete this part.) See instruction

	rt I			DIIC Charity Sta		,				istructions			
	organı			te foundation becaus			-) ×)				
1	<u> </u>		-	on of churches, or a)(1)(A)(i).					
2	<u> </u>			I in section 170(b)(1									
3				perative hospital se									
4	ı			h organization operai ity, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the		
5	Г	_	•	erated for the benefi	_	or universit	y owned or o	perated by a	government	al unit descr	ibed in		
_	_			(A)(iv). (Complete P	•								
6	_			local government or									
7	 ~	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)											
8	\sqcap	A comr	nunity trust	described in section	170(b)(1)(A)(vi) (Com	nplete Part II)					
9	\sqcap	An orga	anization th	at normally receives	(1) more th	an 331/3% d	of its support	from contrib	outions, mem	bership fees	, and gro	ss	
		receipt	s from activ	ities related to its ex	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331/	3% of		
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine:	ss taxable ın	come (less s	section 511	tax) from bus	inesses		
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section 5	609(a)(2). (C	omplete Par	tIII)				
10				ganized and operated									
11	ı	one or the box	more public	ganized and operated ly supported organiz bes the type of supp b Type I	atıons descr oortıng organ	ibed in secti i <u>za</u> tion and c	on 509(a)(1)	or section! s 11e throug	509(a)(2) Se gh 11h	ee section 5 0		Check	
е	Γ	other tl	_	ox, I certify that the on managers and ot	_		•		•	•	•		
f g		If the o	rganization this box	received a written do						II supportin	g organız	ation,	
9			ng persons?	2000, nus the organi	izacion decep	rea any gne	or continuation	on nom any	or the				
		(i) a pe	erson who di	rectly or indirectly c	ontrols, eith	er alone or to	ogether with i	persons des	cribed in (ii)		Yes	No	
		•		governing body of th	• •	_	ition?			11g(
				er of a person descri						11g(
_				lled entity of a perso						11g(i	iii)	<u> </u>	
h		Provide	the followi	ng information about	the supporte	ed organizati	ion(s)						
(i) Name of supported organization		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	organızatı col (ı) of	(v) you notify the janization in l (i) of your support? (vi) Is the organization col (i) organ in the U S		e Ion In anized	(vii) A mount of support?		
				instructions))	Yes	No	Yes	No	Yes	No			
											l		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	organization i	ans to quanty a	macr the tests i	isted below, pie	ase compi	ctc rare III.)
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	28,481,76	9 8,490,916	3,617,612	9,232,714	6,505	56,328,821
2	Tax revenues levied for the organization's benefit and either paid to or expended on its						
3	behalf The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	28,481,76	8,490,916	3,617,612	9,232,714	6,505	56,328,821
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included						26,052,799
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from line 4						30,276,022
	ection B. Total Support		T		T		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	28,481,769	8,490,916	3,617,612	9,232,714	6,505,	.810 56,328,821
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	1,916,769	861,235	357,379	424,354	442,	4,001,934
9	Net income from unrelated business activities, whether or not the business is regularly						
10	carried on Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						60,330,755
12	Gross receipts from related activiti					12	
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second	, thırd, fourth, or fı	fth tax year as a	501(c)(3) or	ganization, ▶ T
	ection C. Computation of Pul						
14	Public Support Percentage for 201	•		11 column (f))		14	50 180 %
15	Public Support Percentage for 201	0 Schedule A, Pa	rt II, line 14			15	49 570 %
	33 1/3% support test—2011. If the and stop here. The organization que	alıfıes as a publıc	ly supported orga	nızatıon			▶ ✓
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means are appropriately.	n qualifies as a p — 2011. If the org tion meets the "f	ublicly supported anization did not d acts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16t k this box and st	and line 14 op here. Exp	Plain
b	organization 10%-facts-and-circumstances test	—2010. If the org	anızatıon dıd not o	check a box on lin	e 13, 16a, 16b, o	r 17a and Iır	•
	15 is 10% or more, and if the organization in Part IV how the organization	nization meets th tion meets the "f	e "facts and circu acts and circumst	mstances" test, c tances" test The	heck this box and organization qual	d stop here. ıfıes as a pu	
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and see	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).							
	Facts And Circumstances Test							
	Explanation							

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 73-1634145

Name: SAN ANGELO AREA FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493208009612

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

	me of the organization LANGELO AREA FOUNDATION	Employer identification number						
JAN	ANGLES AREA I CONDATION		73-1634145					
Pa	rt I Organizations Maintaining Donor A		nds or Accounts. Complete if the					
	organization answered "Yes" to Form 9	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	26	(-)					
2	Aggregate contributions to (during year)	1,686,112						
3	Aggregate grants from (during year)	1,982,877						
4	Aggregate value at end of year	14,647,846						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes							
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit rt II Conservation Easements. Complete	nefit of the donor or donor advisor, or for an	y other purpose					
			Form 990, Part IV, line 7.					
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	cion or pleasure)	historically importantly land area ertified historic structure of a conservation					
	,		Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easement	s	2b					
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c					
d	Number of conservation easements included in (c) a	2d						
3	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or terminated	d by the organization during					
4	Number of states where property subject to conserv	ration easement is located ►	_					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and Yes No					
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year 🛌					
7	A mount of expenses incurred in monitoring, inspect \$ \blue{5}\$	ing, and enforcing conservation easements	during the year					
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	rion Yes No					
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial						
Par	Organizations Maintaining Collection		or Other Similar Assets.					
1a	Complete if the organization answered If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	5 116, not to report in its revenue statemer d for public exhibition, education or researc	h in furtherance of public service,					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in						
	(i) Revenues included in Form 990, Part VIII, line	1	▶ \$					
	(ii) Assets included in Form 990, Part X		► \$					
2	If the organization received or held works of art, his following amounts required to be reported under SFA		financial gain, provide the					

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asuı	res, or Otl	<u>ner Sii</u>	milar /	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing th	at are	a significan	t use of	fits coll	ection		
а	Public exhibition		d	Γ	Loan or	exch	ange progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the o	rganızatıon's	exemp	t purpos	e ın		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t							sımılar		Г,	Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiza	ation		"Yes"	to Form	1 990	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	ediary	for c	ontributi	ons o	rotherasse	s not		Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng t	able		_					
_								_	•	Amou	nt	
c d	Beginning balance						1	_				
	Additions during the year						_	_				
e •	Distributions during the year						1	_				
f	Ending balance	000 5 111					1	r				
2a	Did the organization include an amount on Fo	•	e 21?							Γ,	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1 1157 1				1 4			
Pa	rt V Endowment Funds. Complete	(a)Current Year		were Prior			orm 990, Form 99		<u>, IINE 11</u> e Years Ba		\ Four Y	ears Back
1a	Beginning of year balance	54,669,651	(,,		,142,653	(c) w	43,260,828	(u)Thick	50,614,	_	ji odi i	Cars back
b	Contributions	14,198,524			,773,613		6,379,612		17,440,	_		
c	Investment earnings or losses	-1,457,645			,961,681		8,586,478		-12,701,	003		
d	Grants or scholarships	8,617,547		11	,458,001		9,445,625		11,552,	704		
e	Other expenditures for facilities	39,422			-32,212		-4,466		77,	930		
f	Administrative expenses	762,974			782,507		643,106		462,	882		
g	End of year balance	57,990,587		54	,669,651		48,142,653		43,260,	828		
2	Provide the estimated percentage of the yea	r end balance held a	as							I		
а	Board designated or quasi-endowment 🕨	95 000 %										
b	Permanent endowment 🕨											
С	Term endowment ► 5 000 %											
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon	thata	are held a	and ac	dministered i	or the				
	organization by										Yes	No
	(i) unrelated organizations								⊢	Ba(i)		No
	(ii) related organizations								. [3	a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	•							· · L	3b		
4	Describe in Part XIV the intended uses of th											
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X	, line 10	١.	I					
	Description of property				ı) Cost or d sıs (ınvestn		(b) Cost or other		Accumula depreciatio		(d) Bo	ok value
1a	Land		•				21,6	00				21,600
b	Buildings						389,9	24				389,924
c	Leasehold improvements						25,0	75		6,325		18,750
d	Equipment						107,9	65	9	0,803		17,162
_е	Other	<u></u>										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).)				. ►			447,436
									Schedul	e D (F	orm 9	90) 2011

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	(2)20011 14.14	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See	e Form 990, Part X, line	13.	
(a) Description of investment type		(c) Metho	od of valuation
(a) Description of investment type	(b) Book value	Cost or end-o	f-year market value
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
(a) Descri	5000		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	(, line 25.		
1 (a) Description of Liability			
	(b) A mount		
Federal Income Tayes	(b) A mount		
Federal Income Taxes	(b) A mount		
PRESENT VALUE OF CHARITABLE LEAD ANNUITY			
PRESENT VALUE OF CHARITABLE LEAD ANNUITY TRUST	801,246		
PRESENT VALUE OF CHARITABLE LEAD ANNUITY TRUST AGENCY ENDOWMENTS	801,246 11,756,836		
PRESENT VALUE OF CHARITABLE LEAD ANNUITY TRUST	801,246		
PRESENT VALUE OF CHARITABLE LEAD ANNUITY TRUST AGENCY ENDOWMENTS	801,246 11,756,836		
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PRESENT VALUE OF CHARITABLE LEAD ANNUITY TRUST AGENCY ENDOWMENTS	801,246 11,756,836		

		1	T
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,819,776
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,380,522
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,439,254
4	Net unrealized gains (losses) on investments	4	-2,078,897
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	537,647
9	Total adjustments (net) Add lines 4 - 8	9	-1,541,250
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,898,004
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	11,496,354
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-2,078,897
3	Subtract line 2e from line 1	3	13,575,251
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	1,244,525
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,819,776
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	7,558,738
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	7,558,738
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	1,821,784
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	9,380,522
Day	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	AS A COMMUNITY FOUNDATION, WE PROVIDE DONORS WITH THE ABILITY TO ESTABLISH A DESIGNATED PURPOSE FUNDS, FIELD OF INTEREST FUNDS, UNRESTRICTED FUNDS AND DONOR-ADVISED FUNDS, UNDER A GIFT AGREEMENT WHILE EACH GIFT AGREEMENT IS UNIQUE TO EACH FUND, THE FOUNDATION UTILIZES A STANDARD GIFT AGREEMENT IN COMPLIANCE WITH THE NATIONAL STANDARDS FOR COMMUNITY FOUNDATIONS, SANCTIONED BY THE COUNCIL ON FOUNDATIONS THESE FUNDS CAN BE ENDOWED, QUASI-ENDOWED, OR PASSTHROUGH FOR SPECIAL PROJECTS DEEMED CHARITABLE BY THE BOARD OF DIRECTORS
PART XI, LINE 8 - OTHER ADJUSTMENTS		REVENUE(LOSS) FOR AGENCY ENDOWMENT FUNDS PER SFAS #136 -1,244,525 GRANTS & EXPENSES MADE FROM AGENCY ENDOWMENT FUNDS PER SFAS #136 1,821,784 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 39,612 TOTAL TO SCHEDULE D, PART XI, LINE 8 537,647
PART XII, LINE 4B - OTHER ADJUSTMENTS		REVENUE FOR AGENCY ENDOWMENT FUND ON AUDIT PER SFAS 136 1,244,525
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DISTR & EXP FOR AGENCY ENDOWMENT FUNDS REPORTED ON AUDIT PER SFAS 136 1,821,784

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

OMB No 1545-0047

Employer identification number

DLN: 93493208009612

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

Schedule I (Form 990) 2011

SAN ANGELO AREA FOUNDATION						73-1634145	
Part I General Information	n on Grants and	l Assistance				7 3 103 11 13	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	records to substanti ard the grants or as	ate the amount of the			the grants or assist	ance, and	▽ Yes ▽
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other organ		_				-	75 0

Cat No 50055P

Part III	Grants and Other Assistance to Individuals in the United States. C	Complete if the organization	answered "Yes"	to Form 990,	Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR AREA STUDENTS ATTENDING VARIOUS LOCAL COLLEGES AND UNIVERSITIES	518	827,697			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	, , , , , , , , , , , , , , , , , , ,	SCHEDULE I, PART I, LINE 2 THE FOUNDATION REQUIRES GRANT RECIPIENTS OF DISCRETIONARY OR PROACTIVE GRANTS TO PROVIDE THEIR PLANS FOR EVALUATION AND IMPACT PRIOR TO ANY FUNDING IF A GRANT IS APPROVED, EACH EVALUATION AND MONITORING OF A GRANT IS AGREED UPON IN A GRANT AGREEMENT, WHICH PROVIDES FOR FOLLOW-UP SITE VISITS, REPORTS, DOCUMENTATION AND SUBSEQUENT EVALUATION TO ENSURE PROCEEDS FROM THE GRANT WHERE USED ACCORDING TO THE GRANT REQUEST

Software ID: **Software Version:**

EIN: 73-1634145

Name: SAN ANGELO AREA FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United Sta							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELO CIVIC THEATRE1936 SHERWOOD WAY SAN ANGELO,TX 76901	75- 0888979		5,870				CULTURAL ARTS
ANGELO STATE UNIVERSITY ATHLETIC DEPARTMENTASU STATION 10899 SAN ANGELO,TX 76909	75- 6002403		18,000				EDUCATION
ANGELO STATE UNIVERSITY FOUNDATIONASU STATION 11009 SAN ANGELO,TX 76909	75- 1585285		45,000				EDUCATION
ANGELO STATE UNIVERSITY MEAT SCIENCESASU STATION 11023 SAN ANGELO,TX 76909	75- 6002403		11,970				EDUCATION
BAMBERGER RANCH PRESERVE2341 BLUE RIDGE DR JOHNSON CITY,TX 78636	30- 0041245		24,000				COMMUNITY DEVELOPMENT
BAPTIST MEMORIAL CENTER PO BOX 5661 SAN ANGELO,TX 76902	75- 2755400		6,690				RELIGIOUS
BLACKWELL VOLUNTEER FIRE DEPARTMENT210 W MAIN ST BLACKWELL,TX 79506	75- 2714053		5,520				PUBLIC SAFETY
BOY SCOUTS OF AMERICA-CONCHO VALLEY COUNCIL INCPO BOX 1584 SAN ANGELO,TX 76902	75- 0800617		108,000				YOUTH DEVELOPMENT
BRONTE VOLUNTEER FIRE DEPARTMENT114 S WASHINGTON BRONTE,TX 76933	75- 1652578		5,655				PUBLIC SAFETY
CARLSBAD VOLUNTEER FIRE DEPARTMENT11901 FT WORTH ST CARLSBAD,TX 76934	75- 2217859		13,300				PUBLIC SAFETY
CHRISTOVAL VOLUNTEER FIRE DEPARTMENT20022 MAIN ST CHRISTOVAL, TX 76935	75- 1836206		13,520				PUBLIC SAFETY
CITY OF SAN ANGELO PARKS DEPARTMENTPO BOX 1751 SAN ANGELO,TX 76902	75- 6000659		220,000				COMMUNITY DEVELOPMENT
CONCHO VALLEY COUNCIL - BOY SCOUTS OF AMERICAPO BOX 1584 SAN ANGELO,TX 76902	75- 1609328		46,920				YOUTH DEVELOPMENT
CONCHO VALLEY HOME FOR GIRLSPO BOX 3772 SAN ANGELO,TX 76902	23- 7102643		39,000				YOUTH DEVELOPMENT
CORNERSTONE CHRISTIAN SCHOOL1502 N JEFFERSON SAN ANGELO,TX 76901	75- 2123230		234,514				EDUCATION
CORNERSTONE CHRISTIAN SCHOOL FOUNDATIONPO BOX 2540 SAN ANGELO,TX 76902	75- 2964767		37,500				EDUCATION
EDEN VOLUNTEER FIRE DEPARTMENT PO BOX 327 EDEN,TX 76837	32- 0097895		10,460				PUBLIC SAFETY
ELDORADO VOLUNTEER FIRE DEPARTMENT305 E MURCHISON AVE ELDORADO,TX 76936	27- 1430181		21,120				PUBLIC SAFETY
FAMILY MATTERS SUITE A-120 SCOTTSDALE,AZ 85254	86- 0439625		200,000				HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH32 NORTH IRVING SAN ANGELO,TX 76903	75- 0904033		198,000				RELIGIOUS

Form 990,Schedule	I, Part II, C	Grants and O	ther Assista	nce to Gove	rnments an	d Organizatio	ons in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST UNITED METHODIST CHURCH37 E BEAUREGARD SAN ANGELO,TX 76903	75- 6001559		6,900				RELIGIOUS
GRAPE CREEK VOLUNTEER FIRE DEPARTMENT7912 WREN RD SAN ANGELO,TX 76902	75- 2255391		13,795				PUBLIC SAFETY
HOUSE OF FAITH- SAN ANGELO321 MONTECITO DR SAN ANGELO,TX 76903	74- 2694406		78,000				RELIGIOUS
IRION COUNTY VOLUNTEER FIRE DEPARTMENTPO BOX 92 MERTZON,TX 76941	75- 1487372		17,820				PUBLIC SAFETY
JUNIOR ACHIEVEMENT306 W WALL SUITE 817 MIDLAND,TX 79701	75- 1097059		15,250				YOUTH DEVELOPMENT
LA ESPERANZA CLINIC INC2029 W BEAUREGARD SAN ANGELO,TX 76901	74- 2699762		70,000				HUMAN SERVICES
MARANATHA CHURCH OF GOD IN CHRIST85 E 20TH ST SAN ANGELO,TX 76903	75- 2944339		20,000				RELIGIOUS
MEALS FOR THE ELDERLY310 E HOUSTON HARTE SAN ANGELO,TX 76903	51- 0159134		24,500				HUMAN SERVICES
MILES VOLUNTEER FIRE DEPARTMENT 110 ROBINSON ST MILES,TX 76861	75- 6000610		11,745				PUBLIC SAFETY
MINISTERIAL ALLIANCE OF SAN ANGELOPO BOX 5901 SAN ANGELO,TX 76902	83- 0462378		20,000				RELIGIOUS
NEW BEGINNINGS ANIMAL RESCUE 7043 S US HWY 277 SAN ANGELO,TX 76904	80- 0593630		20,000				HUMAN SERVICES
OZONA FIRE DEPARTMENT90 AVE D OZONA,TX 76943	75- 2940832		12,605				PUBLIC SAFETY
QUAIL VALLEY VOLUNTEER FIRE DEPARTMENT INC 8468 RUST ROAD SAN ANGELO,TX 76905	75- 2407477		6,565				PUBLIC SAFETY
ROBERT LEE VOLUNTEER FIRE DEPARTMENT22 E COMMERCE ROBERT LEE,TX 76945	75- 2705496		14,930				PUBLIC SAFETY
ROWENA VOLUNTEER FIRE DEPARTMENT504 MARY ST ROWENA,TX 76875	75- 1633555		7,845				PUBLIC SAFETY
SAMARITAN PASTORAL COUNSELING CENTER242 N MAGDALEN SAN ANGELO,TX 76903	75- 1561599		57,349				RELIGIOUS
SAN ANGELO AREA FOUNDATION2201 SHERWOOD WAY SUITE 205 SAN ANGELO,TX 76901	73- 1634145		143,673				COMMUNITY DEVELOPMENT
SAN ANGELO CHRISTIAN ACADEMY518 COUNTRY CLUB RD SAN ANGELO,TX 76904	20- 0216446		57,070				EDUCATION
SAN ANGELO CIVIC BALLETPO BOX 5092 SAN ANGELO,TX 76902	75- 1895746		6,000				CULTURAL ARTS
SAN ANGELO INDEPENDENT SCHOOL DISTRICT 1621 UNIVERSITY AVENUE SAN ANGELO,TX 76904	75- 6002404		56,917				EDUCATION

d States

Form 990,Schedule	I, Part II, G	rants and Other A	Assista	nce to Gover	nments and	Organization	s in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section cash	mount of h grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANGELO MUSEUM OF FINE ARTS1 LOVE STREET SAN ANGELO,TX 76903	75- 1776765	1	148,403				CULTURAL ARTS
SAN ANGELO PERFORMING ARTS CENTER FUND (SAPAC)2201 SHERWOOD WAY STE 205 SAN ANGELO,TX 76901	73- 1634145	6	500,000				CULTURAL ARTS
SAN ANGELO PERFORMING ARTS COALITION2201 SHERWOOD WAY STE 205 SAN ANGELO,TX 76901	45- 3031837		28,150				CULTURAL ARTS
SAN ANGELO POLICE DEPARTMENTPO BOX 5020 SAN ANGELO,TX 76902	75- 6000659		6,000				PUBLIC SAFETY
SAN ANGELO SYMPHONYPO BOX 5922 SAN ANGELO,TX 76902	75- 6003857		33,500				CULTURAL ARTS
SAN SABA VOLUNTEER FIRE DEPARTMENTPO BOX 143 SAN SABA,TX 76877	35- 2397512		5,500				PUBLIC SAFETY
SCHREINER UNIVERSITYOFFICE OF ADV PUBLIC AFFAIR KERRVILLE,TX 78028	74- 1193459		20,000				EDUCATION
SHANNON MEDICAL CENTER - CHILDREN'S MIRACLE NETWORK 120 E HARRIS AVE SAN ANGELO,TX 76903	75- 2559845		9,500				HUMAN SERVICES
SIERRA VISTA UNITED METHODIST CHURCH4522 COLLEGE HILLS BLVD SAN ANGELO,TX 76904	75- 1170261		6,000				RELIGIOUS
SONORA FIREFIGHTERS ASSOCIATION125 E CASTLEHILL RD SONORA,TX 76950	75- 2561235		18,835				PUBLIC SAFETY
ST JOHN'S EPISCOPAL CHURCHPO BOX 1100 SONORA,TX 76950	75- 6027934		38,000				RELIGIOUS
ST JOHN'S UCC PENNTOWN8917 EAST COUNTRY RD 1300 N SUNMAN,IN 47041	35- 6056884		50,000				RELIGIOUS
ST LUKE UNITED METHODIST CHURCH2781 W AVENUE N SAN ANGELO,TX 76904	75- 6003908		60,000				RELIGIOUS
STERLING COUNTY VOLUNTEER FIRE DEPARTMENT INC 606 3RD ST STERLING CITY, TX 76951	75- 2055440		15,055				PUBLIC SAFETY
SUTTON COUNTY HEALTH FOUNDATIONPO BOX 18 SONORA,TX 76950	04- 3642997		12,000				HUMAN SERVICES
TEXAS A&M UNIVERSITY 12TH MAN FOUNDATION PO DRAWER L-1 COLLEGE STATION, TX 77844	74- 1185725		22,050				EDUCATION
THE GARDEN TRAINING CENTER INC4110 WELLINGTON STREET 706 SAN ANGELO,TX 76904	26- 3261012		64,456				HUMAN SERVICES
THE HOSPICE OF SAN ANGELO INC PO BOX 471 SAN ANGELO,TX 76902	75- 1981022		5,500				HUMAN SERVICES
THE SALVATION ARMYPO BOX 589 SAN ANGELO,TX 76902	90- 0337669		52,850				HUMAN SERVICES
THRIVEWELL CANCER FOUNDATIONPO BOX 29331 SAN ANTONIO,TX 78229	26- 0371270		45,000				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule	I, Part II, G	rants and Ot	ner Assistar	ice to Gover	nments and	Organizatio	ns in the United S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOM GREEN COUNTY LIBRARY113 W BEAUREGARD SAN ANGELO,TX 76903	75- 6001184		766,487				COMMUNITY DEVELOPMENT
TOM GREEN COUNTY LIBRARY FOUNDATION113 W BEAUREGARD SAN ANGELO,TX 76903	26- 2598269		1,548,195				COMMUNITY DEVELOPMENT
TRINITY LUTHERAN CHURCH3536 YMCA DRIVE SAN ANGELO,TX 76904	75- 6003634		9,590				RELIGIOUS
UNITED WAY OF THE CONCHO VALLEYPO BOX 3710 SAN ANGELO,TX 76902	75- 0859662		53,470				HUMAN SERVICES
UNITY CHURCH OF SAN ANGELO 5237 S BRYANT BLVD SAN ANGELO,TX 76904	75- 6439603		8,350				RELIGIOUS
WALL VOLUNTEER FIRE DEPARTMENT 7900 LOOP 570 WALL,TX 76957	75- 1923816		6,890				PUBLIC SAFETY
WATER VALLEY VOLUNTEER FIRE DEPARTMENT INC 18005 MAIN ST WATER VALLEY, TX 76958	75- 1534068		13,785				PUBLIC SAFETY
WESLEY UMC DAILY BREAD PROGRAM301 W 18TH ST SAN ANGELO,TX 76903	56- 2563807		21,000				RELIGIOUS
WEST TEXAS BOYS RANCH10223 BOYS RANCH ROAD SAN ANGELO,TX 76904	75- 0954831		35,600				YOUTH DEVELOPMENT
WEST TEXAS BOYS RANCH FOUNDATIONPO BOX 4077 SAN ANGELO,TX 76902	75- 2620126		1,364,254				YOUTH DEVELOPMENT
WEST TEXAS REHABILITATION CENTER3001 S JACKSON SAN ANGELO,TX 76904	75- 0868320		41,500				HUMAN SERVICES
WINGATE VOLUNTEER FIRE DEPARTMENT1521 TEXAS 153 WINGATE,TX 79566	75- 2354450		7,390				PUBLIC SAFETY
WINTERS VOLUNTEER FIRE DEPARTMENT310 S MAIN WINTERS,TX 79567	75- 2692748		10,000				PUBLIC SAFETY
YOUNG LIFE - SAN ANGELO AREA # TX- 102PO BOX 61816 SAN ANGELO,TX 76906	84- 0385934		11,500				YOUTH DEVELOPMENT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN ANGELO353 S RANDOLPH ST SAN ANGELO,TX 76903	75- 0800698		213,000				YOUTH DEVELOPMENT

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DLN: 93493208009612

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization SAN ANGELO AREA FOUNDATION

Employer identification number

					73-1634145			
Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of do contribution	etermı	_	
1	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	4	1,353,863	AVG FMV DATE OF	GIFT		
	Securities—Closely held stock . Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ▶ ()							
	O ther ►()							
	Other ►()							
	O ther ► ()			<u> </u>	<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29			4
	ior which the organization comp.	0.000 1 01111 0	2203/1 dre 11/ Bonice / teki	iomeagement i i i	<u> </u>		Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e thırd partı	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
ь	If "Yes," describe in Part II							110
33	If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

OMB No 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization SAN ANGELO AREA FOUNDATION **Employer identification number**

73-1634145

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	SAAF'S GOVERNING BODY HAS ESTABLISHED A FINANCIAL COMMITTEE AND AN AUDIT COMMITTEE TO REVIEW FORM 990, PRIOR TO ITS ANNUAL FILING EACH YEAR, FORM 990 IS DISTRIBUTED ELECTRONICALLY TO ALL MEMBERS OF THESE COMMITTEES FOR REVIEW ANY COMMENTS OR QUESTIONS ARE HANDLED THROUGH THE CEO'S OFFICE IN CONCERT WITH THE FOUNDATION'S AUDITOR ONCE ALL PARTIES AGREE WITH THE ACCURACY OF THE FORM 990, THEN THE PRESIDENT & CEO OF SAAF SIGNS AND FILES SAID FORM 990
	FORM 990, PART VI, SECTION B, LINE 12C	SAAF REQUIRES BOARD MEMBERS TO REVIEW AND SIGN THE APPROVED CONFLICT OF INTEREST POLICY ACCEPTANCE STATEMENT AND DISCLOSE ANNUALLY ANY POTENTIAL CONFLICTS OF INTEREST THIS PROCESS IS COMPLETED AT THE FIRST BOARD MEETING OF THE CALENDAR YEAR SAAF EXECUTIVE COMMITTEE AND CEO REVIEW THESE STATEMENTS, INVESTIGATE AND DISCLOSE ANY POTENTIAL ISSUES AND ARE SUBSEQUENTLY ADDRESSED BY THE BOARD, IF NEEDED
	FORM 990, PART VI, SECTION B, LINE 15	SAAF ANNUALLY PARTICIPATES IN THE COUNCIL ON FOUNDATION'S COMPENSATION SURVEY AND IS ABLE TO ASCERTAIN COMPARABLE DATA ON A NATIONAL AND REGIONAL BASIS AS WELL AS ASSET SIZE, TO DETERMINE APPROPRIATE SALARY RANGES FOR ITS CEO AS WELL AS OTHER EMPLOY EES OF THE ORGANIZATION TO ALLOW IT THE ABILITY TO ATTRACT AND RETAIN QUALITY STAFF THE SAAF BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE ANNUALLY PERFORMS A PERFORMANCE REVIEW OF THE PRESIDENT & CEO THIS REVIEW IS COMPLETED BY EACH MEMBER OF THE COMMITTEE (FIVE PERSONS) AND IN TURN THE BOARD CHAIRMAN COMPILES THE REVIEWS INTO ONE MASTER REVIEW THIS REVIEW IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR FURTHER COMMENT THE BOARD OF DIRECTORS THEN REVIEWS THIS REPORT WITH THE PRESIDENT & CEO, RECOGNIZING ACCOMPLISHMENTS, AREA TO EXCEL AND ESTABLISH FUTURE GOALS THE BOARD OF DIRECTORS USES THE AFOREMENTIONED SALARY SURVEY AS WELL AS ITS OWN KNOWLEDGE OF SIMILAR PROFESSIONAL POSITIONS IN THE COMMUNITY, ALONG WITH ITS PERFORMANCE REVIEW, TO ESTABLISH THE COMPENSATION PACKAGE FOR THE CEO THE CEO ANNUALLY REVIEWS THE STAFF OF SAAF AND ALSO USES THIS SAME COUNCIL ON FOUNDATIONS SURVEY DATA FOR RECOMMENDING COMPENSATION FOR THE REMAINDER OF SAAF STAFF AND MAKES SAID RECOMMENDATION ANNUALLY TO THE BOARD OF DIRECTORS FOR OTHER STAFF OF SAAF
	FORM 990, PART VI, SECTION C, LINE 19	SAAF MAKES AVAILABLE, UPON REQUEST, ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, ITS AUDITED FINANCIAL STATEMENTS AND FILED FORM 990, TO THE PUBLIC THE PUBLIC MAY REQUEST THIS INFORMATION VIA THE SAAF WEBSITE, OR BY PHONE OR IN WRITING
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,078,897 REVENUE(LOSS) FOR AGENCY ENDOWMENT FUNDS PER SFAS #136 -1,244,525 GRANTS & EXPENSES MADE FROM AGENCY ENDOWMENT FUNDS PER SFAS #136 1,821,784 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -39,612 TOTAL TO FORM 990, PART XI, LINE 5 -1,541,250
	PART XI, LINE 2C	THE POLICY TO HAVE A COMMITTEE TO OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANTS HAS NOT CHANGED FROM THE PRIOR YEAR THAT COMMITTEE WAS IN PLACE IN PRIOR YEARS ALSO
DESCRIPTION OF VOLUNTEERS	PART I, LINE 6	15 BOARD MEMBERS AND 30 GRANT APPLICATION COMMITTEE MEMBERS