

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

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 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

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	C Name of organization 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 F Name and address of principal officer: MATT LEWIS SAME AS C ABOVE	D Employer identification number 73-1634145 E Telephone number 325-947-7071 G Gross receipts \$ 45,239,217. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ WWW.SAAFOUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2001		M State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MANAGING ENDOWED GIFTS IN ORDER TO MATCH DONOR INTERESTS WITH COMMUNITY NEEDS OF THE AREA. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 8 6 Total number of volunteers (estimate if necessary) 6 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																			
Revenue	8 Contributions and grants (Part VIII, line 1h) 10,737,345. 12,617,712. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,438,390. 7,456,997. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34,457. 49,597. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,210,192. 20,124,306.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> </thead> <tbody> <tr><td>8</td><td>10,737,345.</td><td>12,617,712.</td></tr> <tr><td>9</td><td>0.</td><td>0.</td></tr> <tr><td>10</td><td>3,438,390.</td><td>7,456,997.</td></tr> <tr><td>11</td><td>34,457.</td><td>49,597.</td></tr> <tr><td>12</td><td>14,210,192.</td><td>20,124,306.</td></tr> </tbody> </table>		Prior Year	Current Year	8	10,737,345.	12,617,712.	9	0.	0.	10	3,438,390.	7,456,997.	11	34,457.	49,597.	12	14,210,192.	20,124,306.
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12	14,210,192.	20,124,306.																		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,390,986. 7,799,550. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 554,890. 610,724. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 182,416. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 566,131. 614,919. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,512,007. 9,025,193. 19 Revenue less expenses. Subtract line 18 from line 12 7,698,185. 11,099,113.																			
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 119,370,781. 149,823,227. 21 Total liabilities (Part X, line 26) 31,276,461. 38,781,203. 22 Net assets or fund balances. Subtract line 21 from line 20 88,094,320. 111,042,024.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> </thead> <tbody> <tr><td>20</td><td>119,370,781.</td><td>149,823,227.</td></tr> <tr><td>21</td><td>31,276,461.</td><td>38,781,203.</td></tr> <tr><td>22</td><td>88,094,320.</td><td>111,042,024.</td></tr> </tbody> </table>		Beginning of Current Year	End of Year	20	119,370,781.	149,823,227.	21	31,276,461.	38,781,203.	22	88,094,320.	111,042,024.						
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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.

Sign Here	Signature of officer MATT LEWIS, CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name GAYE DAVIS, CPA	Preparer's signature GAYE DAVIS, CPA	Date 07/18/18	Check if self-employed <input type="checkbox"/>	PTIN P00277460
	Firm's name ▶ CONDLEY AND COMPANY, L.L.P.	Firm's EIN ▶ 75-1056027			
	Firm's address ▶ P. O. BOX 2993 ABILENE, TX 79604-2993	Phone no. (325) 677-6251			

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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 7,955,845. including grants of \$ 7,799,550.) (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 in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,955,845.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in 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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, and various IRS forms.

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 in 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
1a	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 in Schedule O.		
	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 15		
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JEFFERY BOZEMAN BOARD MEMBER	2.00	X						0.	0.	0.
(2) BRADY JOHNSON BOARD MEMBER	2.00	X						0.	0.	0.
(3) JON BAILEY BOARD MEMBER	2.00	X						0.	0.	0.
(4) CAMILLE YALE BOARD MEMBER	2.00	X						0.	0.	0.
(5) CARMEN DUSEK VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(6) FRED HERNANDEZ SECRETARY/TREASURER	2.00	X		X				0.	0.	0.
(7) JAMES HUFFMAN BOARD MEMBER	2.00	X						0.	0.	0.
(8) JANE RICHARDSON BOARD MEMBER	2.00	X						0.	0.	0.
(9) JASON COX BOARD MEMBER	2.00	X						0.	0.	0.
(10) JAY BOYD BOARD MEMBER	2.00	X						0.	0.	0.
(11) JEFFREY MCCORMICK PAST CHAIRMAN	2.00	X		X				0.	0.	0.
(12) JIM RAYMOND BOARD MEMBER	2.00	X						0.	0.	0.
(13) GAYLA THORNTON BOARD MEMBER	2.00	X						0.	0.	0.
(14) PATRICK SHANNON BOARD MEMBER	2.00	X						0.	0.	0.
(15) SUSAN BROOKS CHAIRMAN	2.00	X		X				0.	0.	0.
(16) MATT LEWIS PRESIDENT & CEO	40.00			X				175,000.	0.	37,845.

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, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

1b Sub-total 175,000. 0. 37,845.
1c Total from continuation sheets to Part VII, Section A 0. 0. 0.
1d Total (add lines 1b and 1c) 175,000. 0. 37,845.

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 1

Table with 3 columns: Question, 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. Includes a 'NONE' entry in column A.

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 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,617,712.				
	g Noncash contributions included in lines 1a-1f: \$		1,080,361.				
	h Total. Add lines 1a-1f		12,617,712.				
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,190,711.		5,190,711.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		150,655.					
		b Less: rental expenses	109,878.				
		c Rental income or (loss)	40,777.				
	d Net rental income or (loss)			40,777.		40,777.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		27,271,319.					
		b Less: cost or other basis and sales expenses	25,005,033.				
		c Gain or (loss)	2,266,286.				
	d Net gain or (loss)			2,266,286.		2,266,286.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
	b Less: direct expenses		b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a OTHER	900099		8,820.		8,820.		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			8,820.				
12 Total revenue. See instructions.			20,124,306.	0.	0.	7,506,594.	

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	6,747,902.	6,747,902.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,051,648.	1,051,648.		
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	175,000.	35,000.	105,000.	35,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	289,300.	83,822.	135,478.	70,000.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,045.	8,457.	17,115.	7,473.
9 Other employee benefits	80,825.	20,685.	41,861.	18,279.
10 Payroll taxes	32,554.	8,331.	16,861.	7,362.
11 Fees for services (non-employees):				
a Management				
b Legal	5,813.		5,813.	
c Accounting	25,397.		25,397.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	227,401.		227,401.	
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	44,302.			44,302.
13 Office expenses	13,434.		13,434.	
14 Information technology	84,779.		84,779.	
15 Royalties				
16 Occupancy	44,707.		44,707.	
17 Travel	16,841.		16,841.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,567.		24,567.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,650.		57,650.	
23 Insurance	8,035.		8,035.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK CHARGES	47,945.		47,945.	
b DUES AND MEMBERSHIPS	14,048.		14,048.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,025,193.	7,955,845.	886,932.	182,416.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here 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) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	1,379,861.	1	2,607,219.		
	2 Savings and temporary cash investments	811,493.	2	1,523,648.		
	3 Pledges and grants receivable, net		3	350,000.		
	4 Accounts receivable, net		4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net		7			
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges		9			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,354,937.				
	b Less: accumulated depreciation	10b 438,726.	2,967,169.	10c	2,916,211.	
	11 Investments - publicly traded securities	111,807,577.	11	132,099,143.		
	12 Investments - other securities. See Part IV, line 11	2,038,695.	12	9,966,112.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	365,986.	15	360,894.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	119,370,781.	16	149,823,227.			
Liabilities	17 Accounts payable and accrued expenses	6,335.	17	5,346.		
	18 Grants payable		18	41,362.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	31,270,126.	25	38,734,495.		
	26 Total liabilities. Add lines 17 through 25	31,276,461.	26	38,781,203.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	1,897,671.	27	2,259,011.		
	28 Temporarily restricted net assets	86,196,649.	28	108,783,013.		
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances	88,094,320.	33	111,042,024.			
34 Total liabilities and net assets/fund balances	119,370,781.	34	149,823,227.			

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	20,124,306.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,025,193.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,099,113.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	88,094,320.
5	Net unrealized gains (losses) on investments	5	11,360,626.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	6,796,585.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-6,308,620.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	111,042,024.

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 in 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 in 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 Single Audit Act and OMB Circular A-133? _____		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 in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 main 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 at the bottom.

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,313,485.	7,007,751.	7,525,245.	8,618,945.	7,669,607.	41,135,033.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	10,313,485.	7,007,751.	7,525,245.	8,618,945.	7,669,607.	41,135,033.
5 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)						13,479,033.
6 Public support. Subtract line 5 from line 4.						27,656,000.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	10,313,485.	7,007,751.	7,525,245.	8,618,945.	7,669,607.	41,135,033.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	420,404.	3,068,790.	4,138,616.	3,636,756.	5,350,186.	16,614,752.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						57,749,785.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	47.89 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	49.80 %
16a 33 1/3% support test - 2017. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2017. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2016. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization'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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c 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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a 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 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 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.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of 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).		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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).		
3 By reason of the relationship described in (2), 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.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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 Did the activities described in (a) 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
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.			

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization SAN ANGELO AREA FOUNDATION	Employer identification number 73-1634145
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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: 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>	\$ 500,000.	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: 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>	\$ 355,000.	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: 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>	\$ 495,245.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<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>	\$ 500,000.	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: 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>	\$ 604,664.	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: 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>	\$ 2,397,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAN ANGELO AREA FOUNDATION	Employer identification number 73-1634145
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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>	\$ 1,460,608.	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>	\$ 300,000.	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>	\$ 400,000.	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>	\$ 357,520.	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 SAN ANGELO AREA FOUNDATION	Employer identification number 73-1634145
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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
3	7,705 SHARES OF VARIOUS PUBLICLY TRADED SECURITIES (DETAIL AVAILABLE UPON REQUEST)	\$ 495,245.	12/26/17
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization SAN ANGELO AREA FOUNDATION	Employer identification number 73-1634145
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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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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
(e) Transfer of gift			
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

2017

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	43	
2 Aggregate value of contributions to (during year)	2,493,256.	
3 Aggregate value of grants from (during year)	1,950,700.	
4 Aggregate value at end of year	18,222,053.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2017

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 are a 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 programs
- 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	117,587,937.	102,812,401.	105,393,996.	93,736,213.	71,303,648.
b Contributions	12,617,712.	10,737,345.	7,525,245.	22,027,457.	17,814,485.
c Net investment earnings, gains, and losses	25,773,682.	10,707,798.	-2,819,853.	3,341,121.	11,108,474.
d Grants or scholarships	7,799,550.	5,390,986.	6,136,536.	12,278,727.	5,530,339.
e Other expenditures for facilities and programs	-1,076,898.	45,758.	44,730.	39,315.	40,963.
f Administrative expenses	1,335,521.	1,232,863.	1,105,721.	1,392,753.	919,092.
g End of year balance	147,921,158.	117,587,937.	102,812,401.	105,393,996.	93,736,213.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 80.00 %
- b Permanent endowment %
- c Temporarily restricted endowment 20.00 %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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.	262,684.	2,579,775.
c Leasehold improvements				
d Equipment		237,778.	176,042.	61,736.
e Other		51,746.		51,746.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,916,211.

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) HELD IN TRUST - LAND	1,732,057.	COST
(B) HELD IN TRUST - CASH	55,606.	COST
(C) LIMITED PARTNERSHIPS	257,735.	COST
(D) BENEFICIAL INT IN		
(E) CHARITABLE REMAINDER		
(F) TRUSTS	7,920,714.	COST
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	9,966,112.	

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)		
Total. (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)	
Total. (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	1,756,837.
(4) AGENCY ENDOWMENTS	36,879,134.
(5) DEFERRED COMPENSATION	98,524.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	38,734,495.

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements	1	23,253,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	11,360,626.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	109,879.
e	Add lines 2a through 2d	2e	11,470,505.
3	Subtract line 2e from line 1	3	11,783,033.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	8,341,273.
c	Add lines 4a and 4b	4c	8,341,273.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,124,306.

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.

1	Total expenses and losses per audited financial statements	1	8,179,317.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	109,879.
e	Add lines 2a through 2d	2e	109,879.
3	Subtract line 2e from line 1	3	8,069,438.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	955,755.
c	Add lines 4a and 4b	4c	955,755.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,025,193.

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 INCLUDED IN REVENUE ON FORM 990 109,879.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

LOSS FOR AGENCY ENDOWMENT FUND ON AUDIT PER SFAS 136 8,341,273.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES INCLUDED IN REVENUE ON FORM 990 109,879.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DISTR & EXP FOR AGENCY ENDOWMENT FUNDS REPORTED ON AUDIT PER SFAS 136 955,755.

**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 for the latest information.**

OMB No. 1545-0047

2017

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADULT LITERACY COUNCIL P.O. BOX 2602 SAN ANGELO, TX 76902	75-2195119	501(C)(3)	41,571.	0.			EDUCATION
AIYM INC. 707 NORTH US HWY 277 ELDORADO, TX 76936	26-4408219	501(C)(3)	10,000.	0.			RELIGIOUS
ALCOHOL AND DRUG ABUSE COUNCIL FOR THE CONCHO VALLEY - 3553 W HOUSTON HARTE EXPY - SAN ANGELO, TX 76901	75-1609328	501(C)(3)	129,891.	0.			HUMAN SERVICES
AMBLESIDE SCHOOL OF SAN ANGELO 511 W HARRIS AVE SAN ANGELO, TX 76903	47-0869323	501(C)(3)	78,298.	0.			EDUCATION
AMERICAN FAMILY ASSOCIATION P.O. BOX 2440 TUPELO, MS 38803	64-0607275	501(C)(3)	6,000.	0.			HUMAN DEVELOPMENT
ANGELO CATHOLIC SCHOOL 2315 A&M SAN ANGELO, TX 76904	75-1999991	501(C)(3)	37,761.	0.			EDUCATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 148.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELO CIVIC THEATRE 1936 SHERWOOD WAY SAN ANGELO, TX 76901	75-0888979	501(C)(3)	16,888.	0.			CULTURAL ARTS
ANGELO STATE UNIVERSITY FOUNDATION ASU STATION #11009 SAN ANGELO, TX 76909	75-1585285	501(C)(3)	149,758.	0.			EDUCATION
ANGELO STATE UNIVERSITY MEAT & FOOD SCIENCE ASSOCIATION - 2601 W. AVENUE N - SAN ANGELO, TX 76909	83-0507951	501(C)(3)	13,585.	0.			EDUCATION
APOLOGETICS PRESS 230 LANDMARK DRIVE MONTGOMERY, AL 36117	58-1406077	501(C)(3)	14,000.	0.			RELIGIOUS
ART IN UNCOMMON PLACES 2612 CIRCLE J STREET SAN ANGELO, TX 76901	87-0777592	501(C)(3)	16,814.	0.			CULTURAL ARTS
ASU DEPT OF NATURAL & BIOLOGICAL SCIENCES - ASU STATION #11023 - SAN ANGELO, TX 76909	75-1585285	501(C)(3)	5,556.	0.			EDUCATION
BALLET SAN ANGELO P.O. BOX 5092 SAN ANGELO, TX 76902	75-1895746	501(C)(3)	17,550.	0.			CULTURAL ARTS
BALLINGER MEMORIAL HOSPITAL DISTRICT HEALTH FOUNDATION - P.O. BOX 617 - BALLINGER, TX 76821	27-5559128	501(C)(3)	23,596.	0.			HEALTH
BAMBERGER RANCH PRESERVE 2341 BLUE RIDGE DR. JOHNSON CITY, TX 78636	30-0041245	501(C)(3)	65,000.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANDERA UNITED METHODIST CHURCH P.O. BOX 128 BANDERA, TX 78003	74-2315743	501(C)(3)	9,500.	0.			RELIGIOUS
BAPTIST MEMORIAL CENTER P.O. BOX 5661 SAN ANGELO, TX 76902	75-2755400	501(C)(3)	15,594.	0.			RELIGIOUS
BCS CHURCH OF CHRIST 11914 SH 30 COLLEGE STATION, TX 77845	32-0099879	501(C)(3)	30,000.	0.			RELIGIOUS
BE THEATRE 19 WEST BEAUGARD SAN ANGELO, TX 76903	47-1890997	501(C)(3)	17,180.	0.			CULTURAL ARTS
BLUEBONNET CASA OF MASON P.O. BOX 130 MASON, TX 76856	30-0117462	501(C)(3)	25,000.	0.			COMMUNITY DEVELOPMENT
BOYS AND GIRLS CLUB OF MENARD P.O. BOX 1043 MENARD, TX 76859	26-3174725	501(C)(3)	26,619.	0.			YOUTH DEVELOPMENT
BOYS AND GIRLS CLUB OF SAN ANGELO, INC - P.O. BOX 107 - SAN ANGELO, TX 76902	75-1216481	501(C)(3)	39,944.	0.			YOUTH DEVELOPMENT
CAMP IDA CHRISTIAN YOUTH ENCAMPMENT - 50 CR 1207 - MAUD, TX 75567	61-1429244	501(C)(3)	17,000.	0.			YOUTH DEVELOPMENT
CASSIE'S PLACE 622 ASHFORD DRIVE SAN ANGELO, TX 76901	47-5533888	501(C)(3)	14,243.	0.			HUMAN DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHEDRAL OF THE SACRED HEART 20 E BEAUREGARD AVENUE SAN ANGELO, TX 76903	75-1086083	501(C)(3)	7,500.	0.			RELIGIOUS
CENTRAL TEXAS OPPORTUNITIES, INC. 118 W PECAN STREET, SUITE 405 COLEMAN, TX 76834	75-1230663	501(C)(3)	10,000.	0.			HUMAN DEVELOPMENT
CHILDREN'S ADVOCACY CENTER OF TOM GREEN COUNTY INC - P.O. BOX 5195 - SAN ANGELO, TX 76902	75-2401001	501(C)(3)	57,107.	0.			COMMUNITY DEVELOPMENT
CHILDREN'S BED PROJECT 4522 COLLEGE HILLS BLVD SAN ANGELO, TX 76904	75-1170261	501(C)(3)	11,717.	0.			YOUTH DEVELOPMENT
CRISTOVAL EDUCATION FUND 20065 3RD STREET CRISTOVAL, TX 76935	73-1634145	501(C)(3)	6,682.	0.			EDUCATION
CRISTOVAL VOLUNTEER FIRE DEPARTMENT - P.O. BOX 193 - CRISTOVAL, TX 76935	75-1836206	501(C)(3)	10,929.	0.			PUBLIC SAFETY
CITY OF MENARD 108 W SAN SABA AVENUE MENARD, TX 76859	75-6000604	501(C)(3)	50,000.	0.			COMMUNITY DEVELOPMENT
CITY OF SAN ANGELO PARKS DEPARTMENT - 702 S CHADBOURNE STREET - SAN ANGELO, TX 76903	75-6000659	501(C)(3)	27,426.	0.			COMMUNITY DEVELOPMENT
CONCHO VALLEY HOME FOR GIRLS, INC 412 PREUSSER SAN ANGELO, TX 76903	23-7102643	501(C)(3)	61,725.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCHO VALLEY PAWS 4001 SUNSET DR. SAN ANGELO, TX 76904	75-6030459	501(C)(3)	27,225.	0.			COMMUNITY DEVELOPMENT
CONCHO VALLEY REGIONAL FOOD BANK OF TEXAS, INC - BOX 1207 - SAN ANGELO, TX 76902	75-1897032	501(C)(3)	334,440.	0.			HUMAN SERVICES
CONCHO VALLEY TURNING POINT P.O. BOX 60072 SAN ANGELO, TX 76906	32-0292036	501(C)(3)	35,843.	0.			HUMAN SERVICES
CORNERSTONE CHRISTIAN SCHOOL 1502 N. JEFFERSON SAN ANGELO, TX 76901	75-2123230	501(C)(3)	455,726.	0.			EDUCATION
CRITTER SHACK RESCUE P.O. BOX 192 WALL, TX 76957	41-2090330	501(C)(3)	21,048.	0.			COMMUNITY DEVELOPMENT
CROSS CATHOLIC OUTREACH 2700 N MILITARY TRAIL BOCA RATON, FL 33427	65-1156061	501(C)(3)	7,500.	0.			RELIGIOUS
CRU GLOBAL, INC. 100 LAKE HART DRIVE, STE 3500 ORLANDO, FL 32832	45-3697029	501(C)(3)	5,000.	0.			RELIGIOUS
DR. JAMES DOBSON'S FAMILY TALK 540 ELKTON DRIVE STE 201 COLORADO SPRINGS, CO 80907	27-1394708	501(C)(3)	5,000.	0.			HUMAN DEVELOPMENT
ELDORADO HIGH SCHOOL 205 W FIELDS AVENUE ELDORADO, TX 76936	75-6001370	501(C)(3)	5,000.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMANUEL EPISCOPAL CHURCH 3 S. RANDOLPH ST. SAN ANGELO, TX 76903	75-0863849	501(C)(3)	5,000.	0.			RELIGIOUS
FAMILY MATTERS SUITE A-120 SCOTTSDALE, AZ 85254	86-0439625	501(C)(3)	275,000.	0.			HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 3711 SAN ANGELO, TX 76902	44-0610626	501(C)(3)	6,552.	0.			YOUTH DEVELOPMENT
FIRST BAPTIST CHURCH P.O. BOX 2138 SAN ANGELO, TX 76903	75-0808781	501(C)(3)	11,250.	0.			RELIGIOUS
FIRST BAPTIST CHURCH OF DALLAS 1707 SAN JACINTO STREET DALLAS, TX 75201	75-0926762	501(C)(3)	5,000.	0.			RELIGIOUS
FIRST CHRISTIAN CHURCH P.O. BOX 791 MERTZON, TX 76941	75-1947631	501(C)(3)	12,659.	0.			RELIGIOUS
FIRST PRESBYTERIAN CHURCH 32 NORTH IRVING SAN ANGELO, TX 76903	75-0904033	501(C)(3)	193,000.	0.			RELIGIOUS
FOREST HILL CHURCH OF CHRIST 3950 FOREST HILL IRENE ROAD MEMPHIS, TN 38125	62-0722864	501(C)(3)	9,000.	0.			RELIGIOUS
FORT CHADBOURNE FOUNDATION 651 FORT CHADBOURNE RD BRONTE, TX 76933	75-2804188	501(C)(3)	18,299.	0.			HISTORIC PRESERVATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT CONCHO FOUNDATION 630 S OAKES ST SAN ANGELO, TX 76903	75-1605975	501(C)(3)	25,839.	0.			HISTORIC PRESERVATION
FORT CONCHO NATIONAL HISTORIC LANDMARK - 630 S OAKES ST - SAN ANGELO, TX 76903	75-6000659	501(C)(3)	5,383.	0.			HISTORIC PRESERVATION
FRIENDS OF THE IRION COUNTY LIBRARY - P.O. BOX 654 - MERTZON, TX 76941	26-3290568	501(C)(3)	5,000.	0.			COMMUNITY DEVELOPMENT
GIRL SCOUTS CENTRAL TEXAS COUNCIL 304 W. AVE A SAN ANGELO, TX 76903	75-1162671	501(C)(3)	5,700.	0.			YOUTH DEVELOPMENT
GLEN MEADOWS BAPTIST CHURCH 6002 KNICKERBOCKER RD. SAN ANGELO, TX 76904	75-2404829	501(C)(3)	5,200.	0.			RELIGIOUS
GOODWILL WEST TEXAS 2200 N 1ST STREET ABILENE, TX 79603	75-1867441	501(C)(3)	10,022.	0.			HUMAN SERVICES
GOSPEL BROADCASTING NETWORK 901 N MAIN STREET SAN ANGELO, TX 76903	06-1733210	501(C)(3)	14,000.	0.			RELIGIOUS
GRAPE CREEK VOLUNTEER FIRE DEPARTMENT - P.O. BOX 1021 - SAN ANGELO, TX 76902	75-2255391	501(C)(3)	16,976.	0.			PUBLIC SAFETY
GREATER HOUSTON COMMUNITY FOUNDATION - HURRICANE HARVEY - 5120 WOODWAY DRIVE, STE 6000 - HOUSTON, TX 77056	23-7160400	501(C)(3)	20,022.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY 401 N CHADBOURNE STREET SAN ANGELO, TX 76903	75-2532858	501(C)(3)	15,213.	0.			COMMUNITY DEVELOPMENT
HALO HOUSE FOUNDATION 4010 BLUE BONNET BLVD, STE 110 HOUSTON, TX 77025	27-1220705	501(C)(3)	6,000.	0.			COMMUNITY DEVELOPMENT
HANDLEY CHURCH OF CHRIST 3029 HANDLEY DRIVE FORT WORTH, TX 76112	75-1537924	501(C)(3)	5,000.	0.			RELIGIOUS
HEALTHY FAMILIES SAN ANGELO 200 S MAGDALEN ST. SAN ANGELO, TX 76903	75-2012206	501(C)(3)	10,068.	0.			HUMAN SERVICES
HEART OF TEXAS BIBLE CAMP, INC. P.O. BOX 830 BRADY, TX 76825	74-2290616	501(C)(3)	15,000.	0.			RELIGIOUS
HERITAGE PARK 36 E TWOHIG AVENUE, STE 110 SAN ANGELO, TX 76903	73-1634145	501(C)(3)	21,841.	0.			COMMUNITY DEVELOPMENT
HOLY ANGELS CHURCH 2202 RUTGERS STREET SAN ANGELO, TX 76904	75-1086083	501(C)(3)	20,000.	0.			RELIGIOUS
HOUSE OF FAITH-SAN ANGELO 321 MONTECITO DR. SAN ANGELO, TX 76903	74-2694406	501(C)(3)	116,146.	0.			RELIGIOUS
ICD BRIDGES P.O. BOX 5018 SAN ANGELO, TX 76902	75-1584080	501(C)(3)	9,553.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN CREEK YOUTH CAMP 7855 PLEASANTFIELD ROAD OAKMAN, AL 35579	63-6066849	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
JAMES PHILLIPS WILLIAMS MEMORIAL FOUNDATION - 403 W WASHINGTON DRIVE - SAN ANGELO, TX 76903	75-2066135	501(C)(3)	6,168.	0.			COMMUNITY DEVELOPMENT
JUNIOR LEAGUE OF SAN ANGELO INC. P.O. BOX 3033 SAN ANGELO, TX 76902	75-0878540	501(C)(3)	8,674.	0.			COMMUNITY DEVELOPMENT
KATY CHURCH OF CHRIST P.O. BOX 854 KATY, TX 77492	74-2028467	501(C)(3)	40,000.	0.			RELIGIOUS
LAMAR ELEMENTARY SCHOOL 3444 SCHOOLHOUSE ROAD SAN ANGELO, TX 76904	75-6002404	501(C)(3)	9,283.	0.			EDUCATION
LAURA W. BUSH INSTITUTE 5301 KNICKERBOCKER RD., STE. 200 SAN ANGELO, TX 76904	75-6002403	501(C)(3)	36,000.	0.			EDUCATION
LAURA W. BUSH INSTITUTE FOR WOMEN'S HEALTH - 5301 KNICKERBOCKER RD., STE. 200 - SAN ANGELO, TX 76904	75-1585285	501(C)(3)	5,628.	0.			EDUCATION
LIFE OUTREACH INTERNATIONAL P.O. BOX 982000 FORT WORTH, TX 76182-8000	75-2684727	501(C)(3)	11,280.	0.			RELIGIOUS
MEALS FOR THE ELDERLY 310 E. HOUSTON HARTE SAN ANGELO, TX 76903	51-0159134	501(C)(3)	68,865.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENARD PIONEER CEMETERY FUND P.O. BOX 981 MENARD, TX 76859	75-6377159	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT
MENARD PUBLIC LIBRARY P.O. BOX 404 MENARD, TX 76859	75-6049150	501(C)(3)	7,500.	0.			HUMAN SERVICES
MOSAIC 5191 S. BRYANT BLVD SAN ANGELO, TX 76904	11-3666999	501(C)(3)	21,885.	0.			COMMUNITY DEVELOPMENT
MT. CARMEL HERMITAGE P.O. BOX 337 CHRISTOVAL, TX 76935	54-2134524	501(C)(3)	40,295.	0.			RELIGIOUS
MT. JULIET CHURCH OF CHRIST 1940 N MT JULIET RD MT JULIET, TN 37122	62-0905151	501(C)(3)	10,000.	0.			RELIGIOUS
NEW LIFE MINISTRIES P.O. BOX 1029 LAKE FOREST, CA 92609-1029	75-2785010	501(C)(3)	6,000.	0.			RELIGIOUS
OUMC LOAVES & FISHES P.O. BOX 983 OZONA, TX 76943	75-1227807	501(C)(3)	6,863.	0.			RELIGIOUS
OUR LADY OF GRACE MONASTERY P.O. BOX 337 CHRISTOVAL, TX 76935	75-1086360	501(C)(3)	5,000.	0.			RELIGIOUS
OZONA COMMUNITY CENTER, INC. P.O. BOX 471 OZONA, TX 76943	75-1897769	501(C)(3)	34,635.	0.			COMMUNITY DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PECAN CREEK VOLUNTEER FIRE DEPARTMENT INC. - 12076 PECAN CREEK LANE - SAN ANGELO, TX 76904	75-2798587	501(C)(3)	16,719.	0.			PUBLIC SAFETY
PERMIAN BASIS HONOR FLIGHT 810 N DIXIE BLVD, STE 109 ODESSA, TX 79761	47-2215544	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
PREGNANCY HELP CENTER OF THE CONCHO VALLEY - 2525 SHERWOOD WAY - SAN ANGELO, TX 76901	75-2381411	501(C)(3)	33,957.	0.			HUMAN SERVICES
PRESERVATION OF SOUTH WEST TEXAS WILDLIFE - P.O. BOX 264 - ROCKSPRINGS, TX 78880	47-4499350	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
PROMISES FOR FAMILIES FOUNDATION 133 WEST CONCHO AVE, STE 210 SAN ANGELO, TX 76903	27-2915427	501(C)(3)	14,359.	0.			HUMAN SERVICES
RAILWAY MUSEUM OF SAN ANGELO 703 S CHADBOURNE STREET SAN ANGELO, TX 76903	75-2275195	501(C)(3)	13,641.	0.			CULTURAL ARTS
RED RAIDER CLUB P.O. BOX 456 LUBBOCK, TX 79408	75-6064579	501(C)(3)	5,000.	0.			EDUCATION
RUST STREET MINISTRIES 803 RUST ST SAN ANGELO, TX 76903	75-2950303	501(C)(3)	51,131.	0.			RELIGIOUS
SAINT JOHNS EPISCOPAL CHURCH P.O. BOX 1100 SONORA, TX 76950	75-6027934	501(C)(3)	32,570.	0.			RELIGIOUS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITIAN'S PURSE 235 NE LOOP 820, STE 202 HURST, TX 76053	58-1437002	501(C)(3)	9,500.	0.			HUMAN SERVICES
SAN ANGELO ART CLUB 119 W 1ST ST SAN ANGELO, TX 76903	75-6037393	501(C)(3)	10,213.	0.			CULTURAL ARTS
SAN ANGELO BROADWAY ACADEMY YOUTH THEATER - 10 N TAYLOR ST. - SAN ANGELO, TX 76901	27-1832775	501(C)(3)	7,369.	0.			CULTURAL ARTS
SAN ANGELO CHRISTIAN ACADEMY 518 COUNTRY CLUB RD. SAN ANGELO, TX 76904	20-0216446	501(C)(3)	54,232.	0.			EDUCATION
SAN ANGELO EARLY CHILDHOOD CENTER 619 JULIAN STREET SAN ANGELO, TX 76903	75-0968319	501(C)(3)	14,419.	0.			YOUTH DEVELOPMENT
SAN ANGELO LIONS CHARITIES 27 W CONCHO SAN ANGELO, TX 76903	75-2532455	501(C)(3)	11,956.	0.			COMMUNITY DEVELOPMENT
SAN ANGELO MUSEUM OF FINE ARTS 1 LOVE STREET SAN ANGELO, TX 76903	75-1776765	501(C)(3)	212,940.	0.			CULTURAL ARTS
SAN ANGELO PERFORMING ARTS COALITION INC. - 221 S IRVING ST - SAN ANGELO, TX 76903	45-3031837	501(C)(3)	118,611.	0.			CULTURAL ARTS
SAN ANGELO SCHOOLS FOUNDATION 2129 VALLEYVIEW DRIVE SAN ANGELO, TX 76904	75-2184551	501(C)(3)	8,277.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN ANGELO STOCK SHOW AND RODEO ASSOCIATION - 200 W 43RD STREET - SAN ANGELO, TX 76903	75-0871755	501(C)(3)	12,708.	0.			CULTURAL ARTS
SAN ANGELO SYMPHONY PO BOX 5922 SAN ANGELO, TX 76902	75-6003857	501(C)(3)	22,459.	0.			CULTURAL ARTS
SAN ANTONIO 1000 CANCER GENOME PROJECT - 601 CONTOUR DR - SAN ANTONIO, TX 78212	46-5020113	501(C)(3)	10,000.	0.			HUMAN SERVICES
SANTA RITA ELEMENTARY 615 S MADISON STREET SAN ANGELO, TX 76901	83-0371223	501(C)(3)	11,034.	0.			EDUCATION
SET FREE MINISTRIES - JUSTICE HOME P.O. BOX 2705 SAN ANGELO, TX 76902	75-2939181	501(C)(3)	6,389.	0.			RELIGIOUS
SHANNON MEDICAL CENTER - CHILDREN'S MIRACLE NETWORK - 120 E. HARRIS AVE - SAN ANGELO, TX 76903	75-2559845	501(C)(3)	14,009.	0.			HUMAN SERVICES
SIERRA VISTA UNITED METHODIST CHURCH - 4522 COLLEGE HILLS BLVD - SAN ANGELO, TX 76904	75-1170261	501(C)(3)	12,000.	0.			RELIGIOUS
SONORA INDEPENDENT SCHOOL DISTRICT 807 S CONCHO AVENUE SONORA, TX 76950	75-6002465	501(C)(3)	54,849.	0.			EDUCATION
SONRISAS THERAPEUTIC RIDING INC. 5185 S BRYANT LANE SAN ANGELO, TX 76904	75-2173731	501(C)(3)	7,899.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHAVEN CHURCH OF CHRIST 1483 BROOKHAVEN DRIVE SOUTHAVEN, MS 38671	78-0224428	501(C)(3)	15,000.	0.			RELIGIOUS
SOUTHERN CAREERS INSTITUTE 6963 NW LOOP 410 SAN ANTONIO, TX 78238	74-2569561	501(C)(3)	8,442.	0.			HUMAN SERVICES
SOUTHWEST SCHOOL OF BIBLE STUDIES 8900 MANCHACA ROAD AUSTIN, TX 78748	74-2257048	501(C)(3)	6,000.	0.			RELIGIOUS
SPECIAL OLYMPICS TEXAS, INC. - AREA 14 BIG COUNTRY - 1804 RUTHERFORD LANE - AUSTIN, TX 78754	74-1998367	501(C)(3)	5,000.	0.			HUMAN SERVICES
ST. JOHN'S EPISCOPAL CHURCH P.O. BOX 1100 SONORA, TX 76950	75-6027934	501(C)(3)	7,913.	0.			RELIGIOUS
ST. JOHN'S LUTHERAN CHURCH 1100 W. PARSONAGE ST. WINTERS, TX 79567	75-1495319	501(C)(3)	28,190.	0.			RELIGIOUS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,000.	0.			HUMAN SERVICES
STERLING CITY INDEPENDENT SCHOOL DISTRICT - BOX 786 - STERLING CITY, TX 76951	75-6002522	501(C)(3)	15,205.	0.			EDUCATION
SUTTON COUNTY HEALTH FOUNDATION P.O. BOX 18 SONORA, TX 76950	04-3642997	501(C)(3)	77,056.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS A&M UNIVERSITY 12TH MAN FOUNDATION - PO DRAWER L-1 - COLLEGE STATION, TX 77844	74-1185725	501(C)(3)	26,500.	0.			EDUCATION
TEXAS A&M UNIVERSITY FOUNDATION 401 GEORGE BUSH DRIVE COLLEGE STATION, TX 77840	74-2245072	501(C)(3)	10,000.	0.			EDUCATION
TEXAS DISTRICT OF THE LUTHERAN CHURCH - MISSOURI SYNOD - 7900 US-290 - AUSTIN, TX 78724	74-1189681	501(C)(3)	25,000.	0.			RELIGIOUS
TEXAS LEADERSHIP CHARTER ACADEMY 5687 MELROSE AVENUE SAN ANGELO, TX 76901	75-2890597	501(C)(3)	13,104.	0.			EDUCATION
TEXAS SOUTHWEST COUNCIL - BOY SCOUTS OF AMERICA - 104 VETERANS MEMORIAL DRIVE - SAN ANGELO, TX 76902	75-0800617	501(C)(3)	54,199.	0.			YOUTH DEVELOPMENT
THE ARC OF SAN ANGELO INC. P.O. BOX 1922 SAN ANGELO, TX 76902	75-1242148	501(C)(3)	13,837.	0.			HUMAN SERVICES
THE CHAPIN SCHOOL 100 E END AVE NEW YORK, NY 10028	13-1635257	501(C)(3)	8,333.	0.			EDUCATION
THE GOOD SAMARITAN CENTER OF SAN ANTONIO, TEXAS - 1600 SALTILLO ST - SAN ANTONIO, TX 78207	74-1117340	501(C)(3)	28,189.	0.			HUMAN SERVICES
THE HOSPICE OF SAN ANGELO FOUNDATION - P.O. BOX 62211 - SAN ANGELO, TX 76906	75-2129019	501(C)(3)	10,965.	0.			HUMAN SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY PO BOX 589 SAN ANGELO, TX 76902	90-0337669	501(C)(3)	269,869.	0.			HUMAN SERVICES
THE WORKING RANCH COWBOYS FOUNDATION - P.O. BOX 7765 - AMARILLO, TX 79114	75-2929140	501(C)(3)	10,000.	0.			COMMUNITY DEVELOPMENT
THROUGH GOD COMES JUSTICE MINISTRY P.O. BOX 3126 SAN ANGELO, TX 76902	75-2778164	501(C)(3)	5,510.	0.			RELIGIOUS
TOM GREEN COUNTY LIBRARY 113 W BEAUREGARD SAN ANGELO, TX 76903	75-6001184	501(C)(3)	118,648.	0.			COMMUNITY DEVELOPMENT
TRINITY LUTHERAN CHURCH 3536 YMCA DRIVE SAN ANGELO, TX 76904	75-6003634	501(C)(3)	40,111.	0.			RELIGIOUS
TRINITY LUTHERAN SCHOOL AND EARLY CHILDHOOD CENTER - 3516 LUTHERAN WAY - SAN ANGELO, TX 76904	75-6003634	501(C)(3)	16,276.	0.			YOUTH DEVELOPMENT
UNITED WAY OF THE CONCHO VALLEY PO BOX 3710 SAN ANGELO, TX 76902	75-0859662	501(C)(3)	118,101.	0.			HUMAN SERVICES
UNITY CHURCH OF SAN ANGELO 5237 S. BRYANT BLVD SAN ANGELO, TX 76904	75-6439603	501(C)(3)	8,801.	0.			RELIGIOUS
WESLEY UMC DAILY BREAD PROGRAM 301 W 18TH STREET SAN ANGELO, TX 76903	56-2563807	501(C)(3)	30,472.	0.			RELIGIOUS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST MAIN CHURCH OF CHRIST 2460 WEST MAIN TUPELO, MS 38801	64-0689216	501(C)(3)	5,000.	0.			RELIGIOUS
WEST TEXAS BOYS RANCH 10223 BOYS RANCH ROAD SAN ANGELO, TX 76904	75-0954831	501(C)(3)	258,900.	0.			YOUTH DEVELOPMENT
WEST TEXAS COUNSELING & GUIDANCE 242 N MAGDALEN ST SAN ANGELO, TX 76903	75-1561599	501(C)(3)	82,324.	0.			YOUTH DEVELOPMENT
WEST TEXAS REHABILITATION CENTER 3001 S. JACKSON SAN ANGELO, TX 76904	75-0868320	501(C)(3)	65,493.	0.			HUMAN SERVICES
WORLD VIDEO BIBLE SCHOOL 25 LANTANA LANE MAXWELL, TX 78656	74-2452538	501(C)(3)	10,000.	0.			RELIGIOUS
YOUNG LIFE - SAN ANGELO AREA # TX-102 - P.O. BOX 61816 - SAN ANGELO, TX 76906	84-0385934	501(C)(3)	20,844.	0.			YOUTH DEVELOPMENT
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN ANGELO - 353 S. RANDOLPH ST. - SAN ANGELO, TX 76903	75-0800698	501(C)(3)	34,275.	0.			YOUTH DEVELOPMENT

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.	1373	1,051,648.	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 WHERE 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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <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	1b X	
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?	2 X	
3 Indicate which, if any, of the following the filing 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b X	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
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?	6a	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2017

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 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)	175,000.	0.	0.	33,045.	4,800.	212,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(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, \$18,785

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

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	26	1,080,361.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				
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 IV, 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 three 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) 2017

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.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

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 HAS ESTABLISHED A FINANCIAL COMMITTEE AND AN AUDIT COMMITTEE TO REVIEW FORM 990, PRIOR TO ITS ANNUAL FILING. EACH YEAR, FORM 990 IS DISTRIBUTED ELECTRONICALLY TO ALL MEMBERS OF THESE COMMITTEES FOR REVIEW. ANY COMMENTS OR QUESTIONS ARE HANDLED THROUGH THE CEO'S OFFICE IN CONCERT WITH THE FOUNDATION'S AUDITOR. ONCE ALL PARTIES AGREE WITH THE ACCURACY OF THE FORM 990, THEN THE PRESIDENT & CEO OF SAAF SIGNS AND FILES SAID FORM 990.

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

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

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

SAAF ANNUALLY PARTICIPATES IN THE COUNCIL ON FOUNDATION'S COMPENSATION SURVEY AND IS ABLE TO ASCERTAIN COMPARABLE DATA ON A NATIONAL AND REGIONAL BASIS AS WELL AS ASSET SIZE, TO DETERMINE APPROPRIATE SALARY RANGES FOR ITS CEO AS WELL AS OTHER 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.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization SAN ANGELO AREA FOUNDATION	Employer identification number 73-1634145
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THIS REVIEW IS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR FURTHER COMMENT. THE BOARD OF DIRECTORS THEN REVIEWS THIS REPORT WITH THE PRESIDENT & CEO, RECOGNIZING ACCOMPLISHMENTS, AREA TO EXCEL AND ESTABLISH FUTURE GOALS. THE BOARD OF DIRECTORS USES THE AFOREMENTIONED SALARY SURVEY AS WELL AS ITS OWN KNOWLEDGE OF SIMILAR PROFESSIONAL POSITIONS IN THE COMMUNITY, ALONG WITH ITS PERFORMANCE REVIEW, TO ESTABLISH THE COMPENSATION PACKAGE FOR THE CEO. THE CEO ANNUALLY REVIEWS THE STAFF OF SAAF AND ALSO USES THIS SAME COUNCIL ON 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	-8,341,273.
GRANTS & EXPENSES MADE FROM AGENCY ENDOWMENT FUNDS PER SFAS #136	955,755.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	1,076,898.
TOTAL TO FORM 990, PART XI, LINE 9	-6,308,620.

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

Name of the organization SAN ANGELO AREA FOUNDATION	Employer identification number 73-1634145
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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 30 GRANT APPLICATION COMMITTEE MEMBERS AND 20
ADDITIONAL VOLUNTEERS.

2017 DEPRECIATION AND AMORTIZATION REPORT

RENT 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
7	SAAF OFFICE BUILDING	VARIOUS	SL	.000		16	988,214.				988,214.	76,175.		24,706.	100,881.
8	SAAF FURNITURE & FIXTURES	VARIOUS	SL	.000		16	10,461.				10,461.	6,594.		2,092.	8,686.
12	SAAF FURNITURE & FIXTURES	12/31/14	SL	.000		16	7,084.				7,084.	3,897.		1,417.	5,314.
13	SAAF OFFICE BUILDING	12/31/14	SL	.000		16	716,146.				716,146.	40,771.		18,817.	59,588.
19	SAAF OFFICE BUILDING	02/25/15	SL	.000		16	6,336.				6,336.	290.		158.	448.
25	SAAF FURNITURE & FIXTURES BLINDS	01/19/17	SL	.000		16	1,456.				1,456.			291.	291.
	* 990 RENTAL TOTAL MANAGEMENT AND GENERAL						1,729,697.				1,729,697.	127,727.		47,481.	175,208.
	* GRAND TOTAL 990 RENTAL DEPR						1,729,697.				1,729,697.	127,727.		47,481.	175,208.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,728,241.			0.	1,728,241.	127,727.			174,917.
	ACQUISITIONS						1,456.			0.	1,456.	0.			291.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						1,729,697.			0.	1,729,697.	127,727.			175,208.
	ENDING ACCUM DEPR											175,208.			
	ENDING BOOK VALUE											1,554,489.			

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
1	SOFTWARE	VARIOUS	SL	.000		16	54,409.				54,409.	46,909.		3,750.	50,659.
2	OFFICE EQUIPMENT	VARIOUS	SL	.000		16	11,759.				11,759.	9,760.		1,570.	11,330.
3	OFFICE FURNITURE	VARIOUS	SL	.000		16	29,315.				29,315.	29,315.		0.	29,315.
5	OFFICE EQUIPMENT	12/31/14	SL	.000		16	1,958.				1,958.	414.		682.	1,096.
9	OFFICE FURNITURE	12/31/14	SL	.000		16	55,461.				55,461.	22,936.		7,923.	30,859.
14	SAAF OFFICE BUILDING	VARIOUS	SL	.000		16	658,809.				658,809.	50,783.		16,470.	67,253.
15	SAAF FURNITURE & FIXTURES	VARIOUS	SL	.000		16	6,974.				6,974.	4,396.		1,395.	5,791.
17	SAAF FURNITURE & FIXTURES	12/31/14	SL	.000		16	4,723.				4,723.	2,596.		945.	3,541.
18	SAAF OFFICE BUILDING	12/31/14	SL	.000		16	477,431.				477,431.	27,181.		12,545.	39,726.
20	OFFICE EQUIPMENT	12/31/15	SL	.000		16	8,585.				8,585.	4,026.		2,146.	6,172.
21	SAAF OFFICE BUILDING	12/31/15	SL	.000		16	4,224.				4,224.	194.		106.	300.
22	SAAF FURNITURE & FIXTURES	12/31/16	SL	.000		16	2,500.				2,500.	298.		357.	655.
23	SAAF OFFICE EQUIPMENT	12/31/16	SL	.000		16	14,672.				14,672.	812.		3,317.	4,129.
24	SAAF SOFTWARE	12/31/16	SL	.000		16	18,750.				18,750.	6,250.		6,250.	12,500.
26	SAAF FURNITURE & FIXTURES	12/31/17	SL	.000		16	971.				971.			194.	194.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						1,350,541.				1,350,541.	205,870.		57,650.	263,520.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,350,541.				1,350,541.	205,870.		57,650.	263,520.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						1,349,570.			0.	1,349,570.	205,870.			263,326.
	ACQUISITIONS						971.			0.	971.	0.			194.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						1,350,541.			0.	1,350,541.	205,870.			263,520.
	ENDING ACCUM DEPR											263,520.			
	ENDING BOOK VALUE											1,087,021.			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. SAN ANGELO AREA FOUNDATION	Employer identification number (EIN) or 73-1634145
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 221 S. IRVING ST.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANGELO, TX 76903	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MATT LEWIS

• The books are in the care of ▶ **221 S. IRVING ST. - SAN ANGELO, TX 76903**
Telephone No. ▶ **325-947-7071** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.