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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

DLN: 93493252009421 OMB No. 1545-0047

Open to Public Inspection

		enue Service				04 0000			
			C Name of organization	eginning 01-01-2020 , and er	iding 12-	31-2020	5.5	au ial	iaakian ut.
		pplicable: change	SAN ANGELO AREA FOUNDATION	N					ication number
□ Na		_					73-163	4145	
☐ Ini		-	Doing business as						
		n/terminated) la (E Telephor	ne number	
		d return ion pending	221 C IDV/IN/C CT `	if mail is not delivered to street addre	ss) Room/:	suite			
— Ар	piicati	on pending		country, and ZIP or foreign postal code			(323) 9	47-7071	
			SAN ANGELO, TX 76903	country, and 211 of foreign postal coun	-		G Gross re	cainte ¢ 1/	19,963,217
			F Name and address of prin	cinal officer:		H/a) 1			+9,505,217
			MATT LEWIS	erpar officer.			s this a group re	turn for	□Yes ☑ No
			221 S IRVING ST SAN ANGELO, TX 76903				ubordinates? .re all subordinat	es	
T Ta:	x-exei	mpt status	•			┤ `´ir	ncluded?		☐ Yes ☐No
			☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.)	□ 527		f "No," attach a l	•	•
J W	ebsit	te:► W\	WW.SAAFOUND.ORG			''(c) [Group exemption	number	•
V Form	n of o	raanization	n: 🗹 Corporation 🗌 Trust 🗍	Association Other		L Year of	formation: 2001	M State	of legal domicile: TX
K TOIT	11 01 0	rganization	i. La corporation La must La	Association					
Pa	art I		nmary						
				on or most significant activities:	VITH COM	MUNITY NE	EDS OF THE ARE	= ^	
ce	-	MANAGIN	IG ENDOWED GIFTS IN ORDER	TO MATCH DONOR INTERESTS V	VITH COM	MONTH NE	EDS OF THE ARE	:A.	
Ē									
EII)	-								
Governance				n discontinued its operations or di		more than	25% of its net a		1 15
	l		•	erning body (Part VI, line 1a)			•	3	15
Se	l			s of the governing body (Part VI,	-			4	15
È	l		• •	n calendar year 2020 (Part V, line ·	•			5	12
Activities &	l		•	necessary)				6	65
٩	l		related business revenue from		7a	0			
	b	Net unre	elated business taxable income	from Form 990-T, line 39		<u> </u>		7b	0
							Prior Year		Current Year
ā.	l		tions and grants (Part VIII, line	,			15,529,8		10,737,668
Ravenue	l	-	·	2g)				0	0
Α̈́	l		•	A), lines 3, 4, and 7d)		4,877,	582	21,989,251	
	l			nes 5, 6d, 8c, 9c, 10c, and 11e)			51,2		66,842
	_			(must equal Part VIII, column (A),			20,458,6		32,793,761
	13	Grants a	ind similar amounts paid (Part l	X, column (A), lines 1–3)	•		12,027,		12,203,474
	l		paid to or for members (Part I)					0	0
æ	l		' ' '	e benefits (Part IX, column (A), lir	nes 5-10)		677,0	037	756,638
Expenses	16a	Professi	onal fundraising fees (Part IX, o	column (A), line 11e)				0	0
Š	l		Iraising expenses (Part IX, column	· · · · · - ·					
ш	l		rpenses (Part IX, column (A), li	•	•		732,	702	811,986
	l		•	equal Part IX, column (A), line 25	5)		13,437,		13,772,098
	19	Revenue	eless expenses. Subtract line 1	8 from line 12			7,021,	289	19,021,663
Net Assets or Fund Balances						Begin	ning of Current Y	ear	End of Year
gan	20	Total ac	sets (Part X, line 16)				172 055 9	015	102 202 202
AB.	l		bilities (Part X, line 26)				173,855,8 44,560,9		182,302,302 45,975,919
ž Š	l		ets or fund balances. Subtract I	ino 21 from lino 20			129,295,	_	136,326,383
	rt II		nature Block	me 21 from fine 20	•		129,293,.	310	130,320,363
				xamined this return, including acc	ompanyir	g schedules	and statements	s, and to	the best of my
knowl	edge	and beli		lete. Declaration of preparer (oth					
any k	nowie	eage.							
		****	**				2021-09-08		
Sign		Signa	ture of officer				Date		
Here	:	MATT	LEWIS CEO						
		Туре	or print name and title						
			Print/Type preparer's name	Preparer's signature		Date 2021-08-26		PTIN P00277460	
Paid	t	L				_021 00-20	self-employed		,
Pre	pare	er	Firm's name		Firm's EIN ► 75-1056027				
Use	On	ıly 🕆	Firm's address ▶ PO BOX 2993				Phone no. (325)	677-6251	
			ABILENE, TX 796	042993					
M = 1.4 ±	he In	S discus	•	shown above? (see instructions)			1	√	es 🗆 No
			eduction Act Notice, see the	•	· · ·	Ca+ 1	No. 11282Y	Ľ Y	Form 990 (2020)
	~bcı					Cat. I	1U. 114041		1 UIIII 3 3 U (2020)

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2	020)				Page 2
1 Briefly describe the organization's mission: HAM MISSION OF THE SAN ANGLE OAREA FOUNDATION IS TO BUILD A LEGACY OF PHILANTHROPY BY ATTRACTING AND PRUDENTLY MANAGING ENDOWED GIFTS IN ORDER TO MATCH DONOR INTEREST WITH COMMUNITY NEEDS OF THE AREA. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	Pa	rt III	Statement of Program Se	rvice Accomplisi	nments		
THE MISSION OF THE SAN ANGELO AREA FOUNDATION IS TO BUILD A LEGACY OF PHILANTHROPY BY ATTRACTING AND PRUDENTLY MANAGING ENHOWED GIFTS IN ORDER TO MATCH DONOR INTEREST WITH COMMUNITY NEEDS OF THE AREA. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?			Check if Schedule O contains a	response or note to a	ny line in this Part III .		🗆
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	1	Briefly	describe the organization's miss	ion:			
the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Joint or organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. Pescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a { (Code:) (Expenses \$ 12,613,010 including grants of \$ 12,203,474) (Revenue \$) } Code:) (Expenses \$ including grants of \$) (Revenue \$) 4b { (Code:) (Expenses \$ including grants of \$) (Revenue \$) } 4c { (Code:) (Expenses \$ including grants of \$) (Revenue \$) } 4d { (Code:) (Expenses \$ including grants of \$) (Revenue \$) } 4d { (Code:) (Expenses \$ including grants of \$) (Revenue \$) } 4d { (Code:) (Expenses \$ including grants of \$) (Revenue \$) }							UDENTLY MANAGING
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did th	e organization undertake any sig	nificant program serv	vices during the year wh	ich were not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services acrives? If "Yes," describe these changes on Schedule O. Bescribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 12,613,010 including grants of \$ 12,203,474) (Revenue \$) See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$)		the pr	ior Form 990 or 990-EZ?				🗌 Yes 🗹 No
services?		If "Yes	s," describe these new services o	n Schedule O.			
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) anganizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 12,613,010 including grants of \$ 12,203,474) (Revenue \$) See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code:) (Expenses \$ including grants of \$) (Revenue \$)	3	Did th	e organization cease conducting,	or make significant o	changes in how it conduc	cts, any program	
Section 501(c)(3) and 501(c)(4) organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 12,613,010 including grants of \$ 12,203,474) (Revenue \$) See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$) Code:) (Expenses \$ including grants of \$) (Revenue \$)							☐ Yes ☑ No
See Additional Data 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d (Expenses \$ including grants of \$) (Revenue \$)	4	Descri Sectio	ibe the organization's program se on 501(c)(3) and 501(c)(4) organ	rvice accomplishmen izations are required	to report the amount of		
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule 0.) (Expenses \$ including grants of \$) (Revenue \$)	4a	(Code:) (Expenses \$	12,613,010	including grants of \$	12,203,474) (Revenue \$)
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		•					,
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$)							
	4d			,	\$) (Revenue \$)
	4e		<u> </u>		•		

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Yes

Form **990** (2020)

Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 "Yes," complete Schedule C, Part II</i>	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 2	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? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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	Yes	
	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 2	11c		No
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			ĺ

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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orm	990 (2020)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \ref{Matter}	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? <i>If "Yes," complete Schedule N, Part II</i>	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? If "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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 37 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Yes	

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	AR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza solicit any contributions that were not tax deductible as charitable contributions?			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	6b		
7				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and provided to the payor?	services 7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Form 8282?	to file 7c		No
d	If "Yes," 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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a required?	as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 1098-C?	Form 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
12a	against amounts due or received from them.)	? 12 a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	134		
_	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		140
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or organization.	⊢		
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

	rt VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines
Se	ction	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			
	body,	ere are material differences in voting rights among members of the governing , or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O.			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 15			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee?	2		No
3		he organization delegate control over management duties customarily performed by or under the direct supervision iicers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	he organization have members or stockholders?	6		No
7a		he organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b		ony governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8		he organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing:			
а	The g	governing body?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
				Yes	No
10a	Did th	he organization have local chapters, branches, or affiliates?	10a		No
b		es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, oranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has t form?	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to icts?	12b	Yes	
C	Did th Sched	he organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13		he organization have a written whistleblower policy?	13	Yes	
14	Did th	he organization have a written document retention and destruction policy?	14	Yes	
15		he process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ole entity during the year?	16a		No
b	in joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status	s with respect to such arrangements?	16b		
Se		C. Disclosure			
17		he states with which a copy of this Form 990 is required to be filed▶			
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply.			
19	Descr	Own website \square Another's website $ olimits oli$			
		y, and financial statements available to the public during the tax year.			
20		the name, address, and telephone number of the person who possesses the organization's books and records: TT LEWIS 221 S IRVING ST SAN ANGELO, TX 76903 (325) 947-7071			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

See instructions for the order in which to list the	•									
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	Position than of is b	on (do one bo	(C) o no ox, u) t ch unle: ficer	eck mess pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) JEFFREY BOZEMAN BOARD MEMBER	2.00	Х						0	0	0
(2) BRADY JOHNSON BOARD MEMBER	2.00	х						0	0	0
(3) JON BAILEY BOARD MEMBER	2.00	Х						0	0	0
(4) CAMILLE YALE VICE CHAIRMAN	2.00	Х		X				0	0	0
(5) CARMEN DUSEK PAST CHAIRMAN	2.00	х		X				0	0	0
(6) FRED HERNANDEZ CHAIRMAN	2.00	х		х				0	0	0
(7) JAMES HUFFMAN BOARD MEMBER	2.00	Х						0	0	0
(8) JANE RICHARDSON BOARD MEMBER	2.00	х						0	0	0
(9) JASON COX BOARD MEMBER	2.00	х						0	0	0
(10) JAY BOYD SECRETARY/TREASURER	2.00	Х		×				0	0	0
(11) RONNIE D HAWKINS JR BOARD MEMBER	2.00	Х						0	0	0
(12) DREW WALLACE BOARD MEMBER	2.00	Х						0	0	0
(13) GAYLA THORNTON BOARD MEMBER	2.00	Х						0	0	0
(14) PATRICK SHANNON EXECUTIVE COMMITTEE	2.00	Х		×				0	0	0
(15) JANA RUETER BOARD MEMBER	2.00	х						0	0	0
(16) MATT LEWIS PRESIDENT & CEO	40.00			х				200,000	0	50,333

compensation from the organization ▶ 0

Part VII

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for related	Position than one is b	on (de one be	(C) o no ox, u n of) t cho unles ficer	eck moss pers	ore son	Repo compe fror orgar	D) ortable ensation n the nization	(E) Reportable compensation from related organizations	n a	(F) Estima amount o compens	ited f other sation the	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		/1099- (SC)	(W-2/1099- MISC)	C	organizati relati organiza	ed		
1b 9	Sub-Total			<u>. </u>	<u> </u>		<u> </u>								
_	Total from continuation sheets to Pa Total (add lines 1b and 1c)						▶		-	200,000		0		50,333	
2	Total number of individuals (including of reportable compensation from the		to thos			bove		rec			100,000	<u> </u>		30,000	
													Yes	No	
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e •	mpl	oyee,	or hi	ghest cor	npensate	d employee on	3		No	
4	For any individual listed on line 1a, is organization and related organization individual										m the				
5	Did any person listed on line 1a receive services rendered to the organization											4	Yes	No.	
Section B. Independent Contractors													No		
1	Complete this table for your five high	est compensate									' '	mpens	ation		
	from the organization. Report comper	(A) and business addre		year	ena	ung	WITH O	ı WIT	inn the o		(B) cription of services		(C) Compensation		
										,		p-011			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

		(2020)								Page 9
Part	VIII				rocno	nse or note to any	line in this Part VIII			П
		Check ii Schet	uie	O CONTAINS A	respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaig	gns	1	La			revenue		312 - 314
unts	b	Membership dues		. 1	ь					
9 E	С	Fundraising events	. ·	. 1	Lc					
fs. FA	d	Related organization	ons	_ 1	ld					
i5 i2 ui3 €	е	Government grants (contr	ibutions) 1	le					
ons Sir	f	All other contributions and similar amounts i		schidod		10 727 660				
outi her	_	above			Lf	10,737,668				
	g	lines 1a - 1f:\$	3 11101		lg	1,210,500				
Contand	h	Total. Add lines 1a	a-1f			•	10,737,668			
						Business Code	· · ·			
	2a									
E e										
Program Service Revenue	Ь	•								
9. H	 c									
ervi										
S	d									
gra	e									
Æ										
	f	All other program	serv	rice revenue.						
	⊢	Total. Add lines 2					1	Т		
		Investment income similar amounts)			nds, i	nterest, and other	3,912,109	9		3,912,109
	4:	Income from invest	mer	nt of tax-exen	npt bo	ond proceeds >				
	5	Royalties				•				
				(i) Real		(ii) Personal	4			
	6a	Gross rents	6a	1-	47,034					
	b	Less: rental expenses	6b		80,192					
	c	Rental income	_		00,152		1			
		or (loss)	6 c		66,842	1				
	ď	Net rental income	or	(loss) (i) Securit		(ii) Other	66,842	2		66,842
	7a Gross amount from sales of			(I) Securit	ies	(II) Other	1			
	, "	from sales of assets other		135,1	51,382	15,024	1			
		than inventory					4			
	b	Less: cost or other basis and	7b	117,0	72,801	16,463	3			
		sales expenses					+			
		Gain or (loss)	7 c	<u>'</u>	78,581	<u> </u>	4			
	l	Net gain or (loss)				· · · •	18,077,142	2		18,077,142
ne	oa	Gross income from fu (not including \$ contributions reported	ınara	of						
æ		contributions reported See Part IV, line 18	d on	line 1c).	8a					
Re	l b	Less: direct expen	ses		8b		+			
Other Revenue	l	Net income or (los			ng eve	ents 🕨	_			
9										
	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a					
	b	Less: direct expen	ses		9b		1			
	۰	Net income or (los	s) fr	om gaming a	ctiviti	es >				
	10-	aGross sales of inve	nto	ny loca						
	100	returns and allowa	nce	s	10a					
	b	Less: cost of good	s so	ld	10b					
	٥	Net income or (los			nvent		_			
	11	Miscellaneo	us R	evenue		Business Code				
	 _b	,			-		-			
	ໍ	•								
	ا (,			-					
	`	-								
	ام	All other revenue								
		Total. Add lines 1				•				
		: Total revenue. S			_					+
			11		•	•	32,793,76	1	0	0 22,056,093 Form 990 (2020)

Part IX Statement of Functional Expenses				rage 10
Section 501(c)(3) and 501(c)(4) organizations must co		_		ımn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,848,315	10,848,315		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,355,159	1,355,159		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,000	40,000	120,000	40,000
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	386,037	125,287	140,750	120,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	64,186	17,462	28,956	17,768
9 Other employee benefits	65,445	17,805	29,524	18,116
10 Payroll taxes	40,970	11,594	18,205	11,171
11 Fees for services (non-employees):				
a Management				
b Legal	5,500		5,500	
c Accounting	30,866		30,866	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	278,581		278,581	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	53,226			53,226
13 Office expenses	17,348	4,720	7,826	4,802
14 Information technology	99,797	27,151	45,021	27,625
15 Royalties				
16 Occupancy	59,952	20,498	18,598	20,856
17 Travel	5,842	1,589	2,636	1,617
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	23,049	6,271	10,398	6,380
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,269	60,055	45,997	28,217
23 Insurance	7,789	2,119	3,514	2,156
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES	74,033	69,072	3,076	1,885
b DUES AND MEMBERSHIPS	21,734	5,913	9,805	6,016
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,772,098	12,613,010	799,253	359,835
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				· · ·
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

3,207,753

3,885,458

3,668,175

9.231.264

91,294

1,885

182,302,302

45,974,034

45.975.919

3,122,632

133,203,751

136,326,383

182,302,302

162,218,358

(B)

End of year

Page **11**

Notes and loans receivable, net . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) .

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Inventories for sale or use . . Prepaid expenses and deferred charges .

1	Cash-non-interest-bearing						٠.			
2	Savings and temporary cash	in۱	/esti	mer	its					

1	Cash-non-interest-bearing	
2	Savings and temporary cash investments	
3	Pledges and grants receivable, net	Ī
4	Accounts receivable, net	Ī

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

10a

10b

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

4,446,453

778,278

Beginning of year

1,389,240

821,424

3,225,339

157,242,294

11,082,429

95,089

173,855,815

1

2 3 4

5

6 7

8

9

10c

11

12 13

14

15

16

	001		
		2	

Fund Ba

ō

Assets

Assets

11

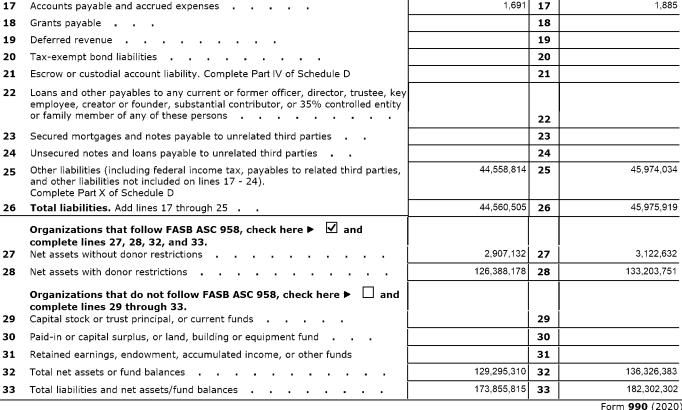
12

13

14

15

16



Yes

No

Form 990 (2020)

2c

3a

3h

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 73-1634145

Name: SAN ANGELO AREA FOUNDATION

Form 990 (2020)

Form 990, Part III, Line 4a:

GRANTS TO VARIOUS OUALIFIED 501 (C)(3) ORGANIZATIONS, OR OTHER OUALIFIED ENTITIES LIKE GOVERNMENTAL ORGANIZATIONS, COLLEGES, UNIVERSITIES AND RELIGIOUS ENTITIES, FOR QUALIFIED CHARITABLE PURPOSES. GRANTS ARE MADE FROM COMPONENT FUNDS WHICH ARE DESIGNATED PURPOSE FUNDS, DONOR-ADVISED FUNDS, FIELD OF INTEREST FUNDS AND UNRESTRICTED FUNDS, AND ARE BASED ON AN UNDERLYING GIFT AGREEMENT, WHICH REQUIRE THE BOARD OF DIRECTORS APPROVAL OF SAID GRANTS

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	DO NOT PROCESS As Filed Data -				DLN: 93493252009421		
SCI	HED	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2020		
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam	e of th	nie Service ne organiza AREA FOUNDA					Employer identific	ation number		
OAN A	NOLLO						73-1634145			
	rt I		for Public Charity State a private foundation because				See instructions.	_		
1 1	rganiz		onvention of churches, or as	•	•		(A)(i)			
2		•	,							
			scribed in section 170(b)(,					
3		·	or a cooperative hospital ser	-			-	a ka a kla a la a a seka II a		
4	Ш	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	ibed in section :	1/U(b)(1)(A)(III). E	nter the hospital's		
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).			
7	✓		ation that normally receives (0(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the gener	al public described in		
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de ant college of agriculture. S					ege or university or a		
10		from activit investment	ation that normally receives: lies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ections—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo						
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its		
d		Type III n	on-functionally integrate integrated. The organizations). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
е		Check this	box if the organization receiver or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · ·	-					
g	Provi	de the follow	ing information about the su	pported organization(s).					
	(i) N	Iame of supported organization (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No				
			<u> </u>							
Tota		wants Do	tion Act Notice, see the I		Cat. No. 11285		 Schedule A (Form 9			

Schedule A (Form 990 or 990-FZ) 2020

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04()(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and stop here					<u></u>	<u> ▶ ⊔ </u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,	•	• •	17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.			
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the			
	determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			

	III Section 303(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the				

C						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or					
	supervised by or in connection with its supported organizations.					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the					
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).					

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
		e organization accepted a gift or contribution from any of the following persons?					
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a				
b	A fami	ily member of a person described in 11a above?	11b				
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c				
_	VI.	B. Type I Supporting Organizations					
	ection	b. Type I Supporting Organizations		Yes	No		
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1				
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_				
	operat <i>carried</i>	ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2				
_							
5	ection	C. Type II Supporting Organizations		Yes	No		
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110		
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection	D. All Type III Supporting Organizations					
				Yes	No		
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	docum	ruments in effect on the date of notification, to the extent not previously provided?					
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).							
_			2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		3				
S	ection	E. Type III Functionally-Integrated Supporting Organizations					
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):				
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.					
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No		
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-				
		entially all of its activities.	2a				
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		2b				
3		of Supported Organizations. Answer lines 3a and 3b below.	20				
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a				
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b				
			30				

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

6

Schedule A (Form 990 or 990-F7) 2020

Current Year

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

Other distributions (describe in Fait VI). See histraction	13		0	
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to white details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				

7 Total annual distributions. Add lines 1 through 6.	7			
Distributions to attentive supported organizations to what details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016			·	
c From 2017				
d From 2018				
E 3010				

(see instructions)	Excess Distributions	Pre-2020	Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			

a 110111 20101 1 1 1 1 1 1		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
>		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
${f c}$ Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		

Schedule A (Form 990 or 990-EZ) (2020)

d Excess from 2019. e Excess from 2020.

Schedule A (Form 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

SCHEDULE D

DLN: 93493252009421

Cat. No. 52283D Schedule D (Form 990) 2020

OMB No. 1545-0047

Supplemental Financial Statements

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

(Form 990)

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

Open to Public

Department of the Treasury

		101 mstructions and the latest mion		r identification	spection
	i me of the organization N ANGELO AREA FOUNDATION		Employe	ridentification	i number
			73-16341		
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye		r Account	ts.	
	complete if the organization answered Te	(a) Donor advised funds	(b) F	Funds and other	accounts
1	Total number at end of year	50			
2	Aggregate value of contributions to (during year)	2,521,422			
3	Aggregate value of grants from (during year)	2,669,544			
4	Aggregate value at end of year	20,435,333			
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				Yes 🗌 No
6	Did the organization inform all grantees, donors, and donoritable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose o		npermissible] Yes □ No
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Ye				
1	Purpose(s) of conservation easements held by the orga	`			
	Preservation of land for public use (e.g., recreatio	n or education)	historically	important land	area
	Protection of natural habitat	Preservation of a co	ertified hist	oric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form	m of a cons	ervation	
	easement on the last day of the tax year.	1		eld at the End o	of the Year
a	Total number of conservation easements	-	2a		
b	Total acreage restricted by conservation easements	<u> </u>	2b		
С	Number of conservation easements on a certified histor	` ′	2c		
d	Number of conservation easements included in (c) acquestructure listed in the National Register	irred after //25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferred tax year •	ed, released, extinguished, or terminated by t	he organiza	ation during the	
4	Number of states where property subject to conservation	on easement is located 🟲			
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations	,	□ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	nservation	easements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$, handling of violations, and enforcing conserv	ation easer	nents during the	e year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)	(i) Yes	□ No
9	In Part XIII, describe how the organization reports consbalance sheet, and include, if applicable, the text of the	e footnote to the organization's financial state		nt, and	
	the organization's accounting for conservation easemer		ou Circolle		
Pal	rt III Organizations Maintaining Collections Complete if the organization answered "Ye		er Similai	- Assets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	SC 958, not to report in its revenue statement olic exhibition, education, or research in furthe			
b	If the organization elected, as permitted under FASB As historical treasures, or other similar assets held for pub following amounts relating to these items:				
((i) Revenue included on Form 990, Part VIII, line 1		• \$	\$	
	ii)Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical following amounts required to be reported under FASB	ical treasures, or other similar assets for finar			
а	Revenue included on Form 990, Part VIII, line 1	<u> </u>	> 9	\$	
b	Assets included in Form 990 Part X				

d Equipment .

Sche	edule D (Form 990) 2020					Page 2
Par	t III Organizations Maintaining Col	lections of Art, I	listorical Treas	sures, or Other	Similar Assets (continued)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other records,	, check any of the t	following that are a	significant use of it	s collection
а	Public exhibition		d 🗌 Loa	n or exchange prog	grams	
b	Scholarly research		e 🗌 Oth	er		
c	Preservation for future generations					
4	Provide a description of the organization's col Part XIII.	lections and explain	how they further t	he organization's e	xempt purpose in	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to					es 🗆 No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990, Part IV,	line 9, or reporte	ed an amount on	Form 990, Part
1 a	Is the organization an agent, trustee, custodi included on Form 990, Part X?					es 🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		Amount	
C	Beginning balance	·	-	1c	Amount	
d	Additions during the year			·		
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Fo				ability2 \square v	es 🗆 No
_	-					es 🗆 No
b	If "Yes," explain the arrangement in Part XIII Int V Endowment Funds.	. Check here if the e	xpianation has bee	n provided in Part	хііі ⊔	
Fe	Complete if the organization answ	vered "Yes" on For	m 990, Part IV,	line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a	Beginning of year balance	173,623,862	141,151,272			102,812,401
b	Contributions	10,737,668	15,529,800	, ,	' '	10,737,345
	Net investment earnings, gains, and losses	12,685,397	28,225,978		· ' '	10,707,798
	Grants or scholarships	12,203,474	12,027,595	12,844,210	7,799,550	5,390,986
е	Other expenditures for facilities and programs	1,817,589	1,052,560		ļ	45,758
f	Administrative expenses	1,182,375	-1,796,967	1,217,136	-	1,232,863
g	End of year balance	181,843,489	173,623,862	141,151,272	147,921,158	117,587,937
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:		
а	Board designated or quasi-endowment ►	50.000 %				
b	Permanent endowment >					
c	Term endowment ► 50.000 %					
3a	The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses	•	tion that are held a	and administered fo	r the	
	organization by: (i) Unrelated organizations				Га	a(i) No
	(ii) Related organizations				<u> </u>	a(ii) No
b	If "Yes" on 3a(ii), are the related organization	ns listed as required	on Schedule R?		🖯	3b
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.		L_	
Pa	rt VI Land, Buildings, and Equipme					
	Complete if the organization answ					
	Description of property (a) Cost or oth (investme		or other basis (other	(c) Accumulated	depreciation	(d) Book value
_	l and		222.25	4		222.05.1
	Land		222,95	-	475.960	222,954
	Buildings		2,842,45	_	475,869	2,366,590
С	Leasehold improvements		1,103,01	٧I	77,066	1,025,944

278,030

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

52,687

3,668,175

225,343

Part VII	Complete if the organization answered "Yes" on I (a) Description of security or category	Form 990, Part IV, line 1 (b) Book value		Part X, line 12. d of valuation:
	(including name of security)	(=, 500 value		-year market value
	l derivatives			
(2) Closely- (3) Other _	held equity interests			
A) LIMITED	PARTNERSHIPS	221,751		С
B) BENEFIC	IAL INT IN CHARITABLE REMAINDER TRUSTS	9,009,513		С
(C)				
(D)				
(E)				
(F)				
G)				
(H)				
I)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	9,231,264		
art VIII		Form 000 Part IV line 1	1c Coo Form 000	Part V line 12
	Complete if the organization answered 'Yes' on I (a) Description of investment	Form 990, Part IV, line I	(b) Book value	(c) Method of valuation:
	(c) a see a parent of an area and a		(2) 2001 12.00	Cost or end-of-year market
1)				value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
otal. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Part IX	Other Assets.			
	Complete if the organization answered 'Yes' on F		1d. See Form 990, Pa	t X, line 15. (b) Book value
1)	(a) Description	П		(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
otal. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			•
Part X	Other Liabilities.			<u> </u>
	Complete if the organization answered 'Yes' on F		1e or 11f.See Form	990, Part X, line 25. (b) Book
l.	(a) Description of I	iability		value value
	income taxes			10.05=
•	F VALUE OF CHARITABLE LEAD ANNUITY TRUST			101,057
	ENDOWMENTS ED COMPENSATION			45,517,106 186,280
-	NCE PROCEEDS- ROOF			169,591
5)				, ·
6)				
(7)				
8)				
(9)				
	n (h) must agual Form 000 Part V and (D) line 25			45 074 034
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII. provide the text o	of the footnote to the organi		45,974,034 ments the organization

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2020

Page 4

-8,751,200

27,712,027

5,081,734

32,793,761

10,112,166

80,192

10,031,974

3,740,124

13.772.098

Schedule D (Form 990) 2020

2c Recoveries of prior year grants d Other (Describe in Part XIII.) 2d 233,248

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

e 2e Subtract line **2e** from line **1** 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b .

b

Add lines **4a** and **4b**

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

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses and losses per audited financial statements

C 5

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

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

4a 4b

> 2a 2b

> 2c

2d

4a

4b

Explanation

278,581

4,803,153

80,192

3.740.124

4c

2e

3

4c

5

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

EIN: 73-1634145

Name: SAN ANGELO AREA FOUNDATION

Explanation

Supplemental Information

on

PART V, LINE 4:

Return Reference

AS A COMMUNITY FOUNDATION, WE PROVIDE DONORS WITH THE ABILITY TO ESTABLISH DESIGNATED PURP

R PASS-THROUGH FOR SPECIAL PROJECTS DEEMED CHARITABLE BY THE BOARD OF DIRECTORS.

OSE FUNDS, FIELD OF INTEREST FUNDS, UN-RESTRICTED FUNDS AND DONOR-ADVISED FUNDS, UNDER A G
IFT 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
FOUNDATIO
NS. SANCTIONED BY THE COUNCIL ON FOUNDATIONS. THESE FUNDS CAN BE ENDOWED, OUASI-ENDOWED, O

Return Reference	Explanation
PART X, LINE 2:	IN ACCORDANCE WITH ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UN CERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH A FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJEC TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 80,192. OTHER INCOME 153,056.

Supplemental Information				
Return Reference	Explanation			
PART XI, LINE 4B - OTHER ADJUSTMENTS:	LOSS FOR AGENCY ENDOWMENT FUND ON AUDIT PER SFAS 136 4,803,153.			

È

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990 80,192.

Supplemental Information Return Reference Explanation PART XII, LINE 4B - OTHER DISTR & EXP FOR AGENCY ENDOWMENT FUNDS REPORTED ON AUDIT PER SFAS 136 3,461,543. INVESTMENT I ADJUSTMENTS: EXPENSES 278,581.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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

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

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

OMB No. 1545-0047

DLN: 93493252009421

Open to Public

Inspection

ame of the organization						Employer identific	ation number
AN ANGELO AREA FOUNDATION						73-1634145	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used t	to award the grants	or assistance?				ce, and	☑ Yes ☐ N
Describe in Part IV the orga Part II Grants and Other A					rganization answered "Yes"	on Form 990, Part IV, line	21 for any recipient
			ditional space is needed.	sitts: complete if the o		on rolling 550, rait iv, line	. 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of sections 3 Enter total number of other		-					174
			<u> </u>				- dul- T (F 000) 2020

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

ATTENDING VARIOUS LOCAL COLLEGES AND

SONORA FLOOD RELIEF ASSISTANCE TO

(3) SAN ANGELO DISASTER RELIEF

(1)

(2)

(3)

(4)

(5)

(6)

(7)

UNIVERSITIES.

INDIVIDUALS

Return Reference

PART I, LINE 2:

Schedule I (Form 990) 2020

Explanation

IGRANT REQUEST.

Part III can be duplicated if additional space is needed.

731

(b) Number of

recipients

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

8.957

1,000

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

1,345,202

(d) Amount of

noncash assistance

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 WERE USED ACCORDING TO THE

(e) Method of valuation (book,

FMV, appraisal, other)

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2020

Additional Data

ABILENE, TX 79699 ADULT LITERACY COUNCIL

SAN ANGELO, TX 76902

PO BOX 2602

		Software ID Software Version								
			• • 73-1634145							
		Name	: SAN ANGELO AREA	SAN ANGELO AREA FOUNDATION						
Form 990,Schedule I, Part	t II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments. (f) Method of valuation	(q) Description of	(h) Purpose of grant			
organization or government	(5) =	if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance			
ABILENE CHRISTIAN UNIVERSITY PRESS	75-0851900	501(C)(3)	7,500				EDUCATION			

15,130

EDUCATION

ACU BOX 29138

75-2195119

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

LILLINA A NI CEDVATOEC

ALCOHOL AND DRUG ABUSE	/5-1609328	501(C)(3)	19,848		HUMAN SERVICES
COUNCIL FOR THE CONCHO					
VALLEY					
3553 W HOUSTON HARTE					
EXPY					
SAN ANGELO, TX 76901					

10010

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

E04(6)(3)

75 4600000

1700 N GARFIELD SAN ANGELO, TX 76901

501(C)(3) ALTA LOMA ELEMENTARY 75-6002404 6.464 EDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-0869323 501(C)(3) 10.301 **I**EDUCATION AMBLESIDE SCHOOL OF SAN ANGELO

DISASTER RELIEF

5.643

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

511 W HARRIS AVE SAN ANGELO, TX 76903 AMERICAN RED CROSS

2141 OFFICE PARK SAN ANGELO, TX 76904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ANGELO CATHOLIC SCHOOL 75-1999991 501(C)(3) 68.143 I EDUCATION

2315 S AM AVE SAN ANGELO, TX 76904

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1936 SHERWOOD WAY SAN ANGELO, TX 76901

ANGELO CIVIC THEATRE 75-0888979 501(C)(3) 22,258 ICULTURAL ARTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-6002403 501(C)(3) 15.900 **I**EDUCATION ANGELO STATE UNIVERSITY ATHLETIC DEPARTMENT

IEDUCATION

73.053

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ASU STATION 10899 SAN ANGELO, TX 76909 ANGELO STATE UNIVERSITY FOUNDATION

ASU STATION 11009 SAN ANGELO, TX 76909

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ANGELO STATE UNIVERSITY 83-0507951 501(C)(3) 13.996 IEDUCATION

3355 W BEAUREGARD SAN ANGELO, TX 76904

MEAT & FOOD SCIENCE ASSOCIATION 2601 W AVENUE N SAN ANGELO, TX 76909		===(=)(=)			
ANGLICAN CHURCH OF THE	75-1227498	501(C)(3)	13,688		RELIGIOUS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-1406077 **IRELIGIOUS**

APOLOGETICS PRESS 501(C)(3) 20.000 230 LANDMARK DRIVE MONTGOMERY, AL 36117

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2612 CIRCLE J STREET SAN ANGELO, TX 76901

ART IN UNCOMMON PLACES 87-0777592 501(C)(3) 40.642 ICULTURAL ARTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 77-0697361 501(C)(3) 10.000 ARTHUR NAGEL CLINIC IHUMAN SERVICES PO BOX 519

IRELIGIOUS

14.576

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

BANDERA, TX 78003
ASU CATHOLIC NEWMAN
CENTER

2451 DENA DRIVE SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ASU DEPT OF NATURAL & 75-1585285 501(C)(3) 5.556 **I**EDUCATION BIOLOGICAL SCIENCES

ASU STATION 11023 SAN ANGELO, TX 76909 AUSTIN AVENUE CHURCH OF 75-0908980 501(C)(3) 15.000l **IRELIGIOUS** CHRIST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1020 AUSTIN AVE BROWNWOOD, TX 76801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government AL ARTS

DEVELOPMENT

BALLET SAN ANGELO PO BOX 5092 SAN ANGELO, TX 76902	75-1895746	501(C)(3)	26,451		CULTURAL
					1

BAMBERGER RANCH PRESERVEL 13.500 30-0041245 501(C)(3) ICOMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2341 BLUE RIDGE DR

JOHNSON CITY, TX 78636

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 74-2315743 501(C)(3) 15.000l **IRELIGIOUS** BANDERA UNITED METHODIST CHURCH PO BOX 128

IRELIGIOUS

8.075

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PO BOX 128
BANDERA, TX 78003
BAPTIST MEMORIALS
MINISTRIES

902 N MAIN ST SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 47-1890997 501(C)(3) 28.060 ICULTURAL ARTS BE THEATRE 19 WEST BEAUGARD SAN ANGELO, TX 76903

BOYS AND GIRLS CLUB OF 26-3174725 501(C)(3) 11.207 YOUTH DEVELOPMENT MENARD

PO BOX 1043

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MENARD, TX 76859

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BOYS AND GIRLS CLUB OF 75-1216481 501(C)(3) 86.420 YOUTH DEVELOPMENT SAN ANGELO INC PO BOX 107 SAN ANGELO, TX 76902

IRELIGIOUS

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CAMPUS CRUSADE FOR CHRIST

PO BOX 628222 ORLANDO, FL 32862

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CASSIE'S PLACE 47-5533888 501(C)(3) 56,857 THUMAN DEVELOPMENT

622 ASHFORD DRIVE SAN ANGELO, TX 76901					
CATHEDRAL OF THE SACRED HEART 20 E BEAUREGARD	75-1086083	501(C)(3)	5,000		RELIGIOUS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 75-1086360 501(C)(3) 25.000 **IRELIGIOUS** CATHOLIC DIOCESE PO BOX 1829 SAN ANGELO, TX 76902

SAN ANGELO, TX 76902

CATHOLIC OUTREACH 75-2359744 501(C)(3)
SERVICES OF SAN ANGELO
419 N CHADBORNE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CHILDREN'S ADVOCACY 75-2401001 501(C)(3) 656.758 HUMAN SERVICES

4522 COLLEGE HILLS BLVD SAN ANGELO, TX 76904

CENTER OF TOM GREEN COUNTY INC PO BOX 5195 SAN ANGELO, TX 76902					
CHILDREN'S BED PROJECT	75-1170261	501(C)(3)	5,867		YOUTH DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-1687645 501(C)(3) 5.000 **IRELIGIOUS** CHRISTIAN CHURCH OF SAN ANGELO

4064 S BRYANT SAN ANGELO, TX 76903 CHRISTIAN SCIENCE SOCIETY 75-6037047 501(C)(3) 25.288

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76904

IRELIGIOUS OF SAN ANGELO 3306 LOOP 306

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 75-1776646 501(C)(3) 7.096 CHRISTIANS IN ACTION INC IHUMAN SERVICES 1505 S CHADBOURNE

SAN ANGELO, TX 76903 CHRISTOVAL INDEPENDENT 75-6000408 501(C)(3) 2.995.000 SCHOOL DISTRICT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EDUCATION PO BOX 162 CHRISTOVAL, TX 76935

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

CHRISTOVAL VOLUNTEER FIRE DEPARTMENT	75-1836206	501(C)(3)	8,339		PUBLIC SAFETY
PO BOX 193 CHRISTOVAL, TX 76935					
CIVIL AIR PATROL SAN	75-6037853	501(C)(3)	28,307		YOUTH DEVELOPMENT

CHRISTOVAL, TX 76935
CIVIL AIR PATROL SAN
ANGELO COMPOSITE
SQUADRON
11254 MOUNT NEBO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CONCHO VALLEY BIBLICAL 75-1401716 501(C)(3) 35,441 **IRELIGIOUS**

2601 FREELAND AVE SAN ANGELO, TX 76901					
CONCHO VALLEY COMMUNITY	75-1227772	501(C)(3)	25,953		HUMAN SEI

SAN ANGELO, TX 76902

SERVICES ACTION PO BOX 671

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CONCHO VALLEY HOME FOR 23-7102643 501(C)(3) 55.477 YOUTH DEVELOPMENT

GIRLS INC 412 PREUSSER SAN ANGELO, TX 76903		()()	·		
CONCHO VALLEY MASTER	20-4088302	501(C)(3)	28,794		COMMUNIT

SAN ANGELO, TX 76905

DEVELOPMENT GARDENERS 738 ABERNATHY RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 75-6030459 501(C)(3) 97.967 CONCHO VALLEY PAWS **ICOMMUNITY** 4001 SUNSET DR IDEVELOPMENT

4001 SUNSET DR
SAN ANGELO, TX 76904

CONCHO VALLEY REGIONAL
FOOD BANK OF TEXAS INC
BOX 1207

DEVELOPMENT

120,531

HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CONCHO VALLEY TURNING 32-0292036 501(C)(3) 49.748 HUMAN SERVICES

POINT PO BOX 60072 SAN ANGELO, TX 76906		,,,,	·		
CONGREGATION BETH ISRAEL	75-6188122	501(C)(3)	6,448		RELIGIOUS

CONGREGATION BETH ISRAEL 2708 TANGLEWOOD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CORNERSTONE CHRISTIAN 75-2123230 501(C)(3) 233,753 IEDUCATION

SCHOOL 1502 N JEFFERSON SAN ANGELO, TX 76901					
COVID-19 COMMUNITY	73-1634145	501(C)(3)	13,603		HUMAN SERVICES

RESPONSE 221 S IRVING ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CRITTER SHACK RESCUE 41-2090330 501(C)(3) 41.987 **ICOMMUNITY** PO BOX 192 IDEVELOPMENT WALL. TX 76957

THUMAN SERVICES

8.603

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

CROCKETT COUNTY CARE CENTER PO BOX 640

OZONA, TX 76943

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) CROSSVILLE CHURCH OF 62-1235763 501(C)(3) 10.000 RELIGIOUS

CHRIST 423 NORTH MAIN CROSSVILLE, TN 38557			

PO BOX 3289

SAN ANGELO, TX 76902

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3) 14.000 CURA BRASTI 45-5386488 HUMAN SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

24 W CONCHO AVE SAN ANGELO, TX 76903

DESK 30 W BEAUREGARD SAN ANGELO, TX 76903	42-1634891	501(C)(3)	9,765		EDUCATION
DOWNTOWN SAN ANGELO INC	03-0534387	501(C)(3)	21,151		COMMUNITY

DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) DR JAMES DOBSON'S FAMILY 27-1394708 501(C)(3) 10,000 | RELIGIOUS

PO BOX 105

ELDORADO, TX 76936

TALK 540 ELKTON DRIVE STE 201 COLORADO SPRINGS, CO 80907					
EL DORADO YOUTH CORPS INCSERVICE	26-1666158	501(C)(3)	7,132		HUMAN SERVICES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-0863849 501(C)(3) 12.500 **IRELIGIOUS** EMMANUEL EPISCOPAL CHURCH 3 S RANDOLPH ST SAN ANGELO, TX 76903

IRELIGIOUS

18.900

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

EPISCOPAL RELIEF AND DEVELOPMENT

815 2ND AVE NEW YORK, NY 10017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FAMILY MATTERS 86-0439625 501(C)(3) 335.000 HUMAN SERVICES SUITE A-120 SCOTTSDALE, AZ 85254

HUMAN SERVICES

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

FEED MY HUNGRY CHILDREN

PO BOX 83775 PHOENIX, AZ 85071

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 73-6108657 501(C)(3) 5.000 FEED THE CHILDREN IHUMAN SERVICES 333 N MERIDIAN AVE

IRELIGIOUS

OKLAHOMA CITY, OK 73107

FELLOWSHIP OF CHRISTIAN 44-0610626 501(C)(3) 12,658
ATHLETES
PO BOX 3711

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-0808781 501(C)(3) 17.539 RELIGIOUS FIRST BAPTIST CHURCH PO BOX 2138 SAN ANGELO, TX 76903 FIRST BAPTIST CHURCH OF 75-0926762 501(C)(3) 10.000 IRELIGIOUS DALLAS

1707 SAN JACINTO STREET DALLAS, TX 75201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-1947631 501(C)(3) 70.615 | RELIGIOUS FIRST CHRISTIAN CHURCH

PO BOX 791 MERTZON, TX 76941

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76903

FIRST PRESBYTERIAN CHURCH 75-0904033 501(C)(3) 233,000 IRELIGIOUS 32 NORTH IRVING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-1723553 501(C)(3) 10.000 **IRELIGIOUS** FIRST UNITED METHODIST CHURCH

HISTORIC

PRESERVATION

12.376

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PO BOX 675 SONORA.TX 76950 FORT CHADBOURNE FOUNDATION

651 FORT CHADBOURNE RD BRONTE, TX 76933

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-1605975 501(C)(3) 33.450 HISTORIC FORT CONCHO FOUNDATION 630 S OAKES ST IPRESERVATION

HISTORIC

IPRESERVATION

9.252

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

SAN ANGELO, TX 76903 FORT CONCHO NATIONAL HISTORIC LANDMARK

SAN ANGELO, TX 76903

630 S OAKES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FRESH START MINISTRIES OF 81-4528010 501(C)(3) 6.550 HUMAN SERVICES SAN ANGELO PO BOX 3653

ICOMMUNITY

DEVELOPMENT

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PO BOX 3653 SAN ANGELO, TX 76902 FRIENDS OF THE IRION COUNTY LIBRARY

PO BOX 654 MERTZON, TX 76941

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) GALILEE COMMUNITY 75-2865891 501(C)(3) 5.058 HOUSING/SHELTER

DEVELOPMENT CORPORATION 1404 S OAKES ST SAN ANGELO, TX 76903		(-)(-)	-7		
GIRL SCOUTS CENTRAL TEXAS COUNCIL- EL CAMINO PROGRAM CENTER	75-1162671	501(C)(3)	6,324		YOUTH DEVELOPMENT

304 W AVE A SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CLEN MEADOWC BADTIST 75-2404920 E01/C)/3) an nonl IRELIGIOUS

GLEN MEADOWS DAFTIST	/ 3-2404023	301(0)(3)	20,000		LVELTIGIO
CHURCH					l
6002 KNICKERBOCKER					
SAN ANGELO, TX 76904					

3902 GOLIAD

SAN ANGELO, TX 76903

GOLIAD FLEMENTARY 75-6002404 501(C)(3) 5.862 IEDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CDARE CREEK LINITER 7F 2644000 E01/C1/21 0.053 RELIGIOUS

ICOMMUNITY

IDEVELOPMENT

METHODIST CHURCH 8045 HWY 87 N	75-2644099	301(C)(3)	9,852		RELIGIO
SAN ANGELO, TX 76901					

22.463

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HABITAT FOR HUMANITY 75-2532858

401 N CHADBOURNE STREET

SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) HEIFER PROJECT 35-1019477 501(C)(3) 18,900 HUMAN SERVICES

COMMUNITY

1 WORLD AVENUE LITTLE ROCK, AR 72202				
HERITAGE PARK	73-1634145	501(C)(3)	20,661	

110

SAN ANGELO, TX 76903

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-1086083 501(C)(3) 25.000l | RELIGIOUS HOLY ANGELS CHURCH

IRELIGIOUS

179.750

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

2202 RUTGERS ST SAN ANGELO, TX 76904 HOUSE OF FAITH-SAN ANGELO

321 MONTECITO DR SAN ANGELO, TX 76903 74-2694406

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government IGIOUS

HOUSING/SHELTER

4215 ARMSTRONG	REL
SAN ANGELO, TX 76903	

33.247

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ICD BRIDGES

SAN ANGELO, TX 76902

PO BOX 5018

75-1584080

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government INSTITUTE OF COGNITIVE 75-1584080 501(C)(3) 27.500 HUMAN SERVICES

DEVELOPMENT INC PO BOX 5018 SAN ANGELO, TX 76902			·		
JPW LEARNING CENTER	75-2066135	501(C)(3)	10,000		EDUCATION

JPW LEARNING CENTER 403 W WASHINGTON

SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JACKSONVILLE CHURCH OF 63-0838274 501(C)(3) 5.000 **IRELIGIOUS** CHRIST

329 NISBEL STREET JACKSONVILLE, AL 36265 JAMES PHILLIPS WILLIAMS 75-2066135 501(C)(3) 7.657

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76903

ICOMMUNITY MEMORIAL FOUNDATION DEVELOPMENT 403 W WASHINGTON DRIVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-2569438 501(C)(3) 5.000 HUMAN SERVICES

JOSEPH THOMAS FOUNDATION 940 ARROYO DR SAN ANGELO, TX 76903

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76901

JOSHUA 12 FELLOWSHIP 75-2306376 501(C)(3) 7.110 IRELIGIOUS PO BOX 5701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government JOURNEY BIBLE CHURCH 76-0824090 501(C)(3) 11,812 **IRELIGIOUS**

2819 LOOP 306 SAN ANGELO, TX 76902					
JUNIOR LEAGUE OF SAN ANGELO INC	75-0878540	501(C)(3)	31,171		COMMUNITY DEVELOPMENT

PO BOX 3033

SAN ANGELO, TX 76902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KEEPERS OF HOPE 83-3749691 501(C)(3) 5.508 HUMAN SERVICES

PO BOX 3703 SAN ANGELO, TX 76902

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76901

LA ESPERANZA CLINIC INC. 74-2699762 501(C)(3) 15.948 HEALTH 2029 W BEAUREGARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LAMAR ELEMENTARY SCHOOL 75-6002404 501(0)(3) 7 241 LEDUCATION

3444 SCHOOLHOUSE SAN ANGELO, TX 76904	75-0002404	301(0)(3)	/,271		ILDUCATION
LAURA W BUSH INSTITUTE 5301 KNICKERBOCKER RD STE 200	75-6002403	501(C)(3)	25,000		EDUCATION

SAN ANGELO, TX 76904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LAURA W BUSH INSTITUTE 75-1585285 501(C)(3) 27.998 IEDUCATION

LEDUCATION

FOR WOMEN'S HEALTH 5301 KNICKERBOCKER RD STE 200 SAN ANGELO, TX 76904	, , , ,			

5.395

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

LEE MIDDLE SCHOOL

2500 SHERWOOD WAY SAN ANGELO, TX 76901 75-6002404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LIFE OUTREACH 75-2684727 501(C)(3) 14.600 **IRELIGIOUS** INTERNATIONAL

PO BOX 982000 FORT WORTH, TX 76182 RELIGIOUS CHRIST RELIGIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

10820 MABELVALE MABELVALE, AR 72103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 23-7077630 501(C)(3) 5,000 IEDUCATION MASSIE MEMORIAL

FOUNDATION PO BOX 3501 SAN ANGELO, TX 76902					
MEALS FOR THE ELDERLY	51-0159134	501(C)(3)	148,715		HUMAN SERVICES

MEALS FOR THE FLDERLY 310 E HOUSTON HARTE

SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MENARD PIONEER CEMETERY 75-6377159 501(C)(3) 7.500 ICOMMUNITY MENT

FUND PO BOX 981				DEVELOPM
PO BOX 981				
MENARD, TX 76859				

MENARD, TX 76859

5.000 MENARD PUBLIC LIBRARY 75-6049150 501(C)(3)

THUMAN SERVICES PO BOX 404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government METCALEE- SPENCE CEMETERY 84-3959218 501(C)(3) 25.000l HISTORIC 221 S IRVING ST IPRESERVATION SAN ANGELO, TX 76903

IRELIGIOUS

43.614

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

MT CARMEL HERMITAGE

CHRISTOVAL, TX 76935

PO BOX 337

54-2134524

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 85-6018576 501(C)(3) 60.000 **I**EDUCATION NEW MEXICO CHRISTIAN CHILDREN'S HOME 1356 NEW MEXICO

1356 NEW MEXICO
PORTALES, NM 88130

OUR LADY OF GRACE 75-1086360 501(C)(3) 10,000

MONASTERY

RELIGIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6202 CR 339

CHRISTOVAL, TX 76935

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-1897769 501(C)(3) 17.297 ICOMMUNITY 1 OZONA COMMUNITY CENTER INC IDEVELOPMENT PO BOX 471

IEDUCATION

7.544

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PO BOX 4/1
OZONA, TX 76943

POTTER'S HAND CHRISTIAN
SCHOOL

342 S CHADBOURNE SAN ANGELO, TX 76903 46-2690759

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PREGNANCY HELP CENTER OF 75-2381411 501(C)(3) 111.065 IHUMAN SERVICES

THE CONCHO VALLEY 2525 SHERWOOD WAY SAN ANGELO, TX 76901					
PROJECT DIGNIDAD	75-1577914	501(C)(3)	9,740		HUMAN SERVICES

313 W AVENUE N SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government RAINBOW ROOM 20-1429140 501(C)(3) 12.774 HUMAN SERVICES

RAINBOW ROOM 20-1429140 501(C)(3) 12,774 HUMAN SER'S SAN ANGELO, TX 76903

RED RAIDER CLUB 75-6064579 501(C)(3) 10,000 EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 456 LUBBOCK, TX 79408

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ROANOKE CHURCH OF CHRIST 75-1235819 501(C)(3) 60.000 | RELIGIOUS

PO BOX 737 ROANOKE, TX 76262

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76903

RUST STREET MINISTRIES 75-2950303 501(C)(3) 122,552 IRELIGIOUS 803 RUST ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) SAINT JOHNS EPISCOPAL 75-6027934 501(C)(3) 69.366 RELIGIOUS

900 HILLSBOROUGH RALEIGH, NC 27603

501(C)(3) 15.000l SAINT MARY'S SCHOOL 56-0532314 IEDUCATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SAN ANGELO ART CLUB 75-6037393 501(0)(3) 13 028 ICULTURAL ARTS

119 W 1ST ST SAN ANGELO, TX 76903	73-0037333	301(0)(3)	13,023		COLTON
SAN ANGELO BROADWAY	27-1832775	501(C)(3)	10,101		CULTUR

JRAL ARTS ACADEMY YOUTH THEATER 10 N TAYLOR ST SAN ANGELO, TX 76901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-0216446 501(C)(3) 161.676 **I**EDUCATION SAN ANGELO CHRISTIAN ACADEMY 518 COUNTRY CLUB RD

SAN ANGELO, TX 76904

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76903

SAN ANGELO EARLY 75-0968319 501(C)(3) 13.389 HUMAN SERVICES CHILDHOOD CENTER 619 JULIAN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-1776765 501(C)(3) 229.116 ICULTURAL ARTS SAN ANGELO MUSEUM OF FINE ARTS 1 LOVE STREET

ICULTURAL ARTS

57.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1 LOVE STREET
SAN ANGELO, TX 76903

SAN ANGELO PERFORMING 45-3031837 501(C)(3)
ARTS CENTER

82 GILLIS ST

SAN ANGELO, TX 76903

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SAN ANGELO PERFORMING 45-3031837 501(C)(3) 22,047 ICULTURAL ARTS

ARTS COALITION INC 221 S IRVING ST SAN ANGELO, TX 76903					
SAN ANGELO SCHOOLS	75-2184551	501(C)(3)	10,063		EDUCATION

FOUNDATION

2129 VALLEYVIEW DRIVE SAN ANGELO, TX 76904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SAN ANGELO STOCK SHOW 75-0871755 501(C)(3) 20.030 IANIMAL WELFARE

AND RODEO ASSOCIATION 200 W 43RD STREET SAN ANGELO, TX 76903					
SAN ANGELO SYMPHONY	75-6003857	501(C)(3)	19,003		CULTURAL ARTS

SAN ANGELO, TX 76902

PO BOX 5922

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-5020113 501(C)(3) 9.0001 SAN ANTONIO 1000 CANCER IHUMAN SERVICES CENOME DROJECT

IEDUCATION

6.990

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

GENOME PROJECT	
601 CONTOUR DR	
SAN ANTONIO, TX 78212	

83-0371223

SANTA RITA ELEMENTARY

615 S MADISON STREET SAN ANGELO, TX 76901

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) SHANNON MEDICAL CENTER -75-2559845 501(C)(3) 10.792 HEALTH

DEVELOPMENT 4522 COLLEGE HILLS SAN ANGELO, TX 76904

CHILDREN'S MIRACLE NETWORK 120 E HARRIS AVE SAN ANGELO, TX 76903		, , , ,	,		
SIERRA VISTA CHILD	75-1170260	501(C)(3)	5,659		YOUTH DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) SIERRA VISTA UNITED 75-1170261 501(C)(3) 8.400 **IRELIGIOUS**

IEDUCATION

METHODIST CHURCH 4522 COLLEGE HILLS BLVD SAN ANGELO, TX 76904		, , , ,	·		
SONORA INDEPENDENT	75-6002465	501(C)(3)	11,000		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCHOOL DISTRICT 807 S CONCHO AVENUE SONORA, TX 76950

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 75-2173731 501(C)(3) 28.780 HUMAN SERVICES SONRISAS THERAPEUTIC RIDING INC

IRELIGIOUS

12.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

5185 S BRYANT LANE SAN ANGELO, TX 76904 SOUTHAVEN CHURCH OF CHRIST

1483 BROOKHAVEN DR SOUTHAVEN, MS 38671 78-0224428

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SOUTHGATE CHURCH OF 75-1910113 501(0)(3) 15 0001 RELIGIOUS

IRELIGIOUS.

SOUTH STILL CHORCET OF	/ / 1/10110	301(0)(3)	1 2,000		' ' '
CHRIST					i
528 COUNTRY CLUB					
SAN ANGELO, TX 76904					
					$\overline{}$

32.858

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST JOHN'S LUTHERAN CHURCH 1100 W PARSONAGE ST

WINTERS, TX 79567

75-1495319

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ST MARGARET OF SCOTLAND 75-1871758 501(C)(3) 8.478 **IRELIGIOUS** PARISH 2619 FRA AVE

SAN ANGELO, TX 76905 ST PAUL PRESBYTERIAN 75-0843188 501(C)(3) 49.978 **IRELIGIOUS** CHURCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

11 NORTH PARK ST SAN ANGELO, TX 76901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) STERLING CITY FIRST UNITED 75-1529785 501(C)(3) 10.504 **IRELIGIOUS** METHODIST PRE-SCHOOL

PO BOX 311 STERLING CITY, TX 76951

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STERLING CITY, TX 76951

STERLING CITY INDEPENDENT 75-6002522 501(C)(3) 75.750 **I**EDUCATION SCHOOL DISTRICT PO BOX 786

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) STERLING COUNTY SENIOR 75-2534665 501(C)(3) 10.000 HUMAN SERVICES

CITIZENS 415 STADIUM STERLING CITY, TX 76951					
SUTTON COUNTY CHILD	76-0382473	501(C)(3)	5.000		HUMAN SERVICES

WELFARE BOARD

PO BOX 171 SONORA, TX 76950

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CUTTON COUNTY FOOD 46 E446E90 E01(C)(2) 20 152 THUMAN CEDVICES

PANTRY AND RESOURCE CENTER PO BOX 497 SONORA, TX 76950	40-3440369	501(C)(3)	26,152		HUMAN SERVICES
SUTTON COUNTY HEALTH	04-3642997	501(C)(3)	49,927		HUMAN SERVICES

FOUNDATION PO BOX 18 SONORA, TX 76950

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TALL FOUNDATION INC 74-2764303 501(C)(3) 7,000 IYOUTH DEVELOPMENT

2137 TAMU COLLEGE STATION, TX 77843					
TEXAS A&M UNIVERSITY 12TH MAN FOUNDATION PO DRAWER L-1	74-1185725	501(C)(3)	40,000		EDUCATION

COLLEGE STATION, TX 77844

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 74-1238434 501(C)(3) 5.000 TEXAS AGRILIFE RESEARCH YOUTH DEVELOPMENT

AND EXPTENSION CENTER 7887 US HWY 87 SAN ANGELO, TX 76901 TEXAS DISTRICT OF THE 74-1189681 501(C)(3) 25.000l RELIGIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LUTHERAN CHURCH-MISSOURI SYNOD 7900 EAST HIGHWAY AUSTIN, TX 78724

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TEXAS EXES - SAN ANGELO 74-1109640 501(C)(3) 5.236 **I**EDUCATION CHAPTER

314 W HARRIS AVE SAN ANGELO, TX 76903 TEXAS LEADERSHIP CHARTER 75-2890597 501(C)(3) 41.050

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76906

YOUTH DEVELOPMENT ACADEMY PO BOX 61726

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) TEXAS SOUTHWEST COUNCIL 75-0800617 501(C)(3) 139,235 YOUTH DEVELOPMENT

THE ARC OF SAN ANGELO INC	75-1242148	501(C)(3)	13,061		HUMAN SERVICES
- BOY SCOULS OF AMERICA 104 VETERANS MEMORIAL DRIVE SAN ANGELO, TX 76902					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1922

SAN ANGELO, TX 76902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 13-1635257 501(C)(3) 8.333 **I**EDUCATION THE CHAPIN SCHOOL 100 E END AVE

100 E END AVE NEW YORK, NY 10028

THE GARDEN KINGDOM MASTERY ACADEMY

82-0668852 501(C)(3) 10,127

EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6400 SPY GLASS DR SAN ANGELO, TX 79604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government THE HOSPICE OF SAN ANGELO 75-2129019 501(C)(3) 6,532 IHUMAN SERVICES

THE CALL ATTOM ADAM	00 0007440	 		
SAN ANGELO, TX 76906				
PO BOX 62211				
FOUNDATION				

THE SALVATION ARMY 90-0337669 501(C)(3) 81.8781 IHUMAN SERVICES PO BOX 589

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76902

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THROUGH GOD COMES 75-2778164 501(C)(3) 6.839 **IRELIGIOUS** JUSTICE MINISTRY

PO BOX 3126 SAN ANGELO, TX 76902

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76903

TOM GREEN 4-H 82-3813942 501(C)(3) 26.599 YOUTH DEVELOPMENT SCHOLARSHIP 113 WEST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNITY

ICOMMUNITY DEVELOPMENT

TOM GREEN COUNTY 112 W BEAUREGARD SAN ANGELO, TX 76903	75-6001184	501(C)(3)	50,000		COMMUNITY DEVELOPMENT

124.945

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

TOM GREEN COUNTY LIBRARY

113 W BEAUREGARD SAN ANGELO, TX 76903 75-6001184

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TRINITY LUTHERAN CHURCH 75-6003634 501(C)(3) 37,812 **IRELIGIOUS**

3536 YMCA DRIVE SAN ANGELO, TX 76904					
TRINITY LUTHERAN SCHOOL AND EARLY CHILDHOOD CENTER	75-6003634	501(C)(3)	12,707		YOUTH D

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76904

DEVELOPMENT 3516 LUTHERAN WAY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) UNITED WAY OF THE CONCHO 75-0859662 501(C)(3) 167.242 HUMAN SERVICES VALLEY

PO BOX 3710
SAN ANGELO, TX 76902

UNITY CHURCH OF SAN 75-6439603 501(C)(3) 9,006

ANGELO

RELIGIOUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5237 S BRYANT BLVD SAN ANGELO, TX 76904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 75-0131329 501(C)(3) 10.000 **I**EDUCATION WALL ELEMENTARY SCHOOL PO BOX 259

WALL. TX 76957 WESLEY UMC DAILY BREAD 56-2563807 501(C)(3) 78.423 PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANGELO, TX 76903

RELIGIOUS 301 W 18TH STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government WEST MAIN CHURCH OF 64 0600016 E01/C1/21 15 000 DELICIOUS

YOUTH DEVELOPMENT

CHRIST 2460 WEST MAIN TUPELO, MS 38801	64-0689216	501(C)(3)	15,000		RELIGIOUS
· · · · · · · · · · · · · · · · · · ·					

112.382

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

75-0954831

WEST TEXAS BOYS RANCH

10223 BOYS RANCH ROAD SAN ANGELO, TX 76904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WEST TEXAS COUNSELING & 75-1561599 501(C)(3) 228,774 YOUTH DEVELOPMENT CHIDANCE

SERVICES

242 N MAGDALEN ST SAN ANGELO, TX 76903					
WEST TEXAS REHABILITATION	75-0868320	501(C)(3)	500,189		HUMAN S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3001 S JACKSON SAN ANGELO, TX 76904

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 04 0005004 E04(6)(3) 20 242 LYOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ANGELO

353 S RANDOLPH ST SAN ANGELO, TX 76903

AREA # TX-102 PO BOX 61816 SAN ANGELO, TX 76906	84-0385934	501(C)(3)	39,342		YOUTH DEVELOPMENT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN	75-0800698	501(C)(3)	46,062		YOUTH DEVELOPMENT

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	9325	2009	421
Sch	edule J	C	ompensat	ion Information	ОМІ	3 No.	1545-0	0047
(Fori	n 990)	► Complete if the ore	Compensa ganization answ ► Attach	Frustees, Key Employees, and Highe ated Employees vered "Yes" on Form 990, Part IV, li n to Form 990.	ne 23.	20	2()
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest informa			o Pul ectio	
Nar	ne of the organiz			E	mployer identificati	_		
SAN	I ANGELO AREA FOU	INDATION		73	3-1634145			
Pa	rt I Questi	ons Regarding Compensa	ntion					
					_		Yes	No
1a				f the following to or for a person listed only relevant information regarding these				
	First-class	s or charter travel		Housing allowance or residence for pe	rsonal use			
	_	· companions		Payments for business use of personal				
		nification and gross-up payment	_	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffet	ur, chef)			
b				follow a written policy regarding payme ove? If "No," complete Part III to explain		1b	Yes	
2				or allowing expenses incurred by all	1-2	2	Yes	
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Line	iar			
3				ed to establish the compensation of the				
				not check any boxes for methods CEO/Executive Director, but explain in F	Part III.			
		-						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	\bar{\bar{\bar{\bar{\bar{\bar{\bar{	Approval by the board or compensatio	n committee			
		-	_					
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the filin	g organization or a			
а	_	ance payment or change-of-cor	strol payment?			4a		No
b		• • •		lified retirement plan?		4b	Yes	110
c	•		·	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part II	1.			
_		(c)(4), and 501(c)(29		•				
5	compensation c	ed on Form 990, Part VII, Section ontingent on the revenues of:	on A, line Ta, did	the organization pay or accrue any				
а	The organization	n?				5a		No
b	-					5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixed art III		7		No
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," desc				N
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Re	gulations section	9		No
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No 500	D53T Schedule J (990)	2020

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(A) Name and Title			n of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 MATT LEWIS PRESIDENT & CEO	(i)	200,000	0	0	45,533	4,800	250,333	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2020	Page 3							
Part III Supplemental Inform								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.								
Return Reference	Explanation							
SCHEDULE J, LINE I, COLUMN C	SCHEDULE J PART I QUESTION 4(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: MATT LEWIS, \$33,533 INCREASED VALUE.							
	Schedule 1 (Form 990) 2020							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493252009421 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection **Employer identification number** Name of the organization SAN ANGELO AREA FOUNDATION 73-1634145 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 26 1,210,500 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (______ Other ▶ (______) 26 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2020)	Page 2					
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization					
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
	Schedule M (Form 990) (2020)					

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	D	LN: 93493252009421			
SCHEDUL (Form 990 or EZ)	O or 990-EZ fic questions on formation.	OMB No. 1545-0047 2020 Open to Public Inspection				
Namel อิสาหยางคิสสห์เวลาion SAN ANGELO AREA FOUNDATION 73-1634145 990 Schedule O, Supplemental Information						
Return Reference	Explanation					
FORM 990, PART VI, SECTION B, LINE 11B SAAF'S GOVERNING BODY HAS ESTABLISHED A FINANCIAL COMMITTEE AND AN AUDIT COMMITTEE TO REVI EW 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.						

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990, PART VI, SECTION B, LINE 12C STATEMENT AND DISCLOSE ANNUALLY ANY POTENTIAL CONFLICT OF INTEREST POLICY AC CEPTANCE 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 AN DISCLOSE ANY POTENTIAL ISSUES AND ARE SUBSE QUENTLY ADDRESSED BY THE BOARD. IF NEEDED.

Return Reference	Explanation
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 DE TERMINE APPROPRIATE SALARY RANGES FOR ITS CEO AS WELL AS OTHER EMPLOYEES OF THE ORGANIZATI ON 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 PERFORMA NCE REVIEW, TO ESTABLISH THE COMPENSATION PACKAGE FOR THE CEO. THE CEO ANNUALLY REVIEWS THE STAFF OF SAAF AND ALSO USES THIS SAME COUNCIL ON FOUNDATION'S SURVEY DATA FOR RECOMMENDING COMPENSATION FOR THE REMAINDER OF SAAF STAFF AND MAKES SAID RECOMMENDATION ANNUALLY TO THE BOARD OF DIRECTORS FOR THEIR CONSIDERATION OF ANY COMPENSATION CHANGES FOR OTHER STAFF OF SAAF.

Return Explanation
Reference

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 REQUES THIS INFORMATION VIA THE SAAF WEBSITE, OR BY PHONE OR IN WRITING.

Return Explanation

Kelefellee	
FORM 990,	REVENUE (LOSS) FOR AGENCY ENDOWMENT FUNDS PER SFAS #136 -4,803,153. GRANTS & EXPENSES MADE
PART XI,	FROM AGENCY ENDOWMENT FUNDS PER SFAS #136 3,461,541. CHANGE IN VALUE OF SPLIT INTEREST AG
LINE 9:	REEMENT -1,817,588. OTHER 153,058.

Return Explanation
Reference

PART XI,	THE POLICY TO HAVE A COMMITTEE TO OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECT
LINE 2C	ION OF INDEPENDENT ACCOUNTANTS HAS NOT CHANGED FROM THE PRIOR YEAR. THAT COMMITTEE WAS IN
	PLACE IN PRIOR YEARS ALSO.

990 Schedule O, Supplemental Information

Return Explanation

Reference	·
PART I, LINE	15 BOARD MEMBERS AND 30 GRANT APPLICATION COMMITTEE MEMBERS AND 20 ADDITIONAL VOLUNTEERS.
6	