

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2022 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> SAN ANGELO AREA FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 221 S. IRVING ST. City or town, state or province, country, and ZIP or foreign postal code SAN ANGELO, TX 76903	<b>D Employer identification number</b> 73-1634145  <b>E Telephone number</b> 325-947-7071
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> 71,041,502.
<b>J Website:</b> WWW.SAAFOUND.ORG		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 2001 <b>M State of legal domicile:</b> TX
<b>F Name and address of principal officer:</b> MATT LEWIS SAME AS C ABOVE		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>MANAGING ENDOWED GIFTS IN ORDER TO MATCH DONOR INTERESTS WITH COMMUNITY NEEDS OF THE AREA.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	9
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	50
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	23,591,568.
	<b>9</b> Program service revenue (Part VIII, line 2g)	Current Year	34,883,175.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,307,011.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,603,056.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		163,879.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		140,702.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		42,062,458.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		15,765,789.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		11,319,206.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		867,718.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		0.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	824,018.
	<b>21</b> Total liabilities (Part X, line 26)	End of Year	1,097,730.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		17,457,525.
			24,604,933.
			23,377,318.
			221,834,647.
			205,097,187.
			61,792,416.
			62,526,565.
			160,042,231.
			142,570,622.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>MATT LEWIS, CEO</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GAYE DAVIS, CPA</b>	Preparer's signature <b>GAYE DAVIS, CPA</b>
	Firm's name <b>CONDLEY AND COMPANY, L.L.P.</b>	Date <b>09/20/23</b>
	Firm's address <b>P.O. BOX 2993 ABILENE, TX 79604-2993</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00277460</b>
		Firm's EIN <b>75-1056027</b>
		Phone no. (325) <b>677-6251</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: THE MISSION OF THE SAN ANGELO AREA 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-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 11,683,145. including grants of \$ 11,319,206. ) (Revenue \$ ) GRANTS TO VARIOUS QUALIFIED 501 (C)(3) ORGANIZATIONS, OR OTHER QUALIFIED 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.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 11,683,145.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	15	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MATT LEWIS - 325-947-7071**  
**221 S. IRVING ST., SAN ANGELO, TX 76903**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATT LEWIS PRESIDENT & CEO	40.00			X			218,000.	0.	37,880.	
(2) BRIANNE KILLAM FINANCE VP	40.00				X		107,500.	0.	0.	
(3) JANET KARCHER MARKETING VP	40.00				X		107,500.	0.	0.	
(4) CAMILLE YALE CHAIRMAN	2.00	X		X			0.	0.	0.	
(5) JAY BOYD VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
(6) PATRICK SHANNON SECRETARY/TREASURER	2.00	X		X			0.	0.	0.	
(7) FRED HERNANDEZ PAST CHAIRMAN	2.00	X		X			0.	0.	0.	
(8) BRADY JOHNSON EXECUTIVE COMMITTEE	2.00	X		X			0.	0.	0.	
(9) JEFFREY BOZEMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(10) JON BAILEY BOARD MEMBER	2.00	X					0.	0.	0.	
(11) RONNIE D. HAWKINS, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(12) JAMES HUFFMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(13) FLOR LEOS MADERO BOARD MEMBER	2.00	X					0.	0.	0.	
(14) SHELLEY NEW BOARD MEMBER	2.00	X					0.	0.	0.	
(15) GAYLA THORNTON BOARD MEMBER	2.00	X					0.	0.	0.	
(16) JANE RICHARDSON BOARD MEMBER	2.00	X					0.	0.	0.	
(17) JANA RUETER BOARD MEMBER	2.00	X					0.	0.	0.	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for Drew Wallace and a subtotal.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists B Reed Capital and M&M Erectors Construction.

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



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	34,883,175.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,705,756.					
	<b>h Total.</b> Add lines 1a-1f .....			34,883,175.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			5,026,828.			5,026,828.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal				
			238,948.					
			<b>b</b> Less: rental expenses ...	<b>6b</b>	98,246.			
	<b>c</b> Rental income or (loss)	<b>6c</b>	140,702.					
	<b>d</b> Net rental income or (loss) .....			140,702.			140,702.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other				
			30,892,551.					
			<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	34,316,323.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-3,423,772.					
	<b>d</b> Net gain or (loss) .....			-3,423,772.			-3,423,772.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....			<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
		<b>b</b> Less: direct expenses .....	<b>9b</b>					
		<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
		<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....			36,626,933.	0.	0.	1,743,758.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,665,307.	7,665,307.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,653,899.	3,653,899.		
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	218,000.	43,600.	130,800.	43,600.
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	480,326.	131,826.	159,000.	189,500.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,907.	3,238.	5,359.	4,310.
9 Other employee benefits	72,426.	18,169.	30,070.	24,187.
10 Payroll taxes	49,020.	12,316.	20,342.	16,362.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,500.		7,500.	
c Accounting	35,474.		35,474.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	503,780.		503,780.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	62,243.			62,243.
13 Office expenses	34,491.	8,643.	14,343.	11,505.
14 Information technology	104,680.	26,260.	43,462.	34,958.
15 Royalties				
16 Occupancy	72,535.	26,586.	10,556.	35,393.
17 Travel	20,714.	5,196.	8,600.	6,918.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	66,102.	16,582.	27,445.	22,075.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	137,371.	60,948.	41,844.	34,579.
23 Insurance	8,910.	2,235.	3,699.	2,976.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>DUES AND MEMBERSHIPS</b>	33,246.	8,340.	13,803.	11,103.
b <b>BANK CHARGES</b>	10,684.		5,449.	5,235.
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,249,615.	11,683,145.	1,061,526.	504,944.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,200,054.	<b>1</b>	7,817,096.	
	<b>2</b> Savings and temporary cash investments .....	6,430,546.	<b>2</b>	3,704,866.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	1,278.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,514,482.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,041,398.	3,835,744.	<b>10c</b>	5,473,084.
	<b>11</b> Investments - publicly traded securities .....	195,615,060.	<b>11</b>	176,419,809.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	12,664,462.	<b>12</b>	11,624,499.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	88,781.	<b>15</b>	56,555.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	221,834,647.	<b>16</b>	205,097,187.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,119.	<b>17</b>	1,960.	
	<b>18</b> Grants payable .....	3,861,355.	<b>18</b>	3,863,773.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	57,928,942.	<b>25</b>	58,660,832.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	61,792,416.	<b>26</b>	62,526,565.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	3,255,390.	<b>27</b>	2,721,256.	
	<b>28</b> Net assets with donor restrictions .....	156,786,841.	<b>28</b>	139,849,366.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	160,042,231.	<b>32</b>	142,570,622.	
<b>33</b> Total liabilities and net assets/fund balances .....	221,834,647.	<b>33</b>	205,097,187.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,626,933.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,249,615.
3	Revenue less expenses. Subtract line 2 from line 1	3	23,377,318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	160,042,231.
5	Net unrealized gains (losses) on investments	5	-39,186,755.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,662,172.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	142,570,622.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Table with 2 columns: Name of the organization (SAN ANGELO AREA FOUNDATION), Employer identification number (73-1634145)

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- List of reasons for public charity status (1-12) with checkboxes. Box 7 is checked. Includes sub-items a-f for supported organizations.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13,016,946.	15,529,800.	10,737,668.	23,591,568.	24,391,017.	87,266,999.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	13,016,946.	15,529,800.	10,737,668.	23,591,568.	24,391,017.	87,266,999.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						349,612.
<b>6 Public support.</b> Subtract line 5 from line 4.						86,917,387.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	13,016,946.	15,529,800.	10,737,668.	23,591,568.	24,391,017.	87,266,999.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	5,955,812.	5,546,135.	4,057,704.	8,630,582.	5,265,776.	29,456,009.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						116,723,008.

**12** Gross receipts from related activities, etc. (see instructions) ..... **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	74.46 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	68.34 %

**16a 33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

**b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**SAN ANGELO AREA FOUNDATION**

Employer identification number

**73-1634145**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>SAN ANGELO AREA FOUNDATION</b>	Employer identification number  <b>73-1634145</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 180px; height: 15px;"></div>	\$ <u>973,665.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<div style="background-color: black; width: 380px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 160px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 240px; height: 15px;"></div>	\$ <u>2,342,316.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<div style="background-color: black; width: 370px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 190px; height: 15px;"></div>	\$ <u>2,692,705.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<div style="background-color: black; width: 300px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 240px; height: 15px;"></div>	\$ <u>881,996.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<div style="background-color: black; width: 210px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 270px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 300px; height: 15px;"></div>	\$ <u>4,560,429.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<div style="background-color: black; width: 150px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 190px; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 230px; height: 15px;"></div>	\$ <u>1,220,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SAN ANGELO AREA FOUNDATION</b>	Employer identification number  <b>73-1634145</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>1,621,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>2,046,223.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>735,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px;"></div>	\$ <u>4,711,729.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SAN ANGELO AREA FOUNDATION</b>	Employer identification number  <b>73-1634145</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	[REDACTED]	\$ 1,220,000.	04/20/22
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization  <b>SAN ANGELO AREA FOUNDATION</b>	Employer identification number  <b>73-1634145</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SAN ANGELO AREA FOUNDATION Employer identification number 73-1634145

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (55), aggregate values for contributions, grants, and end of year, and yes/no questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic structure). 2. Conservation contribution details (table with 2 columns: Description, Held at the End of the Tax Year). 3-9. Questions regarding monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2a-2b regarding reporting requirements for art and historical treasures, including revenue and asset values.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	214,787,387.	181,843,489.	173,623,862.	141,151,272.	147,921,158.
b Contributions	34,883,175.	23,591,568.	10,737,668.	15,529,800.	18,454,244.
c Net investment earnings, gains, and losses	-38,076,238.	22,907,787.	12,685,397.	28,225,978.	-12,180,306.
d Grants or scholarships	11,319,206.	15,765,789.	12,203,474.	12,027,595.	12,844,210.
e Other expenditures for facilities and programs	333,179.	-3,458,000.	1,817,589.	1,052,560.	-1,017,522.
f Administrative expenses	1,297,167.	1,247,668.	1,182,375.	-1,796,967.	1,217,136.
g End of year balance	198,644,772.	214,787,387.	181,843,489.	173,623,862.	141,151,272.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 50.0000 %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment 50.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations  |     | X  |
| (ii) Related organizations   |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		222,954.		222,954.
b Buildings		2,842,459.	617,992.	2,224,467.
c Leasehold improvements		1,132,069.	203,634.	928,435.
d Equipment		258,710.	219,772.	38,938.
e Other		2,058,290.		2,058,290.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,473,084.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LIMITED PARTNERSHIPS	169,504.	COST
(B) BENEFICIAL INT IN		
(C) CHARITABLE REMAINDER		
(D) TRUSTS	11,454,995.	COST
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>11,624,499.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PRESENT VALUE OF CHARITABLE LEAD	
(3) ANNUITY TRUST	2,383,200.
(4) AGENCY ENDOWMENTS	56,074,149.
(5) DEFERRED COMPENSATION	203,483.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>58,660,832.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	-4,939,725.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-39,186,755.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	306,943.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-38,879,812.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	33,940,087.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	503,780.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	2,183,066.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	2,686,846.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	36,626,933.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,198,705.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	98,246.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	98,246.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	12,100,459.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,149,156.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	1,149,156.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	13,249,615.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

AS A COMMUNITY FOUNDATION, WE PROVIDE DONORS WITH THE ABILITY TO ESTABLISH DESIGNATED PURPOSE FUNDS, FIELD OF INTEREST FUNDS, UN-RESTRICTED FUNDS AND DONOR-ADVISED FUNDS, UNDER A GIFT AGREEMENT. WHILE EACH GIFT AGREEMENT IS UNIQUE TO EACH FUND, THE FOUNDATION UTILIZES A STANDARD GIFT AGREEMENT IN COMPLIANCE WITH THE NATIONAL STANDARDS FOR COMMUNITY FOUNDATIONS, SANCTIONED BY THE COUNCIL ON FOUNDATIONS. THESE FUNDS CAN BE ENDOWED, QUASI-ENDOWED, OR PASS-THROUGH FOR SPECIAL PROJECTS DEEMED CHARITABLE BY THE BOARD OF DIRECTORS.

**PART X, LINE 2:**

IN ACCORDANCE WITH ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES,

**Part XIII** Supplemental Information (continued)

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD TAKEN NO UNCERTAIN 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 SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2012.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990	98,246.
OTHER INCOME	208,697.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	306,943.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS FOR AGENCY ENDOWMENT FUND ON AUDIT PER SFAS 136	2,183,066.
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## PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH REVENUE ON FORM 990	98,246.
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## PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTR & EXP FOR AGENCY ENDOWMENT FUNDS REPORTED ON AUDIT PER SFAS 136	645,376.
INVESTMENT EXPENSES	503,780.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,149,156.

## SCHEDULE D, PART VI, LINE 1E

CONSTRUCTION IN PROGRESS

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **SAN ANGELO AREA FOUNDATION** Employer identification number **73-1634145**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALCOHOL & DRUG ABUSE COUNCIL FOR THE CONCHO VALLEY - PO BOX 3805 - SAN ANGELO, TX 76902	75-1609328	501(C)(3)	130,077.	0.			HUMAN SERVICES
ALEX MCFARLAND MINISTRIES PO BOX 485 PLEASANT GARDEN, NC 27313-0485	45-5385212	501(C)(3)	10,500.	0.			RELIGION
AMERICAN CORNERSTONE INSTITUTE PO BOX 354 WASHINGTON, DC 20003-4303	86-1545903	501(C)(3)	100,000.	0.			OTHER
ANGELO CIVIC THEATRE 1936 SHERWOOD WAY SAN ANGELO, TX 76901	75-0888979	501(C)(3)	22,830.	0.			ARTS & CULTURE
APOLOGETICS PRESS 230 LANDMARK DRIVE MONTGOMERY, AL 36117	58-1406077	501(C)(3)	10,000.	0.			RELIGION
ART IN UNCOMMON PLACES 701 S. IRVING SAN ANGELO, TX 76903	87-0777592	501(C)(3)	34,049.	0.			ARTS & CULTURE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **152.**

**3** Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHUR NAGEL CLINIC P.O. BOX 519 BANDERA, TX 78003	77-0697361	501(C)(3)	10,000.	0.			HEALTH
ASU CATHOLIC NEWMAN CENTER 2451 DENA DRIVE SAN ANGELO, TX 76904	75-1086360	501(C)(3)	15,730.	0.			RELIGION
BALLET SAN ANGELO PO BOX 5092 SAN ANGELO, TX 76902	75-1895746	501(C)(3)	29,316.	0.			ARTS & CULTURE
BALLINGER CARES INC. P. O. BOX 802 BALLINGER, TX 76821	86-1352262	501(C)(3)	31,000.	0.			HUMAN SERVICES
BAMBERGER RANCH PRESERVE 2341 BLUE RIDGE DR JOHNSON CITY, TX 78636	30-0041245	501(C)(3)	15,000.	0.			ENVIRONMENTAL
BANDERA UNITED METHODIST CHURCH P.O. BOX 128 BANDERA, TX 78003	74-2315743	501(C)(3)	35,000.	0.			RELIGIOUS
BAPTIST MEMORIALS MINISTRIES 902 N MAIN ST SAN ANGELO, TX 76903	75-2755400	501(C)(3)	6,807.	0.			HEALTH
BAYLOR COLLABORATIVE ON HUNGER AND POVERTY/KIDS EAT FREE - 502 S. KOENIGHEIM, STE. 3C - SAN ANGELO, TX 76903	74-1159753	501(C)(3)	5,390.	0.			HUMAN SERVICES
BE THEATRE 82 GILLIS STREET SAN ANGELO, TX 76903	47-1890997	501(C)(3)	16,653.	0.			ARTS & CULTURE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISHOP STREET BOOTCAMP RANCH PO BOX 9 KNICKERBOCKER, TX 76939	81-1439906	501(C)(3)	34,871.	0.			HUMAN SERVICES
BOYS & GIRLS CLUB OF MENARD PO BOX 1043 MENARD, TX 76859	26-3174725	501(C)(3)	23,161.	0.			YOUTH DEVELOPMENT PROGRAM
BOYS & GIRLS CLUB OF SAN ANGELO, INC. - PO BOX 107 - SAN ANGELO, TX 76902	75-1216481	501(C)(3)	54,094.	0.			YOUTH DEVELOPMENT PROGRAM
BRADY HOPE FROM THE HEART PO BOX 1207 BRADY, TX 76825	45-3810388	501(C)(3)	10,000.	0.			HEALTH
BUFFALO SOLDIERS MEMORIAL FUND 221 S. IRVING ST. SAN ANGELO, TX 76903	73-1634145	501(C)(3)	7,412.	0.			HISTORIC PRESERVATION
CASSIE'S PLACE 2591 FM 584 SAN ANGELO, TX 76904	47-5533888	501(C)(3)	41,205.	0.			ANIMAL WELFARE
CATHOLIC DIOCESE P.O. BOX 1829 SAN ANGELO, TX 76902	75-1086360	501(C)(3)	10,000.	0.			RELIGIOUS
CATHOLIC OUTREACH SERVICES OF SAN ANGELO - 410 N. CHADBOURNE - SAN ANGELO, TX 76903	75-2359744	501(C)(3)	36,642.	0.			RELIGION
CHILDREN'S ADVOCACY CENTER OF GREATER WEST TEXAS INC. - P.O. BOX 5195 - SAN ANGELO, TX 76902	75-2401001	501(C)(3)	435,914.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S BED PROJECT 4522 COLLEGE HILLS BLVD. SAN ANGELO, TX 76904	75-1170261	501(C)(3)	13,652.	0.			HUMAN SERVICES
CHILDREN'S ORGAN TRANSPLANT ASSOCIATION - 2501 W COTA DRIVE - BLOOMINGTON, IN 47403	35-1674365	501(C)(3)	7,152.	0.			HEALTH
CHRISTIANS IN ACTION, INC. 1505 S. CHADBOURNE SAN ANGELO, TX 76903	75-1776646	501(C)(3)	45,000.	0.			HUMAN SERVICES
CHRISTOVAL VOLUNTEER FIRE DEPARTMENT - P.O. BOX 193 - CHRISTOVAL, TX 76935	75-1836206	501(C)(3)	7,691.	0.			DISASTER RELIEF
CIVIL AIR PATROL SAN ANGELO COMPOSITE SQUADRON - 11254 MOUNT NEBO RD. - SAN ANGELO, TX 76901	75-6037853	501(C)(3)	8,929.	0.			YOUTH DEVELOPMENT PROGRAM
CONCHO VALLEY BIBLICAL COUNSELING CENTER - 2601 FREELAND AVE. - SAN ANGELO, TX 76901	75-1401716	501(C)(3)	50,997.	0.			RELIGIOUS
CONCHO VALLEY COMMUNITY ACTION AGENCY - PO BOX 671 - SAN ANGELO, TX 76902	75-1227772	501(C)(3)	45,000.	0.			HUMAN SERVICES
CONCHO VALLEY HOME FOR GIRLS PO BOX 3772 SAN ANGELO, TX 76902	23-7102643	501(C)(3)	81,802.	0.			HUMAN SERVICES
CONCHO VALLEY PAWS PO BOX 2604 SAN ANGELO, TX 76902	75-6030459	501(C)(3)	46,914.	0.			ANIMAL WELFARE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCHO VALLEY REGIONAL FOOD BANK PO BOX 1207 SAN ANGELO, TX 76902	75-1897032	501(C)(3)	105,638.	0.			FOOD, NUTRITION
CONCHO VALLEY TURNING POINT, INC. 528 E. HIGHLAND SAN ANGELO, TX 76903	32-0292036	501(C)(3)	67,344.	0.			HUMAN SERVICES
CONGREGATION BETH ISRAEL 2708 TANGLEWOOD DR. SAN ANGELO, TX 76904	75-6188122	501(C)(3)	8,563.	0.			RELIGION
CRIME STOPPERS OF SAN ANGELO, INC. PO BOX 5020 SAN ANGELO, TX 76902	75-2185394	501(C)(3)	9,468.	0.			CRIME PREVENTION
CRITTER SHACK RESCUE P.O. BOX 192 WALL, TX 76957	41-2090330	501(C)(3)	95,100.	0.			ANIMAL WELFARE
CURA BRASIL P.O. BOX 3289 SAN ANGELO, TX 76902	45-5386488	501(C)(3)	32,276.	0.			HEALTH
DOVE CREEK VOLUNTEER FIRE DEPARTMENT - 11191 NORTHCROSS LN - SAN ANGELO, TX 76904	75-2604196	501(C)(3)	6,210.	0.			DISASTER RELIEF
DOWNTOWN SAN ANGELO INC. 24 W. CONCHO AVE. SAN ANGELO, TX 76903	03-0534387	501(C)(3)	6,288.	0.			COMMUNITY DEVELOPMENT
DR. JAMES DOBSON'S FAMILY TALK 540 ELKTON DR., STE. 201 COLORADO SPRINGS, CO 80907	27-1394708	501(C)(3)	10,000.	0.			RELIGION

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY-REDWINE CHILD CARE CENTER PO BOX 5018 SAN ANGELO, TX 76902	75-1584080	501(C)(3)	5,208.	0.			HUMAN SERVICES
EATON HILL NATURE CENTER & PRESERVE - PO BOX 491 - SONORA, TX 76950	27-5011623	501(C)(3)	8,857.	0.			CONSERVATION
ELDORADO SERVICE CENTER PO BOX 105 ELDORADO, TX 76936	26-1666158	501(C)(3)	11,664.	0.			YOUTH DEVELOPMENT PROGRAM
EMMANUEL EPISCOPAL CHURCH 3 S RANDOLPH SAN ANGELO, TX 76903	75-0863849	501(C)(3)	5,210.	0.			RELIGION
EPISCOPAL RELIEF AND DEVELOPMENT PO BOX 7058 MERRIFIELD, VA 22116	73-1635264	501(C)(3)	19,050.	0.			RELIGION
EZRA VISION MINISTRIES INC 5073 PECAN RIDGE DR. STE 100 SAN ANGELO, TX 76904	46-4196380	501(C)(3)	16,519.	0.			HUMAN SERVICES
F VOSBURG HALL, JR & MARYLOU HALL CHILDREN'S CRISIS FOUNDATION - PO BOX 61063 - SAN ANGELO, TX 76906-1063	75-6260350	501(C)(3)	89,586.	0.			HUMAN SERVICES
FAMILY MATTERS 15475 N. GREENWAY-HAYDEN LOOP, STE SCOTTSDALE, AZ 85260	86-0439625	501(C)(3)	335,000.	0.			RELIGION
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 3711 SAN ANGELO, TX 76902	44-0610626	501(C)(3)	8,824.	0.			RELIGION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH P.O. BOX 2138 SAN ANGELO, TX 76902-2138	75-0808781	501(C)(3)	19,639.	0.			RELIGION
FIRST BAPTIST CHURCH OF DALLAS 1707 SAN JACINTO ST DALLAS, TX 75201	75-0926762	501(C)(3)	10,000.	0.			RELIGIOUS
FIRST BAPTIST CHURCH SONORA 111 E. OAK ST. SONORA, TX 76950	75-2783838	501(C)(3)	8,000.	0.			RELIGION
FIRST CHRISTIAN CHURCH P.O. BOX 791 MERTZON, TX 76941	75-1947631	501(C)(3)	181,008.	0.			RELIGIOUS
FIRST PRESBYTERIAN CHURCH 32 NORTH IRVING SAN ANGELO, TX 76903	75-0904033	501(C)(3)	160,000.	0.			RELIGION
FORT CHADBOURNE FOUNDATION 651 FORT CHADBOURNE ROAD BRONTE, TX 76933	75-2804188	501(C)(3)	18,390.	0.			ARTS & CULTURE
FORT CONCHO FOUNDATION 630 S. OAKES SAN ANGELO, TX 76903	75-1605975	501(C)(3)	26,313.	0.			ARTS & CULTURE
FRESH START MINISTRIES OF SAN ANGELO - P.O. BOX 3653 - SAN ANGELO, TX 76902	81-4528010	501(C)(3)	9,906.	0.			HUMAN SERVICES
FRIENDS OF FAIRMOUNT CEMETERY PO BOX 3522 SAN ANGELO, TX 76902	20-2651504	501(C)(3)	6,828.	0.			ENVIRONMENTAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF SAN ANGELO STATE PARK 1734 CALLE SENDERRA SAN ANGELO, TX 76904	75-2786151	501(C)(3)	5,757.	0.			ENVIRONMENTAL
GALILEE COMMUNITY DEVELOPMENT CORPORATION - 39 BUICK STREET - SAN ANGELO, TX 76901	75-2865891	501(C)(3)	36,986.	0.			HOUSING/SHELTER
GIRL SCOUTS CENTRAL TEXAS COUNCIL 304 W. AVENUE A SAN ANGELO, TX 76903	74-1109644	501(C)(3)	5,378.	0.			YOUTH DEVELOPMENT PROGRAM
GIRL SCOUTS OF CENTRAL TEXAS-EL CAMINO PROGRAM CENTER - 304 W. AVENUE A - SAN ANGELO, TX 76903	74-1109644	501(C)(3)	5,897.	0.			YOUTH DEVELOPMENT PROGRAM
GRAPE CREEK VOLUNTEER FIRE DEPARTMENT - P.O. BOX 1021 - SAN ANGELO, TX 76902	75-2255391	501(C)(3)	6,629.	0.			DISASTER RELIEF
GROWING GARDEN CITIES, INC PO BOX 60662 SAN ANGELO, TX 76906	87-2296221	501(C)(3)	6,040.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY 401 NORTH CHADBOURNE SAN ANGELO, TX 76903	75-2532858	501(C)(3)	23,584.	0.			HOUSING/SHELTER
HANDS OF MERCY CAT SANCTUARY 6042 SAGE HEN CIRCLE SAN ANGELO, TX 76905	83-1718739	501(C)(3)	7,791.	0.			ANIMAL WELFARE
HEART OF TEXAS BIBLE CAMP, INC. P.O. BOX 830 BRADY, TX 76825	74-2290616	501(C)(3)	7,458.	0.			RELIGION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEIFER PROJECT INTERNATIONAL INC. 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477	501(C)(3)	19,050.	0.			HUMAN SERVICES
HERITAGE PARK 221 S. IRVING ST. SAN ANGELO, TX 76903	73-1634145	501(C)(3)	12,595.	0.			ARTS AND CULTURE
HOLY ANGELS CHURCH 2202 RUTGERS ST. SAN ANGELO, TX 76904	75-1086083	501(C)(3)	27,500.	0.			RELIGION
HOUSE OF FAITH-SAN ANGELO 321 MONTECITO DR. SAN ANGELO, TX 76903	74-2694406	501(C)(3)	227,703.	0.			YOUTH DEVELOPMENT PROGRAM
HOUZE OF POWER 4215 ARMSTRONG SAN ANGELO, TX 76903	83-4160282	501(C)(3)	12,143.	0.			RELIGIOUS
ICD BRIDGES P.O. BOX 5018 SAN ANGELO, TX 76902	75-1584080	501(C)(3)	35,433.	0.			HOUSING/SHELTER
JOSEPH THOMAS FOUNDATION P.O. BOX 6042 ABILENE, TX 79608	26-2569438	501(C)(3)	12,793.	0.			HEALTH
JOSHUA 1:2 FELLOWSHIP P.O. BOX 5701 SAN ANGELO, TX 76902	752306376	501(C)(3)	30,096.	0.			RELIGIOUS
JUNIOR LEAGUE OF SAN ANGELO, INC. TREASURER SAN ANGELO, TX 76902	75-0878540	501(C)(3)	11,566.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEEPERS OF HOPE P.O. BOX 3703 SAN ANGELO, TX 76902	83-3749691	501(C)(3)	6,925.	0.			HUMAN SERVICES
LA ESPERANZA CLINIC, INC. 2029 W. BEAUREGARD AVE SAN ANGELO, TX 76901	74-2699762	501(C)(3)	8,458.	0.			HEALTH
LAKE IVIE VOLUNTEER FIRE DEPARTMENT - 10349 LAKE COUNTRY RD - PAINT ROCK, TX 76866	75-2897773	501(C)(3)	25,000.	0.			DISASTER RELIEF
LAURA W. BUSH INSTITUTE FOR WOMEN'S HEALTH - ASU STATION #11023 - SAN ANGELO, TX 76909	75-1585285	501(C)(3)	42,671.	0.			HEALTH
LIFE OUTREACH INTERNATIONAL PO BOX 982000 FORT WORTH, TX 76182-8000	75-2684727	501(C)(3)	13,600.	0.			ENVIRONMENTAL
MABELVALE CHURCH OF CHRIST 10820 MABELVALE WEST RD MABELVALE, AR 72103	22-2150426	501(C)(3)	10,000.	0.			RELIGIOUS
MEALS FOR THE ELDERLY 310 E. HOUSTON HARTE SAN ANGELO, TX 76903	51-0159134	501(C)(3)	200,892.	0.			FOOD, NUTRITION
MENARD PIONEER CEMETERY FUND PO BOX 981 MENARD, TX 76859	75-6377159	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
METCALFE-SPENCE CEMETERY HISTORICAL PRESERVATION FOUNDATION - 221 S. IRVING ST. - SAN ANGELO, TX 76903	84-3959218	501(C)(3)	10,000.	0.			HISTORIC PRESERVATION

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIGHTY WATERS P.O. BOX 61272 SAN ANGELO, TX 76906	83-1955362	501(C)(3)	6,334.	0.			HUMAN SERVICES
MT. CARMEL HERMITAGE P.O. BOX 337 CHRISTOVAL, TX 76935-0337	54-2134524	501(C)(3)	59,304.	0.			RELIGION
NEW HORIZONS RANCH & CENTER, INC. 147 SAYLES BLVD ABILENE, TX 79605	75-1530340	501(C)(3)	11,019.	0.			YOUTH DEVELOPMENT PROGRAM
NEW LIFE MINISTRIES P.O. BOX 1029 LAKE FOREST, CA 92609-1029	75-2785010	501(C)(3)	6,000.	0.			RELIGIOUS \ RELIGIOUS - CHRISTIAN
OPEN ARMS RAPE CRISIS CENTER & LGBT+ SERVICES - 113 N. HARRISON ST. - SAN ANGELO, TX 76901	75-2398422	501(C)(3)	8,103.	0.			HUMAN SERVICES
OUMC LOAVES AND FISHES P.O. BOX 983 OZONA, TX 76943	75-1227807	501(C)(3)	6,469.	0.			FOOD, NUTRITION
OUR LADY OF GRACE MONASTERY 6202 CR 339 CHRISTOVAL, TX 76935-3023	75-1086360	501(C)(3)	14,000.	0.			RELIGION
OZONA COMMUNITY CENTER, INC. P.O. BOX 41 OZONA, TX 76943-0041	75-1897769	501(C)(3)	7,478.	0.			YOUTH DEVELOPMENT PROGRAM
PARKS AND WILDLIFE FOUNDATION OF TEXAS - 2914 SWISS AVENUE - DALLAS, TX 75204	74-2602504	501(C)(3)	6,000.	0.			EMERGENCY ASSISTANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYLAND COMMUNITIES FOUNDATION P.O. BOX 494 CHRISTOVAL, TX 76935	85-2702860	501(C)(3)	10,540.	0.			COMMUNITY DEVELOPMENT
POSSIBILITIES OF THE CONCHO VALLEY P.O. BOX 1922 SAN ANGELO, TX 76902	84-2477580	501(C)(3)	11,237.	0.			HEALTH
PREGNANCY HELP CENTER OF THE CONCHO VALLEY - 2525 SHERWOOD WAY - SAN ANGELO, TX 76901	75-2381411	501(C)(3)	169,289.	0.			HEALTH
PROJECT DIGNIDAD 313 W. AVENUE N SAN ANGELO, TX 76903	75-1577914	501(C)(3)	15,222.	0.			RELIGION
RAILWAY MUSEUM OF SAN ANGELO 703 S. CHADBOURNE SAN ANGELO, TX 76903	75-2275195	501(C)(3)	25,832.	0.			HISTORIC PRESERVATION
RAINBOW ROOM 622 S. OAKS AVE. STE. L SAN ANGELO, TX 76903	20-1429140	501(C)(3)	12,282.	0.			HUMAN SERVICES
RODNEY FLOYD SPECIAL NEED CHILDREN'S FUND - 221 S. IRVING ST. - SAN ANGELO, TX 76903	73-1634145	501(C)(3)	5,062.	0.			HEALTH
RUST STREET MINISTRIES 803 RUST ST. SAN ANGELO, TX 76903	75-2950303	501(C)(3)	124,623.	0.			FOOD, NUTRITION
SAINT JOHNS EPISCOPAL CHURCH PO BOX 1100 SONORA, TX 76950	75-6027934	501(C)(3)	71,339.	0.			RELIGION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANGELO AREA FOUNDATION 221 S. IRVING ST SAN ANGELO, TX 76903-6421	73-1634145	501(C)(3)	15,271.	0.			PHILANTHROPY
SAN ANGELO ART CLUB 119 WEST FIRST STREET SAN ANGELO, TX 76903	75-6037393	501(C)(3)	12,738.	0.			ARTS & CULTURE
SAN ANGELO BROADWAY ACADEMY YOUTH THEATER - P.O. BOX 1562 - SAN ANGELO, TX 76902	27-1832775	501(C)(3)	7,227.	0.			ARTS & CULTURE
SAN ANGELO EARLY CHILDHOOD CENTER 619 JULIAN ST SAN ANGELO, TX 76903	75-0968319	501(C)(3)	17,885.	0.			HUMAN SERVICES
SAN ANGELO MUSEUM OF FINE ARTS HOWARD TAYLOR SAN ANGELO, TX 76903	75-1776765	501(C)(3)	218,023.	0.			ARTS & CULTURE
SAN ANGELO PERFORMING ARTS COALITION - 82 GILLIS ST - SAN ANGELO, TX 76903	45-3031837	501(C)(3)	27,065.	0.			ARTS & CULTURE
SAN ANGELO STOCK SHOW & RODEO ASSOCIATION - 200 W. 43RD ST. - SAN ANGELO, TX 76903	75-0871755	501(C)(3)	18,294.	0.			ANIMAL WELFARE
SAN ANGELO SYMPHONY PO BOX 5922 SAN ANGELO, TX 76902	75-6003857	501(C)(3)	32,850.	0.			ARTS & CULTURE
SAN ANTONIO 1000 CANCER GENOME PROJECT - MS. AIMEE LOCKE - SAN ANTONIO, TX 78209	26-0371270	501(C)(3)	10,000.	0.			DISEASE

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SARA'S SHARED DREAM: FEEDING MCCULLOCH COUNTY - P.O. BOX 204 - BRADY, TX 76825	831435336	501(C)(3)	5,005.	0.			FOOD, NUTRITION
SHANNON MEDICAL CENTER - CHILDREN'S MIRACLE NETWORK - 120 E HARRIS AVE. - SAN ANGELO, TX 76903	75-2559845	501(C)(3)	18,025.	0.			HEALTH
SIERRA VISTA UNITED METHODIST CHURCH - 4522 COLLEGE HILLS BLVD. - SAN ANGELO, TX 76904	75-1170261	501(C)(3)	6,000.	0.			RELIGION
SONRISAS THERAPEUTIC RIDING INC. PO BOX 1093 SAN ANGELO, TX 76902	75-2173731	501(C)(3)	31,816.	0.			HUMAN SERVICES
SOUTHLAND BAPTIST CHURCH 4300 MEADOWCREEK TRAIL SAN ANGELO, TX 76904	75-1691508	501(C)(3)	7,000.	0.			RELIGION
SOUTHWEST SCHOOL OF BIBLE STUDIES 8900 MANCHACA ROAD AUSTIN, TX 78748	74-2257048	501(C)(3)	49,500.	0.			RELIGION
ST JOHN'S LUTHERAN CHURCH 1100 W PARSONAGE ST WINTERS, TX 79567	75-1495319	501(C)(3)	33,372.	0.			RELIGION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - SUSANNAH CAUSEY - HOUSTON, TX 77027	62-0646012	501(C)(3)	8,000.	0.			DISEASE
ST. PAUL PRESBYTERIAN CHURCH 11 NORTH PARK ST SAN ANGELO, TX 76901	75-0843188	501(C)(3)	32,471.	0.			RELIGION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STERLING CITY FIRST UNITED METHODIST PRE-SCHOOL - P.O. BOX 311 - STERLING CITY, TX 76951	75-1529785	501(C)(3)	22,850.	0.			RELIGION
SUTTON COUNTY FOOD PANTRY AND RESOURCE CENTER - P.O. BOX 497 - SONORA, TX 76950	46-5446589	501(C)(3)	16,773.	0.			FOOD, NUTRITION
SUTTON COUNTY HEALTH FOUNDATION JOHN FRIESS SONORA, TX 76950	04-3642997	501(C)(3)	25,186.	0.			HEALTH
TEXAS DISTRICT OF THE LUTHERAN CHURCH- MISSOURI SYNOD - ATTENTION: LANNY MOORE - AUSTIN, TX 78724-2499	74-1189681	501(C)(3)	25,299.	0.			RELIGIOUS
TEXAS RAMP PROJECT PO BOX 832065 RICHARDSON, TX 75083	33-1139484	501(C)(3)	20,000.	0.			HEALTH
TEXAS SOUTHWEST COUNCIL - BOY SCOUTS OF AMERICA - ATTN: DEVIN KOEHLER - SAN ANGELO, TX 76902	75-0800617	501(C)(3)	218,549.	0.			YOUTH DEVELOPMENT PROGRAM
THE HOSPICE OF SAN ANGELO, INC. 3001 S. JACKSON ST. SAN ANGELO, TX 76904	75-0868320	501(C)(3)	12,158.	0.			HEALTH
THE SALVATION ARMY 34 W. 3RD ST SAN ANGELO, TX 76903	58-0660607	501(C)(3)	74,225.	0.			HUMAN SERVICES
THROUGH GOD COMES JUSTICE MINISTRY P.O. BOX 3126 SAN ANGELO, TX 76902	75-2778164	501(C)(3)	12,055.	0.			RELIGION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOM GREEN COUNTY LIBRARY MS. JILL DONEGAN SAN ANGELO, TX 76903	75-6001184	501(C)(3)	148,801.	0.			LIBRARY SCIENCE
UNITED WAY OF THE CONCHO VALLEY P.O. BOX 3710 SAN ANGELO, TX 76902	75-0859662	501(C)(3)	153,447.	0.			YOUTH DEVELOPMENT PROGRAM
UNITY CHURCH OF SAN ANGELO PO BOX 1972 SAN ANGELO, TX 76902	75-1773780	501(C)(3)	6,983.	0.			RELIGION
WATER VALLEY VOLUNTEER FIRE DEPARTMENT INC. - P.O. BOX 311 - WATER VALLEY, TX 76958	75-1534068	501(C)(3)	25,000.	0.			DISASTER RELIEF
WESLEY UMC DAILY BREAD PROGRAM 301 W. 18TH ST. SAN ANGELO, TX 76903	56-2563807	501(C)(3)	72,331.	0.			FOOD, NUTRITION
WEST TEXAS BOYS RANCH JEREMY VINCENT SAN ANGELO, TX 76904	75-0954831	501(C)(3)	188,261.	0.			YOUTH DEVELOPMENT PROGRAM
WEST TEXAS COUNSELING & GUIDANCE 36 E. TWOHIG, 6TH FLOOR SAN ANGELO, TX 76903	75-1561599	501(C)(3)	413,258.	0.			HUMAN SERVICES
WEST TEXAS REHABILITATION CENTER 3001 S. JACKSON SAN ANGELO, TX 76904	75-0868320	501(C)(3)	371,307.	0.			HEALTH
YOUNG LIFE - SAN ANGELO AREA # TX-102 - P.O. BOX 2123 - DACULA, GA 30019-0036	84-0385934	501(C)(3)	29,014.	0.			RELIGION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN ANGELO - 353 S. RANDOLPH - SAN ANGELO, TX 76903	75-0800698	501(C)(3)	107,451.	0.			YOUTH DEVELOPMENT PROGRAM

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR AREA STUDENTS ATTENDING VARIOUS LOCAL COLLEGES AND UNIVERSITIES.	1015	3,632,401.	0.		
SONORA FLOOD RELIEF ASSISTANCE TO INDIVIDUALS	32	21,498.	0.		

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

PART I, LINE 2:

THE FOUNDATION 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 GRANT REQUEST.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**SAN ANGELO AREA FOUNDATION**

Employer identification number

**73-1634145**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MATT LEWIS PRESIDENT & CEO	(i)	218,000.	0.	0.	33,080.	4,800.	255,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

SCHEDULE J, LINE I, COLUMN C

SCHEDULE J PART I QUESTION 4(B) SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN: MATT LEWIS, \$20,000 DEFERRED COMPENSATION AND \$13,080 EMPLOYER

401K MATCH.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **SAN ANGELO AREA FOUNDATION** Employer identification number **73-1634145**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	90	1,485,756	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other	X	1	1,220,000	FMV
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

SAN ANGELO AREA FOUNDATION

Employer identification number

73-1634145

FORM 990, PART VI, SECTION B, LINE 11B:

SAAF'S GOVERNING BODY WILL REVIEW THE FORM 990 PRIOR TO ITS ANNUAL FILING.  
EACH YEAR THE DRAFT OF THE FORM 990 IS DISTRIBUTED ELECTRONICALLY TO ALL  
MEMBERS FOR REVIEW. ANY COMMENTS OR QUESTIONS ARE HANDLED THROUGH THE  
CEO'S OFFICE AND RESOLVED ACCORDINGLY. ONCE ALL AGREE WITH THE ACCURACY OF  
THE FORM 990, THE PRESIDENT AND CEO OF SAAF WILL SIGN AND FILE SAID FORM  
990.

FORM 990, PART VI, SECTION B, LINE 12C:

SAAF REQUIRES BOARD MEMBERS TO REVIEW AND SIGN THE APPROVED CONFLICT OF  
INTEREST POLICY ACCEPTANCE STATEMENT AND DISCLOSE ANNUALLY ANY POTENTIAL  
CONFLICTS OF INTEREST. THIS PROCESS IS COMPLETED AT THE FIRST BOARD MEETING  
OF THE CALENDAR YEAR. SAAF EXECUTIVE COMMITTEE AND CEO REVIEW THESE  
STATEMENTS, INVESTIGATE AND DISCLOSE ANY POTENTIAL ISSUES AND ARE  
SUBSEQUENTLY ADDRESSED BY THE BOARD, IF NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

SAAF ANNUALLY PARTICIPATES IN THE COUNCIL ON FOUNDATION'S COMPENSATION  
SURVEY AND IS ABLE TO ASCERTAIN COMPARABLE DATA ON A NATIONAL AND REGIONAL  
BASIS AS WELL AS ASSET SIZE, TO DETERMINE APPROPRIATE SALARY RANGES FOR ITS  
CEO AS WELL AS OTHER EMPLOYEES OF THE ORGANIZATION TO ALLOW IT THE ABILITY  
TO ATTRACT AND RETAIN QUALITY STAFF. THE SAAF BOARD OF DIRECTOR'S EXECUTIVE  
COMMITTEE ANNUALLY PERFORMS A PERFORMANCE REVIEW OF THE PRESIDENT & CEO.  
THIS REVIEW IS COMPLETED BY EACH MEMBER OF THE COMMITTEE (FIVE PERSONS) AND  
IN TURN THE BOARD CHAIRMAN COMPILES THE REVIEWS INTO ONE MASTER REVIEW.  
THIS REVIEW IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR

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

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FURTHER COMMENT. THE BOARD OF DIRECTORS THEN REVIEWS THIS REPORT WITH THE PRESIDENT & CEO, RECOGNIZING ACCOMPLISHMENTS, AREA TO EXCEL AND ESTABLISH FUTURE GOALS. THE BOARD OF DIRECTORS USES THE AFOREMENTIONED SALARY SURVEY AS WELL AS ITS OWN KNOWLEDGE OF SIMILAR PROFESSIONAL POSITIONS IN THE COMMUNITY, ALONG WITH ITS PERFORMANCE REVIEW, TO ESTABLISH THE COMPENSATION PACKAGE FOR THE CEO. THE CEO ANNUALLY REVIEWS THE STAFF OF SAAF AND ALSO USES THIS SAME COUNCIL ON 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.

FORM 990, PART VI, SECTION C, LINE 19:

SAAF MAKES AVAILABLE, UPON REQUEST, ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, ITS AUDITED FINANCIAL STATEMENTS AND FILED FORM 990, TO THE PUBLIC. THE PUBLIC MAY REQUEST THIS INFORMATION VIA THE SAAF WEBSITE, OR BY PHONE OR IN WRITING.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

REVENUE (LOSS) FOR AGENCY ENDOWMENT FUNDS PER SFAS #136	-2,183,066.
GRANTS & EXPENSES MADE FROM AGENCY ENDOWMENT FUNDS PER SFAS #136	645,376.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-333,179.
OTHER - ADMINISTRATIVE FEES	208,697.
TOTAL TO FORM 990, PART XI, LINE 9	-1,662,172.

PART XI, LINE 2C

THE POLICY TO HAVE A COMMITTEE TO OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANTS HAS NOT CHANGED

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FROM THE PRIOR YEAR. THAT COMMITTEE WAS IN PLACE IN PRIOR YEARS ALSO.

PART I, LINE 6

15 BOARD MEMBERS AND 28 GRANT APPLICATION COMMITTEE MEMBERS AND 7  
ADDITIONAL VOLUNTEERS.