Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Α	For the 2	018 calendar year, or tax year beginning ,	2018, a	nd ending		_	, 20
В	Check if a	oplicable: C Name of organization San Antonio Report				D Employ	er identification number
	Address cl					47-48	820476
$\overline{\Box}$	Name cha	N	ess)	Room/suite			ne number
	Initial retur	105 7 7 7 1100				(210)218-5497
$\overline{\Box}$	Final return/	0" 1 170 ()	de			(, === = = = = = = = = = = = = = = = = =
$\overline{\Box}$	Amended	G 7 1 5 50005				G Gross re	eceipts \$ 2,020,092.
Н		n pending F Name and address of principal officer:			H(a) lo this o a		subordinates? Yes No
ш	Application	Robert Rivard, 126 Gonzales St, #100, San Ant	onio	ጥሃ 70205	1		
_	T						a list. (see instructions)
÷	Tax-exemple:		a)(1) or L	527	-		
<u>J</u>		Trops // chell/drarepers/com	1. \/		+ • • •	exemption	
_			L Year	r of formation	1: 201	5 NI State	of legal domicile: TX
Р	art I	Summary					
		Briefly describe the organization's mission or most significant ac					
Activities & Governance		We believe a well informed and connected co			essenti	al to	making
'nal		San Antonio a better place to live, work an					
Vel		Check this box $lacktriangle$ if the organization discontinued its operation		-			its net assets.
ဗိ		lumber of voting members of the governing body (Part VI, line 1					6
∞ ∞	4 1	lumber of independent voting members of the governing body (Part VI,	line 1b)		4	6
ţį	5 T	otal number of individuals employed in calendar year 2018 (Par	t V, line	2a) .		5	24
ξį	6 T	otal number of volunteers (estimate if necessary)				6	9
Ac	7a T	otal unrelated business revenue from Part VIII, column (C), line	12 .			7a	0.
	b N	let unrelated business taxable income from Form 990-T, line 38				7b	0.
					Prior Ye	ear	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	1,549	9,624.	1,610,642.		
	9 F	Program service revenue (Part VIII, line 2g)		7,409.	388,220.		
eve	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		697.	2,019.		
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	_	-7 ⁻	1,608.	-145,648.	
		otal revenue—add lines 8 through 11 (must equal Part VIII, colum				5,122.	1,855,233.
_		Grants and similar amounts paid (Part IX, column (A), lines 1–3).				1,153.	67,500.
		Benefits paid to or for members (Part IX, column (A), line 4)	/ -	1,133.	01,300.		
"	4- 0	Salaries, other compensation, employee benefits (Part IX, column (A			761	5,400.	1,331,422.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		· ·	70.	J, 1 00.	1,331,422.
oen	b T	otal fundraising expenses (Part IX, column (D), line 25)					
Ä	17				160	3,386.	470,836.
		otal expenses. Add lines 13–17 (must equal Part IX, column (A),					1,869,758.
						4,939.	· · · · · · · · · · · · · · · · · · ·
- 10		Revenue less expenses. Subtract line 18 from line 12			46. ginning of Cu	1,183.	-14,525. End of Year
Net Assets or Fund Balances	00 7	Catal accepts (Dept V. Bure 40)					
sse' Bala	20 T	otal assets (Part X, line 16)				9,519.	595,623.
let /	21 T	otal liabilities (Part X, line 26)		–		2,798.	33,427.
		let assets or fund balances. Subtract line 21 from line 20			5/6	5,721.	562,196.
	art II	Signature Block					
		es of perjury, I declare that I have examined this return, including accompanying s and complete. Declaration of preparer (other than officer) is based on all informatic					my knowledge and belief, it is
	e, correct, a	and complete. Declaration of preparer (other than officer) is based on an informatic	on or write	л ргерагег п	as any know	leage.	
٥.							
Siç	-	Signature of officer			Da	ate	
He	ere	Robert Rivard, Secretary					
		Type or print name and title					
Pa	iid	Print/Type preparer's name Preparer's signature		Date		Check	if PTIN
	eparer	Clark A. Crutchfield, CPA					ployed P00929320
	se Only	Firm's name ▶ GREGORY & CRUTCHFIELD, LLC			Firn	n's EIN ▶	26-3996959
_	Only	Firm's address ▶ 16500 San Pedro Ave., #280, San A	ntoni	o, TX 7	8232 Pho	one no. (2	10)495-6776
Ма	y the IRS	discuss this return with the preparer shown above? (see instru-					

Part l		
		esponse or note to any line in this Part III
1	Briefly describe the organization's miss	
		news source.
		and connected community is essential to making to live, work and play.
	San Antonio a better place	to live, work and play.
2	Did the organization undertake any sign	ificant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services or	Schedule O.
3	_	g, or make significant changes in how it conducts, any program
	services?	$oxed{\cdot}$
	If "Yes," describe these changes on Sci	
4		rvice accomplishments for each of its three largest program services, as measured by 4) organizations are required to report the amount of grants and allocations to others for each program service reported.
4a	(Code:) (Expenses \$ 1,29	9,513. including grants of \$ 0.) (Revenue \$ 1,855,233.)
		tonios leading local online news source.
		no cost to everyone in the city and beyond. We publish
		ny obligation to outside owners or interests.
		-supported and we receive philanthropic and foundation
	funding, and we feature par	d advertising and sponsorships.
		commenters, article contributors, and
	and financial supporters is	vital to our growth and community service.
4b	(Codo: \(\(\)\(\)Expansos \(\) \(6	7,500. including grants of \$ 67,500.) (Revenue \$ 0.)
40		profit organizations that promote
		nd provide educational resources
	educacional cype programs a	in provide educational resources
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe in Sc	nedule O.)
	(Expenses \$ including §	
4e	Total program service expenses ▶	1,367,013.

Checklist of Required Schedules Part IV No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 × 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 × Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 × 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 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? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 × 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 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . 10 × If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VIII × d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d × Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e × Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f × 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional × Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 × b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b × 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 × Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 × 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **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? Ik (Kes) (1) Genolete Schedule I, Parts I and II

X

Part	Checklist of Required Schedules (continued)			
00	Did the consolication was at a constitution of 000 of constitution and the constitution of the desired in this includes		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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? If "Yes," complete Schedule J	23	×	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С .	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
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>	26		×
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? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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>	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		 Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 26		105	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
L	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
d	required to file Form 8282?	7c		×
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
Ŋ	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	tructi	ions.
Secti	on 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 1a 6	-		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?	2		×
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6 7a	Did the organization have members or stockholders?	6		×
	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	_	nde)	×
00011	on b. I choice (This occitor b requests information about policies not required by the internal rieven	40 00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
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?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		
12a	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	×	\vdash
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		×	
40	describe in Schedule O how this was done	12c	×	
13 14	Did the organization have a written whistleblower policy?	13 14	×	
15	Did the process for determining compensation of the following persons include a review and approval by	14	^	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-		
a b	The organization's CEO, Executive Director, or top management official	15a 15b		×
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		×
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1 (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 int financial statements available to the public during the tax year.	erest į	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	•	

Robert Rivard, 126 Gonzales St, #100, San Antonio, TX 78205 (210)218-5497

Form 990 (2018) Page **7**

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.

Check this box if fleither the organization fic	arry rolato	u org	arnz		C)	ompo	1100			, 61 (146)(60)
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Richard Schlosberg III Chairman	5.00	×		×				0.	0.	0.
(2) John Newman Jr Vice Chairman	5.00	×		×				0.	0.	0.
(3) Angela Mock Treasurer	5.00	×		×				0.	0.	0.
(4) Robert Rivard Secretary/Exec Dir	40.00	×		×	×			147,278.	0.	0.
(5) Katy Flato Director	5.00	×						0.	0.	0.
(6) Laura Saldivar Luna Director	5.00	×						0.	0.	0.
(7) Elizabeth M. Frerking Editor in Chief	40.00					×	×	174,340.	0.	0.
(8) Wayne Alexander Director	5.00	×						0.	0.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per	lerage box, unless person is both urs per officer and a director/truste					n an	(D) Reportable compensation	(E) Reportable compensation fro	m			
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC		other compensation from the organization and related organizations		1
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Sub-total	VII, Sectio	n A					>	321,618.	0				0.
d	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organic	not limited				ed		e) w	ho received mo	0 ore than \$100,	-			0.
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete s</i>	ficer, direc				ee,	key e	-	oloyee, or high	-	1	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch			4	×	
5	Did any person listed on line 1a receive of for services rendered to the organization						,					5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	ax
	(A) Name and business add	ress							(B) Description of s	ervices	Cor	(C) npensa	ation	
	Tatal months of traders of the state of the	un (in all II				llus - ''			Para Para I					
2	Total number of independent contractor received more than \$100.000 of compens		-) th	iose listed abo	ove) who				

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

Part VIII	Statement of Revenue

		Check if Schedule O contains a res	ponse or note to	o 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
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	343,453.				
y, G	С	Fundraising events 1c	388,465.				
ar /	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants,					
out ihe		and similar amounts not included above 1f	878,724.				
절	q	Noncash contributions included in lines 1a–1f: \$	10,000.				
Sor	h	Total. Add lines 1a–1f		1,610,642.			
			Business Code	_,,			
enc	2a	Advertising revenue	541800	388,220.	388,220.	0.	0.
Pe	b		311000	30072201	300,220.	· ·	
9	c						
e.	d						
ηS	e						
Jar	f	All other program service revenue .					
Program Service Revenue	g	Total. Add lines 2a–2f		388,220.			
_	3	Investment income (including divid		300,220.			
	•	and other similar amounts)		2,019.	0.	0.	2,019.
	4	Income from investment of tax-exempt be		2,019.	0.	0.	2,019.
	5	Royalties	•				
	3	(i) Real	(ii) Personal				
	6a	Gross rents	()				
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	N	•				
	-	(1) (2) (1)	(ii) Other				
	7a	assets other than inventory	(ii) Outer				
	b	Less: cost or other basis and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶				
Other Revenue	8a	Gross income from fundraising					
Ver		events (not including \$ 388,465.					
Be		of contributions reported on line 1c).					
ē		See Part IV, line 18 a	18,403.				
둦	b	Less: direct expenses b					
		Net income or (loss) from fundraising		-146,456.		0.	-146,456.
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming acti					
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less: cost of goods sold b					
		Net income or (loss) from sales of inve					
		Miscellaneous Revenue	Business Code				
	11a	Photo sales	900099	808.	808.	0.	0.
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	•	808.			
	12	Total revenue. See instructions .	<u>.</u> . >	1,855,233.	389,028.	0.	-144,437.

	90 (2018)				Page 10
	t IX Statement of Functional Expenses	-1-411 1	H - 41 ''		(4)
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
_	and domestic governments. See Part IV, line 21	67,500.	67,500.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	147,278.	147,278.	0.	0.
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	988,011.	725,271.	115,392.	147,348.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	104,114.	74,644.	15,109.	14,361.
10	Payroll taxes	92,019.	70,095.	9,856.	12,068.
11	Fees for services (non-employees):	22,022.	,	270001	
а	Management	6,000.	0.	0.	6,000.
b	Legal	52,983.	13,517.	38,783.	683.
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	127 446	122 026	2 000	1 500
12	Advertising and promotion	137,446. 46,356.	132,926. 26,484.	2,992.	1,528. 19,872.
13	Office expenses	32,185.	11,792.	17,239.	3,154.
14	Information technology	18,915.	15,587.	3,328.	0.
15	Royalties	10/513.	137307.	3,320.	
16	Occupancy	43,858.	0.	43,858.	0.
17	Travel	31,382.	25,900.	2,427.	3,055.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	33,310.	18,123.	4,603.	10,584.
20 21	Interest		·		
22	Depreciation, depletion, and amortization .	20,593.	20,593.	0.	0.
23	Insurance	1,939.	0.	1,939.	0.
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.)				
а	Bank charges and fees	9,052.	0.	3,048.	6,004.
b	Dues and subscriptions	18,825.	11,205.	7,420.	200.
c	Media purchased	650.	650.	0.	0.
d	Research expense	1,518.	1,518.	0.	0.
е	All other expenses	15,824.	3,930.	11,894.	0.
25	Total functional expenses. Add lines 1 through 24e	1,869,758.	1,367,013.	277,888.	224,857.
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)				
	· · · · · · · · · · · · · · · · · · ·	REV 05/20/19 PRO	I		Form 990 (2018)

Form 990 (2018) Page **11**

Part X Balance Sheet

F	art X				1.77					
		Check if Schedule O contains a response of	r note	to any line in this Par						
					(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing			20,882.	1	56,459.			
	2	Savings and temporary cash investments	<u> </u>	478,700.	2	373,729.				
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net		=	27,227.	4	61,932.			
	5	Loans and other receivables from current and								
		trustees, key employees, and highest co								
		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), an								
		sponsoring organizations of section 501(c)(9) volur								
Assets	_	organizations (see instructions). Complete Part II of Sche		-		6				
SSI	7	Notes and loans receivable, net			683.	7	264.			
٩	8	Inventories for sale or use				8				
	9	Prepaid expenses and deferred charges				9	5,700.			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		00 700						
		·	10a	99,789.	20 550	40	60 617			
	b	Less: accumulated depreciation	10b	39,172.	39,559.	10c	60,617.			
	11					11				
	12	Investments—other securities. See Part IV, line		_		12				
	13 14	Investments—program-related. See Part IV, line	_	32,468.	13 14	30,043.				
	15	Intangible assets		32,400.	15	6,879.				
	16	Other assets. See Part IV, line 11		599,519.	16	595,623.				
	17	Accounts payable and accrued expenses			23,681.	17	30,339.			
	18	Grants payable	-	23,001.	18	30,339.				
	19	Deferred revenue	<u> </u>		19					
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability. Complete				21				
S	22	Loans and other payables to current and for								
Liabilities	22	trustees, key employees, highest comper								
pi		disqualified persons. Complete Part II of Schedu				22				
Lia	23	Secured mortgages and notes payable to unrela				23				
	24	Unsecured notes and loans payable to unrelated		· -	-883.	24	603.			
	25	Other liabilities (including federal income tax,		· –						
		parties, and other liabilities not included on lines	17–2	4). Complete Part X						
		of Schedule D				25	2,485.			
	26	Total liabilities. Add lines 17 through 25			22,798.	26	33,427.			
S		Organizations that follow SFAS 117 (ASC 958), che							
Č		complete lines 27 through 29, and lines 33 an	d 34.							
lan	27	Unrestricted net assets			576,721.	27	562,196.			
Ва	28	Temporarily restricted net assets		-		28				
nd	29	Permanently restricted net assets				29				
Ŀ		Organizations that do not follow SFAS 117 (ASC 9	58), ch	eck here ►						
ō		complete lines 30 through 34.								
ets	30	Capital stock or trust principal, or current funds		-		30				
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed		-		31				
≯t A	32	Retained earnings, endowment, accumulated in		<u> </u>	FDC D01	32	FCO 10C			
ž	33	Total net assets or fund balances		-	576,721.	33	562,196.			
	34	Total liabilities and net assets/fund balances .			599,519.	34	595,623.			

Form **990** (2018)

Form 990 (2018) Page **12**

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	1,	855,	233.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	869,	758.
3	Revenue less expenses. Subtract line 2 from line 1	3		-14,	525.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		576,	<u>721.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
David	33, column (B))	10		562,	<u> 196.</u>
Part	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: ☐ Cash X Accrual ☐ Other			res	NO
'	If the organization changed its method of accounting from a prior year or checked "Other," ex	nloin	_		
	Schedule O.	Piairi	""		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com		_	4	
	reviewed on a separate basis, consolidated basis, or both:	Jiica (
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 21	,	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	ersig/	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant	? 20		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	I		
	the Single Audit Act and OMB Circular A-133?		. 3	a	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_	I		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	31		
			F	orm 99	0 (2018)

San Antonio Report 47-4820476 1

Smart Worksheets from your 2018 Federal Exempt Tax Return

SMART WORKSHEET FOR: Form 990: Return of Organization Exempt from Income Tax

Line 22 - Depreciation, Depletion, and Amortization Smart Worksheet									
To enter assets, QuickZoom to Asset Entry Worksheet									
rne	following items carry to line 2	Z below: (A)	(B)	(C)	(D)				
	Description	Total	Program services	Management and general	Fundraising				
Α	Depreciation	18,168.	18,168.	0.	0.				
B C	Depletion	2,425.	2,425.	0.	0.				

San Antonio Report 47-4820476 1

Additional information from your 2018 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax Line 14, column (A)

Itemization Statement

Description	Amount
Website development	36,385.
Less: Accumulated amortization	-3,917.
Total	32,468.

Form 990: Return of Organization Exempt from Income Tax Line 14, column (B)

Itemization Statement

Description	Amount
Website development	36,385.
Less: Accumulated amortization	-6,342.
Total	30,043.

Form 990: Return of Organization Exempt from Income Tax Line 17, column (A)

Itemization Statement

Description	Amount
Accounts payable	14,427.
Credit card payable	9,254.
Total	23,681.

Form 990: Return of Organization Exempt from Income Tax Line 17, column (B)

Itemization Statement

Description	Amount
Accounts payable	23,834.
Credit card payable	6,505.
Total	30,339.