

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE PRINCIPLE PURPOSES OF THE JOHN L. SANTIKOS CHARITABLE FOUNDATION ARE TO PROVIDE SUPPORT FOR THE SAN ANTONIO AREA FOUNDATION AND TO PROVIDE SUPPORT FOR OTHER CHARITIES WHICH THE SAN ANTONIO AREA FOUNDATION WOULD OTHERWISE SUPPORT.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$ 11,349,415 including grants of \$ 11,349,415) (Revenue \$ 0)
	See Additional Data















4b	(Code:) (Expenses \$ 15,094,415 including grants of \$ 13,701) (Revenue \$ 0)
	See Additional Data

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 26,443,830
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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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 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>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	Yes
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>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	75
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	1,578			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
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	Yes	
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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c 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		No
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).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		No
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.						
a 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:						
a Initiation fees and capital contributions included on Part VIII, line 12		10a				
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:						
a Gross income from members or shareholders		11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
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.				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .				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? If "Yes," see instructions and file Form 4720, Schedule N.				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.				16		No

Part VI

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

Check if Schedule O contains a response 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	1a 18		
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 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?	2		No
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?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
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?	7a Yes		
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		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a Yes		
b Each committee with authority to act on behalf of the governing body?	8b		No
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	9		No

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?	10a	No
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 Yes	
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	12a Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c Yes	
13 Did the organization have a written whistleblower policy?	13 Yes	
14 Did the organization have a written document retention and destruction policy?	14 Yes	
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	15a Yes	
b Other officers or key employees of the organization	15b Yes	
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?	16a	No
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 ▶ CA , CO , GA , MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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:
 ▶LYNDA CABELL 303 PEARL PARKWAY NO 114 SAN ANTONIO, TX 782151285 (210) 228-3764

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,178,225	1,614,787	235,626

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 ▶ 17

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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.

(A) Name and business address	(B) Description of services	(C) Compensation
BARTLETT COCKE GENERAL CONTRACTORS LLC 8706 LOCKWAY SAN ANTONIO, TX 78217	GENERAL CONTRACTOR SERVICES	12,754,627
FRIEMEL CONSTRUCTION COMPANY INC 1039 STATE STREET SUITE 203 BETTENDORF, IA 52722	GENERAL CONTRACTOR SERVICES	2,064,921
BABCOCK ROAD 165 LTD 6101 HOLIDAY HILL RD MIDLAND, TX 79707	GENERAL CONTRACTOR SERVICES	1,769,849
NORTON ROSE FULBRIGHT 1301 MCKINNEY SUITE 5100 HOUSTON, TX 77010	LEGAL SERVICES	595,520
NATIONAL COMMERCIAL BUILDERS INC 1055 RENE STREET LENEXA, KS 66215	GENERAL CONTRACTOR SERVICES	453,786

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 ▶ 19

Form 990 (2019)		Page 9					
Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>							
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated 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	17,358				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f ▶	17,358					
Program Service Revenue	2a THEATER REVENUE (JAN-JUN 30TH)		Business Code				
			512000	15,936,339		15,936,339	
	b PASSTHROUGH INCOME (JULY 1-DEC 31)		512000	2,756,760		-2,243,240	
						5,000,000	
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f. ▶		18,693,099					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,339,711		268,038	2,071,673	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	12,111,137				
		b Less: rental expenses	6b	12,134,579			
		c Rental income or (loss)	6c	-23,442			
	d Net rental income or (loss) ▶		-23,442		-1,565,677	1,542,235	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a		5,614,590			
		b Less: cost or other basis and sales expenses	7b	6,172,301			
		c Gain or (loss)	7c	-557,711			
	d Net gain or (loss) ▶		-557,711		-441,748	-115,963	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
	b Less: direct expenses		8b				
	c Net income or (loss) from fundraising events . . . ▶						
	9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities . . . ▶						
	10aGross sales of inventory, less returns and allowances . . .		10a	18,639,224			
	b Less: cost of goods sold . . .		10b	4,769,790			
	c Net income or (loss) from sales of inventory . . . ▶			13,869,434		13,869,434	
Miscellaneous Revenue		Business Code					
11aOTHER INCOME		900099	1,183,461			1,183,461	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d ▶			1,183,461				
12 Total revenue. See instructions ▶			35,521,910	0	25,823,146	9,681,406	

Form 990 (2019)

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	11,363,116	11,363,116		
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	804,891	536,447	268,444	
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	6,883,606	4,833,412	2,050,194	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	417,477	184,640	232,837	
9 Other employee benefits	691,443	373,343	318,100	
10 Payroll taxes	1,010,663	619,660	391,003	
11 Fees for services (non-employees):				
a Management	2,325,590		2,325,590	
b Legal	598,549		598,549	
c Accounting	158,556		158,556	
d Lobbying				
e 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)	1,165,953	392,818	773,135	
12 Advertising and promotion	1,008,795	119,558	889,237	
13 Office expenses	1,334,745	1,150,604	184,141	
14 Information technology	840,058	293,876	546,182	
15 Royalties				
16 Occupancy	2,820,863	1,977,116	843,747	
17 Travel	153,180	20,612	132,568	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,221,924	2,714,512	507,412	
23 Insurance	676,802	441,413	235,389	
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 THEATER EXPENSES	1,000,398	1,000,398		
b STATE AND SALES USE TAX	388,176	412,909	-24,733	
c MISCELLANEOUS EXPENSE	306,463		306,463	
d DUES & SUBSCRIPTIONS	184,764	10,433	174,331	
e All other expenses	160	-1,037	1,197	
25 Total functional expenses. Add lines 1 through 24e	37,356,172	26,443,830	10,912,342	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		42,557,761	1	8,457,523	
	2	Savings and temporary cash investments		32,835,151	2	17,603,137	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		2,921,803	4	444,227	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		193,718	7	205,341	
	8	Inventories for sale or use		580,130	8	0	
	9	Prepaid expenses and deferred charges		1,489,956	9	2,616,302	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	341,736,531			
	b	Less: accumulated depreciation	10b	29,630,741	344,541,439	10c	312,105,790
	11	Investments—publicly traded securities		17,463,711	11	22,151,560	
	12	Investments—other securities. See Part IV, line 11		41,091,165	12	41,601,785	
	13	Investments—program-related. See Part IV, line 11		0	13	151,268,560	
	14	Intangible assets		89,279,798	14	0	
	15	Other assets. See Part IV, line 11		6,906,704	15	5,277,197	
16	Total assets. Add lines 1 through 15 (must equal line 34)		579,861,336	16	561,731,422		
Liabilities	17	Accounts payable and accrued expenses		18,023,429	17	2,860,799	
	18	Grants payable		2,145,343	18	2,333,833	
	19	Deferred revenue		3,743,453	19	0	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		89,293,385	23	86,639,963	
	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		531,708	25	8,938,563	
	26	Total liabilities. Add lines 17 through 25		113,737,318	26	100,773,158	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		548,661	27	0	
	28	Net assets with donor restrictions		465,575,357	28	460,958,264	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		466,124,018	32	460,958,264		
33	Total liabilities and net assets/fund balances		579,861,336	33	561,731,422		

Part XI Reconciliation of Net AssetsCheck 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	35,521,910
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,356,172
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,834,262
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	466,124,018
5	Net unrealized gains (losses) on investments	5	-1,312,145
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	-2,019,347
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	460,958,264

Part XII Financial Statements and ReportingCheck 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 type="checkbox"/> Cash <input checked="" 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		No
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?		No
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.		

Additional Data

Software ID:
Software Version:
EIN: 47-7326497
Name: JOHN L SANTIKOS CHARITABLE FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE JOHN L. SANTIKOS CHARITABLE FOUNDATION (JLS CHARITABLE TRUST). A SUPPORTING ORGANIZATION OF THE SAN ANTONIO AREA FOUNDATION (AREA FOUNDATION), HAS BEEN ESTABLISHED BY THE AREA FOUNDNATION TO HOLD THE SANTIKOS LEGACY AND MANAGE THE CHARITABLE PURPOSES AND GRANT MAKING ACTIVITIES DICTATED BY THE SANTIKOS LIVING TRUST AGREEMENT. THE JLS CHARITABLE TRUST CONDUCTS CHARITABLE ACTIVITIES THAT WOULD OTHERWISE BE CONDUCTED BY THE AREA FOUNDATION.

Form 990, Part III, Line 4b:

THE JOHN L. SANTIKOS CHARITABLE FOUNDATION IS THE SOLE MEMBER OF SANTIKOS ENTERPRISES AND VARIOUS THEATER AND NONTHEATER REAL ESTATE COMPANIES. THESE PROPERTIES ARE HELD BY THE SAN ANTONIO AREA FOUNDATION FOR THE BENEFIT OF A FUND OF THE SAN ANTONIO AREA FOUNDATION DEEMED THE JOHN L. SANTIKOS CHARITABLE FOUNDATION.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
TIM HANDREN-ENTERPRISES CEO	40.00				X			474,230	0	11,934
REBECCA BRUNE-SAAFDN COO (UNTIL 8/19/19)	4.00 44.00			X				0	398,599	16,029
ROBERT LEHMAN-ENTERPRISES COO	40.00				X			309,187	0	29,836
MICHAEL SCHAUB-ENTERPRISES CFO	40.00				X			289,533	0	23,802
MARJORIE FRENCH-SAAFDN CEO	4.00 44.00			X				0	270,808	121
MARY KILLIAN-ENTERPRISES CORPORATE CONTROLLER	40.00					X		188,787	0	24,283
JENNIFER FERRILL-ENTERPRISES VP RESOURCE MANAGEMENT	40.00				X			197,670	0	10,500
REBECCA HELTERBRAND-SAAFDN VP STRATEGY AND INNOVATION	4.00 44.00			X				0	188,475	17,701
LYNDA CABELL-SAAFDN CFO	4.00 44.00			X				0	196,164	5,886
MICHAEL MCCHESNEY-ENTERPRISES VP, REAL ESTATE	40.00				X			185,340	0	14,626

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ANDREW BROOKS-ENTERPRISES EXECUTIVE DIRECTOR, MARKETING & SALES	40.00					X		157,579	0	12,960
TODD HILLIER-ENTERPRISES DIRECTOR, PLANNING & FINANCIAL ANALYTICS	40.00					X		159,965	0	8,304
LISA BRUNSVOLD-SAAFDN VP DONOR DEVELOPMENT SERVICES	4.00 44.00			X				0	150,430	15,808
TARA TEMBE-ENTERPRISES DIRECTOR, PROCESS ENGINEERING & INTERNAL AUDIT	40.00					X		152,809	0	12,931
ARENDA BURNS-SAAFDN VP HUMAN RESOURCES AND LEARNING AND DEVELOPMENT	4.00 44.00			X				0	146,930	16,577
APRIL HANSARD-SAAFDN CONTROLLER	4.00 44.00					X		0	135,916	12,706
PATRICIA MEJIA-SAAFDN VP COMMUNITY ENGAGEMENT AND IMPACT	4.00 44.00			X				0	127,465	1,622
ARTHUR ALEX PEREZ-JLS ENTERPRISES-TRUSTEE	2.00 1.00	X						21,625	0	0
JOHN HAYES-JLS ENTERPRISES-PAST CHAIR	2.00 2.00	X						21,375	0	0
THEODORE THEO GUIDRY II-JLS ENTERPRISES-CHAIRMAN	2.00 1.00	X		X				20,125	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

[illegible]

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JANE PHIPPS-JLS TRUSTEE	1.00 1.00	X						0	0	0
MATT REEDY-JLS TRUSTEE	1.00 1.00	X						0	0	0
MARIE SMITH-JLS TRUSTEE	1.00 1.00	X						0	0	0
BRUCE TILLEY-JLS TRUSTEE	1.00 1.00	X						0	0	0
HARRY WOLFF-JLS TRUSTEE	1.00 1.00	X						0	0	0

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
2019
Open to Public Inspection

Name of the organization
JOHN L SANTIKOS CHARITABLE FOUNDATION

Employer identification number
47-7326497

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

☐

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 **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 1
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SAN ANTONIO AREA FOUNDATION	746065414	7	Yes		3,977,793	0
Total	1				3,977,793	0

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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						
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). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
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						
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 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 type="checkbox"/>						
b 33 1/3% support test—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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 line 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
	11a	No
	11b	No
	11c	No

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? <i>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.</i>		
	1	Yes
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? <i>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.</i>		
	2	No

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)? <i>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).</i>		
	1	

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?		
	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

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.		
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? <i>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.</i>		
	2a	
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? <i>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.</i>		
	2b	
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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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):	1	
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	<div><input type="checkbox"/></div> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 47-7326497
Name: JOHN L SANTIKOS CHARITABLE FOUNDATION

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

Facts And Circumstances Test

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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

2019

Open to Public Inspection

Name of the organization
JOHN L SANTIKOS CHARITABLE FOUNDATION

Employer identification number
47-7326497

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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ 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?

☐ Yes ☐ 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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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 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 ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in 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	466,124,012	469,483,453		
b	Contributions	7,566,313	10,737,056	469,483,453	
c	Net investment earnings, gains, and losses	418,112	398,311		
d	Grants or scholarships	7,516,666			
e	Other expenditures for facilities and programs	5,977,793	13,549,341		
f	Administrative expenses	-344,286	945,467		
g	End of year balance	460,958,264	466,124,012	469,483,453	

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Temporarily restricted endowment ▶ 0 %

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

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

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	11,066,534	66,163,616	77,230,150
b	Buildings	28,349,914	167,099,780	179,854,015
c	Leasehold improvements		65,428,487	52,519,303
d	Equipment		3,268,821	2,142,943
e	Other		359,379	359,379
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			312,105,790

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) EQUITY INVESTMENTS	41,601,785	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	41,601,785	

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) INVESTMENT- SANTIKOS THEATERS LLC	151,268,560	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	151,268,560	

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	8,938,563

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-7326497
Name: JOHN L SANTIKOS CHARITABLE FOUNDATION

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION'S ENDOWMENT FUNDS ARE INTENDED TO BE USED FOR GRANT MAKING PURPOSES IN PERPETUITY.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ASC 740 PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOUNDATION'S TAX RETURN TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX ASSET OR LIABILITY IN THE CURRENT YEAR. MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

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

Schedule I
(Form 990)

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

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
JOHN L SANTIKOS CHARITABLE FOUNDATION

Employer identification number
47-7326497

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 105

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE FOUNDATION FIRST VERIFIES THE GRANTEE'S ELIGIBILITY FOR THE GRANTS/ASSISTANCE, INCLUDING 501(C)(3) STATUS OR ITS EQUIVALENT. IN ADDITION, ALL RECIPIENTS THAT RECEIVE A COMPETITIVE GRANT IN EXCESS OF \$15,000 ARE REQUIRED TO COMPLETE AN EVALUATION EVERY SIX MONTHS UNTIL THE GRANT FUNDS ARE EXPENDED IN FULL. THE EVALUATIONS ARE REVIEWED BY FOUNDATION STAFF.

Additional Data

Software ID:
Software Version:
EIN: 47-7326497
Name: JOHN L SANTIKOS CHARITABLE FOUNDATION

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

(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
AID THE SILENT 34910 IH 10 WEST 701 SAN ANTONIO, TX 78006	47-2883437	501(C) 03	21,582		N/A	N/A	FOR GENERAL OPERATING EXPENSES
ALAMEDA THEATER CONSERVANCY 800 DOLOROSA SUITE 204 SAN ANTONIO, TX 78207	82-2064479	501(C) 03	100,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ALAMO COLLEGES FOUNDATION 2222 N ALAMO STREET SAN ANTONIO, TX 78215	74-2422589	501(C) 03	325,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
ALPHA HOME P O BOX 15440 SAN ANTONIO, TX 78212	74-1668144	501(C) 03	46,193		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN GATEWAYS 314 E HIGHLAND MALL BLVD SUITE 501 SAN ANTONIO, TX 78752	74-2578266	501(C) 03	79,338		N/A	N/A	FOR GENERAL OPERATING EXPENSES
AMERICAN INDIANS IN TEXAS - AT THE SPANISH COLONIAL MISSIONS 1313 GUADALUPE ST SUITE 104 SAN ANTONIO, TX 78207	74-2717029	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AMERICAN RED CROSS SAN ANTONIO AREA CHAPTER 3642 EAST HOUSTON STREET SAN ANTONIO, TX 78219	53-0196605	501(C) 03	20,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
ARTPACE SAN ANTONIO INC 445 NORTH MAIN AVENUE SAN ANTONIO, TX 78205	04-3757857	501(C) 03	14,876		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
AUGUSTHEART 903 BASSE ROAD SAN ANTONIO, TX 78212	45-2351369	501(C) 03	5,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
AVANCE SAN ANTONIO INC PO BOX 830487 SAN ANTONIO, TX 78283	74-1769114	501(C) 03	310,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BEXAR COUNTY COMMUNITY HEALTH COLLABORATIVE 3010 N ST MARYS SUITE 1101 SAN ANTONIO, TX 78212	74-2953076	501(C) 03	100,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
BEXAR COUNTY FAMILY JUSTICE CENTER FOUNDATION 126 E NUEVA 2ND FLOOR SAN ANTONIO, TX 78204	73-1723464	501(C) 03	19,154		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BIG BROTHERS BIG SISTERS OF SOUTH TEXAS 10843 GULFDAL SAN ANTONIO, TX 78216	74-1897630	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
BIHL HAUS ARTS PO BOX 100806 SAN ANTONIO, TX 78201	16-1767852	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
BOY SCOUTS OF AMERICA - ALAMO AREA COUNCIL 2226 NW MILITARY HWY SAN ANTONIO, TX 78213	22-1576300	501(C) 03	52,500		N/A	N/A	FOR GENERAL OPERATING EXPENSES
BOYS & GIRLS CLUBS OF SAN ANTONIO 123 RALPH AVENUE SAN ANTONIO, TX 78204	74-1109637	501(C) 03	250,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CATHOLIC CHARITIES ARCHDIOCESE OF SAN ANTONIO INC 202 WEST FRENCH PLACE SAN ANTONIO, TX 78212	74-1109743	501(C) 03	46,882		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CENTER FOR REFUGEE SERVICES 8703 WURZBACH RD SUITE A-1 SAN ANTONIO, TX 78240	27-2787747	501(C) 03	9,692		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CENTRO CULTURAL AZTLAN 1800 FREDERICKSBURG ROAD SUITE 103 SAN ANTONIO, TX 78201	74-2203515	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CHILD ADVOCATES SAN ANTONIO 1956 S WW WHITE RD SAN ANTONIO, TX 78222	74-2494625	501(C) 03	39,478		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL P O BOX 27086 SAN ANTONIO, TX 78227	74-2095766	501(C) 03	10,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CHILDSAFE 7130 WEST US HWY 90 SAN ANTONIO, TX 78227	74-2633697	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CHRYSLIS MINISTRIES INC 509 SAN PEDRO AVENUE SAN ANTONIO, TX 78212	74-1914047	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CITY OF SAN ANTONIO WESTSIDE DEVELOPMENT CORPORATION 630 SW 41ST STREET SAN ANTONIO, TX 78237	38-3765724	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CITY YEAR INC - SAN ANTONIO 109-B N SAN SABA STREET SAN ANTONIO, TX 78207	22-2882549	501(C) 03	46,878		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CLARITY CHILD GUIDANCE CENTER 8535 TOM SLICK DRIVE SAN ANTONIO, TX 78229	74-1153067	501(C) 03	47,866		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMAL COUNTY HABITAT FOR HUMANITY 1269 INDUSTRIAL DRIVE SAN ANTONIO, TX 78130	74-2667761	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
COMAL COUNTY SENIOR CITIZENS FOUNDATION 655 LANDA STREET SAN ANTONIO, TX 78130	74-2330402	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITIES FOUNDATION OF TEXAS INC DALLAS SAN ANTONIO, TX 75225	75-0964565	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
COMMUNITIES IN SCHOOLS OF SAN ANTONIO INC 1616 E COMMERCE STREET BLDG 1 SAN ANTONIO, TX 78205	74-2393714	501(C) 03	8,229		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
COMMUNITY INFORMATION NOW C/O UTHEALTH SCHOOL OF PUBLIC HEALTH IN SAN ANTONIO7411 JOHN SMIT SAN ANTONIO, TX 78229	81-5286030	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CONJUNTO HERITAGE TALLER INC PO BOX 10447 SAN ANTONIO, TX 78210	14-1849936	501(C) 03	15,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CONNECTIONS INDIVIDUAL AND FAMILY SERVICES INC PO BOX 311268 NEW BRAUNFELS, TX 78131	74-2179169	501(C) 03	8,791		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CORAZON MINISTRIES INC 230 E TRAVIS ST SAN ANTONIO, TX 78205	20-0319533	501(C) 03	15,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
CROSSPOINT INC 301 YUCCA SAN ANTONIO, TX 78203	74-6058916	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
DISTRICT 2-A2 SIGHT & TISSUE FOUNDATION INC 4502 CENTERVIEW SUITE 120 SAN ANTONIO, TX 78228	74-2471313	501(C) 03	14,367		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
DOCTORS WITHOUT BORDERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452	501(C) 03	1,110,230		N/A	N/A	FOR GENERAL OPERATING EXPENSES
EL CENTRO DEL BARRIO 3750 COMMERCIAL AVENUE SAN ANTONIO, TX 78221	74-1787031	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ESPERANZA PEACE AND JUSTICE CENTER 922 SAN PEDRO AVENUE SAN ANTONIO, TX 78212	74-2419582	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO INC 702 SAN PEDRO AVENUE SAN ANTONIO, TX 78212	74-1117341	501(C) 03	56,555		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
FAMILY VIOLENCE PREVENTION SERVICES INC 7911 BROADWAY STREET SAN ANTONIO, TX 78212	74-1994151	501(C) 03	10,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
FRIENDS OF SPARE PARTS 130 SUTTON DRIVE SAN ANTONIO, TX 78228	82-1540409	501(C) 03	8,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GIRL SCOUTS OF SOUTHWEST TEXAS 811 N COKER LOOP ROAD SAN ANTONIO, TX 78216	74-1109759	501(C) 03	57,500		N/A	N/A	FOR GENERAL OPERATING EXPENSES
GIRLS ON THE RUN OF BEXAR COUNTY 231 E RHAPSODY SUITE 136 SAN ANTONIO, TX 78216	56-2201835	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GOOD SAMARITAN CENTER OF SAN ANTONIO 1600 SALTILLO STREET SAN ANTONIO, TX 78207	74-1117340	501(C) 03	8,299		N/A	N/A	FOR GENERAL OPERATING EXPENSES
GRACE AFTER FIRE - HOUSTON TX PO BOX 218604 HOUSTON, TX 77218	46-3653209	501(C) 03	8,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
GREATER RANDOLPH AREA SERVICE PROGRAMS INC 250 DONALAN DRIVE CONVERSE, TX 78109	74-2353686	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
GUADALUPE COMMUNITY CENTER 1801 W CESAR E CHAVEZ BLVD SAN ANTONIO, TX 78207	74-1109837	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HILL COUNTRY DAILY BREAD MINISTRIES 234 W BANDERA ROAD SUITE 133 BOERNE, TX 78006	30-0148195	501(C) 03	125,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
HOLY REDEEMER CATHOLIC CHURCH 1819 NEVADA STREET SAN ANTONIO, TX 78203	74-1109740	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
HOUSE OF NEIGHBORLY SERVICE 407 N CALAVERAS SAN ANTONIO, TX 78207	74-1153442	501(C) 03	24,236		N/A	N/A	FOR GENERAL OPERATING EXPENSES
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES INC 110 WEST ROAD SUITE 360 BALTIMORE, MD 21204	25-1679348	501(C) 03	1,110,230		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JEFFERSON AREA COMMUNITY OUTREACH FOR OLDER PEOPLE 2201 ST CLOUD ROAD SAN ANTONIO, TX 78228	74-2345987	501(C) 03	15,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
JEWISH FAMILY SERVICE OF SAN ANTONIO INC 12500 NW MILITARY HWY SUITE 250 SAN ANTONIO, TX 78231	74-1759254	501(C) 03	5,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
JUMP START PERFORMANCE COMPANY 710 FREDERICKSBURG ROAD SAN ANTONIO, TX 78201	74-2371461	501(C) 03	13,239		N/A	N/A	FOR GENERAL OPERATING EXPENSES
KENDALL COUNTY WOMEN'S SHELTER PO BOX 1087 BOERNE, TX 78006	20-2952146	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
KEYSTONE SCHOOL 119 E CRAIG PLACE SAN ANTONIO, TX 78212	74-1193335	501(C) 03	5,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
LAKEHILLS LIBRARY & COMMUNITY ASSOCIATION INC 7200 FM 1283 PIPE CREEK, TX 78063	74-2872566	501(C) 03	10,790		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LIFTFUND INC 2007 W MARTIN STREET SAN ANTONIO, TX 78207	74-2712770	501(C) 03	70,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
LOCAL INITIATIVES SUPPORT CORPORATION 1423 SOUTH ST MARYS STREET SAN ANTONIO, TX 78210	13-3030229	501(C) 03	225,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
LUMINARIA PO BOX 120188 SAN ANTONIO, TX 78212	26-3764030	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
MADONNA NEIGHBORHOOD CENTER 1906 CASTROVILLE ROAD SAN ANTONIO, TX 78237	74-1143119	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MCNAY ART MUSEUM 6000 N NEW BRAUNFELS AVENUE SAN ANTONIO, TX 78209	74-1195277	501(C) 03	200,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
MEALS ON WHEELS SAN ANTONIO 4306 NW LOOP 410 SAN ANTONIO, TX 78229	74-1948646	501(C) 03	50,431		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
MERCED HOUSING TEXAS 212 WEST LAUREL SAN ANTONIO, TX 78212	74-2740889	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
NATIONAL ASSOCIATION OF LATINO ARTS AND CULTURES 1208 BUENA VISTA STREET SAN ANTONIO, TX 78207	74-2581293	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
NORTHEAST SENIOR ASSISTANCE 2903 NACOGDOCHES ROAD SAN ANTONIO, TX 78217	74-2405293	501(C) 03	14,546		N/A	N/A	FOR GENERAL OPERATING EXPENSES
PLANNED PARENTHOOD SOUTH TEXAS 2140 BABCOCK ROAD SAN ANTONIO, TX 78229	74-1297211	501(C) 03	48,097		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PRESA COMMUNITY SERVICE CENTER 3721 S PRESA STREET SAN ANTONIO, TX 78210	74-1902249	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
PRESENTATION MINISTRY CENTER 2003 RUIZ STREET SAN ANTONIO, TX 78207	47-3882433	501(C) 03	15,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
PUTTING AN END TO ABUSE THROUGH COMMUNITY EFFORTS INITIATIVE 1443 S ST MARYS STREET SAN ANTONIO, TX 78210	46-0483780	501(C) 03	300,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
RAISE TEXAS 1811 WEST 38TH STREET AUSTIN, TX 78731	26-2087882	501(C) 03	20,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
REFUGEE AND IMMIGRANT CENTER FOR EDUCATION AND LEGAL SERVICE 1305 N FLORES STREET SAN ANTONIO, TX 78212	74-2436920	501(C) 03	35,462		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SA YOUTH PO BOX 7844 SAN ANTONIO, TX 78207	74-2333088	501(C) 03	5,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SAINT MARY'S HALL INC 9401 STARCREST DRIVE SAN ANTONIO, TX 78217	74-0877330	501(C) 03	10,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO AREA FOUNDATION 303 PEARL PARKWAY SUITE 114 SAN ANTONIO, TX 78215	74-6065414	501(C) 03	1,652,203		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ANTONIO BOTANICAL GARDEN SOCIETY INC PO BOX 6569 SAN ANTONIO, TX 78209	74-2178792	501(C) 03	125,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO FOOD BANK INC 5200 ENRIQUE M BARRERA PKWY SAN ANTONIO, TX 78227	74-2122979	501(C) 03	115,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ANTONIO FOR GROWTH ON THE EAST SIDE 220 CHESTNUT SAN ANTONIO, TX 78202	74-2876270	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAN ANTONIO FOUNDATION FOR EXCELLENCE IN EDUCATION 2411 SAN PEDRO AVE SAN ANTONIO, TX 78212	74-2861587	501(C) 03	125,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 ANTONIO OASIS PO BOX 291010 SAN ANTONIO, TX 78229	26-2243879	501(C) 03	30,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SAY SI 1518 S ALAMO STREET SAN ANTONIO, TX 78204	74-2759456	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SETON HOME 1115 MISSION ROAD SAN ANTONIO, TX 78210	74-2247996	501(C) 03	45,322		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SOMERSET ISD EDUCATION FOUNDATION P O BOX 34 SOMERSET, TX 78069	11-3841532	501(C) 03	5,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
SOUTH ALAMO REGIONAL ALLIANCE FOR THE HOMELESS 4100 E PIEDRAS DRIVE SUITE 105 SAN ANTONIO, TX 78228	74-3013287	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SOUTHWEST OUTREACH FOR OLDER PEOPLE 517 SW MILITARY DRIVE SAN ANTONIO, TX 78221	45-5521039	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
ST PHILIP'S COLLEGE 1801 MARTIN LUTHER KING DRIVE SAN ANTONIO, TX 78203	74-6002173	501(C) 01	7,500		N/A	N/A	FOR GENERAL OPERATING EXPENSES
SUPPORT LENDING FOR EMOTIONAL WELL-BEING 12525 NACOGDOCHES RD SUITE 104 SAN ANTONIO, TX 78217	42-1580967	501(C) 03	20,994		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TEATRO DE ARTES DE JUAN SEGUIN 921 W NEW BRAUNFELS ST SEGUIN, TX 78155	74-2239519	501(C) 03	15,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
TEXAS PUBLIC RADIO 8401 DATAPOINT DRIVE SUITE 800 SAN ANTONIO, TX 78229	74-2559514	501(C) 03	100,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CARVER DEVELOPMENT BOARD 226 NORTH HACKBERRY STREET SAN ANTONIO, TX 78202	74-2480343	501(C) 03	37,500		N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE CHILDREN'S SHELTER 2939 W WOODLAWN AVENUE SAN ANTONIO, TX 78228	74-1109660	501(C) 03	52,500		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 CIRCLE SCHOOL 217 PERSHING AVENUE SAN ANTONIO, TX 78209	74-6068891	501(C) 03	20,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE MAGIK THEATRE 420 S ALAMO STREET SAN ANTONIO, TX 78205	74-2707895	501(C) 03	23,943		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 - SAN ANTONIO TX 2810 W ASHBY SAN ANTONIO, TX 78201	58-0660607	501(C) 03	50,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
THE WITTE MUSEUM 3801 BROADWAY SAN ANTONIO, TX 78209	74-1400537	501(C) 03	10,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
THRIVE YOUTH CENTER INC 1 HAVEN FOR HOPE SAN ANTONIO, TX 78207	47-1528452	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
THRU PROJECT 8103 BROADWAY SUITE 201 SAN ANTONIO, TX 78209	46-3961089	501(C) 03	25,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
TRAVIS PARK UNITED METHODIST CHURCH FOUNDATION INC 230 E TRAVIS STREET SAN ANTONIO, TX 78205	74-1664528	501(C) 03	70,200		N/A	N/A	FOR GENERAL OPERATING EXPENSES
TRULIGHT 127 MINISTRIES 242 COUNTRY LANE CIBOLO, TX 78108	47-4686615	501(C) 03	10,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UNIVERSITY PRESBYTERIAN CHURCH 300 BUSHNELL SAN ANTONIO, TX 78212	74-1266230	501(C) 03	20,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
UT HEALTH SA - CENTER FOR MEDICAL HUMANITIES & ETHICS 7703 FLOYD CURL DRIVE MC 7730 SAN ANTONIO, TX 78229	74-1587488	501(C) 03	7,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
UT HEALTH SAN ANTONIO OFFICE OF THE PRESIDENT MAIL CODE 78347703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C) 03	87,480		N/A	N/A	FOR GENERAL OPERATING EXPENSES
VETSTRONG 2826 PEPPERMILL RUN SAN ANTONIO, TX 78231	82-5492640	501(C) 03	8,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
YMCA OF GREATER SAN ANTONIO 231 E RHAPSODY SAN ANTONIO, TX 78216	74-1109634	501(C) 03	135,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES
CULINARY HEALTH EDUCATION FOR FAMILIES 303 PEARL PARKWAY SUITE 114 SAN ANTONIO, TX 78215	82-0660176	501(C) 03	2,000,000		N/A	N/A	FOR GENERAL OPERATING EXPENSES

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization JOHN L SANTIKOS CHARITABLE FOUNDATION		Employer identification number 47-7326497

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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., 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	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
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"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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	No
b Any related organization?		5b	No
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	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	No
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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

Schedule J (Form 990) 2019

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.

Return Reference	Explanation
PART I, LINE 4A	REBECCA BRUNE RECEIVED A PAYMENT OF \$177,598 PURSUANT TO LINE 4A.
PART I, LINE 3	JOHN L. SANTIKOS CHARTIABLE FOUNDATION RELIED ON THE SAN ANTONIO AREA FOUNDATION TO DETERMINE COMPENSATION THROUGH THE APPROPRIATE PROCESS, WHICH INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION. THE SAN ANTONIO AREA FOUNDATION USED AN INDEPENDENT COMPENSATION CONSULTANT, AS WELL AS A COMPENSATION SURVEY AND APPROVAL BY THE BOARD OF DIRECTORS.

Additional Data

Software ID:
Software Version:
EIN: 47-7326497
Name: JOHN L SANTIKOS CHARITABLE FOUNDATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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 TIM HANDREN-ENTERPRISES CEO	(i)	262,500	0	211,730	0	11,934	486,164	0
	(ii)	0	0	0	0	0	0	0
1 REBECCA BRUNE-SAAFDN COO (UNTIL 8/19/19)	(i)	0	0	0	0	0	0	0
	(ii)	198,341	22,660	177,598	11,200	4,829	414,628	0
2 ROBERT LEHMAN-ENTERPRISES COO	(i)	207,264	98,623	3,300	0	29,836	339,023	0
	(ii)	0	0	0	0	0	0	0
3 MICHAEL SCHAUB-ENTERPRISES CFO	(i)	198,822	87,411	3,300	0	23,802	313,335	0
	(ii)	0	0	0	0	0	0	0
4 MARJORIE FRENCH-SAAFDN CEO	(i)	0	0	0	0	0	0	0
	(ii)	256,309	14,499	0	0	121	270,929	0
5 MARY KILLIAN-ENTERPRISES CORPORATE CONTROLLER	(i)	157,255	29,632	1,900	0	24,283	213,070	0
	(ii)	0	0	0	0	0	0	0
6 JENNIFER FERRILL-ENTERPRISES VP RESOURCE MANAGEMENT	(i)	155,000	39,370	3,300	0	10,500	208,170	0
	(ii)	0	0	0	0	0	0	0
7 REBECCA HELTERBRAND-SAAFDN VP STRATEGY AND INNOVATION	(i)	0	0	0	0	0	0	0
	(ii)	187,169	1,306	0	6,950	10,751	206,176	0
8 LYNDA CABELL-SAAFDN CFO	(i)	0	0	0	0	0	0	0
	(ii)	194,858	1,306	0	5,807	79	202,050	0
9 MICHAEL MCCHESENEY-ENTERPRISES VP, REAL ESTATE	(i)	125,346	57,994	2,000	0	14,626	199,966	0
	(ii)	0	0	0	0	0	0	0
10 ANDREW BROOKS-ENTERPRISES EXECUTIVE DIRECTOR, MARKETING & SALE	(i)	116,354	37,925	3,300	0	12,960	170,539	0
	(ii)	0	0	0	0	0	0	0
11 TODD HILLIER-ENTERPRISES DIRECTOR, PLANNING & FINANCIAL ANALY	(i)	133,800	24,765	1,400	0	8,304	168,269	0
	(ii)	0	0	0	0	0	0	0
12 LISA BRUNSVOLD-SAAFDN VP DONOR DEVELOPMENT SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	149,123	1,307	0	5,964	9,844	166,238	0
13 TARA TEMBE-ENTERPRISES DIRECTOR, PROCESS ENGINEERING & INTE	(i)	123,099	29,210	500	0	12,931	165,740	0
	(ii)	0	0	0	0	0	0	0
14 ARENDA BURNS-SAAFDN VP HUMAN RESOURCES AND LEARNING AND	(i)	0	0	0	0	0	0	0
	(ii)	145,509	1,421	0	5,826	10,751	163,507	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization JOHN L SANTIKOS CHARITABLE FOUNDATION	Employer identification number 47-7326497
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HANDREN LLC	CEO OF SANTILOS ENTERPRISES, LLC IS SOLE OWNER OF HANDREN, LLC.	210,380	CONSULTING SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
PART IV	TIM HANDREN 100% OWNER OF HANDREN, LLC RECEIVED \$210,380 OF CONSULTING FEES AS POSITION AS CEO.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
JOHN L SANTIKOS CHARITABLE FOUNDATION

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

2019

Open to Public Inspection

Employer identification number

47-7326497

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SUCCESSOR TRUSTEES AND NEW TRUSTEES FILLING VACANCY SHALL BE ELECTED BY THE BOARD OF DIRECTORS OF THE AREA FOUNDATION AT A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS OF THE AREA FOUNDATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	THE BOARD OF TRUSTEES MAY, BUT IS NOT REQUIRED TO, CREATE ANY ONE OR MORE OF THE FOLLOWING COMMITTEES: STANDING COMMITTEES AND SPECIAL COMMITTEES. AT THIS TIME THE ORGANIZATION DOES NOT HAVE COMMITTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DETAILED REVIEW OF THE FORM 990 WAS PERFORMED BY THE SAN ANTONIO AREA FOUNDATION'S AUDIT /FINANCE COMMITTEE. ALL COMMITTEE MEMBERS RECEIVED A COPY OF THE FORM 990. ONCE ACCEPTED B Y THE AUDIT/FINANCE COMMITTEE, A COPY OF THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE B OARD OF DIRECTORS BEFORE FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE JOHN L. SANTIKOS CHARITABLE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES ALL MEMBERS OF THE BOARD OF TRUSTEES TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES AND THEIR FAMILY MEMBERS ON A QUESTIONNAIRE. THE QUESTIONNAIRES ARE REVIEWED FOR CONFLICTS. ANY QUESTIONNAIRES THAT DISCLOSE POTENTIAL CONFLICTS ARE BROUGHT BEFORE THE BOARD OF TRUSTEES FOR REVIEW. NO MEMBER WITH A FINANCIAL CONFLICT SHALL EVALUATE OR VOTE ON ANY MATTER IN WHICH HE OR SHE HAS A FINANCIAL CONFLICT OF INTEREST AND SHALL NOT USE HIS OR HER PERSONAL INFLUENCE WITH OTHER RESPONSIBLE MEMBERS TO APPROVE OR DISAPPROVE ANY ACTION BY THE FOUNDATION RELATED TO THE MATTER. MEMBERS WHO HAVE AN EMOTIONAL CONFLICT OF INTEREST OR AN APPARENT CONFLICT OF INTEREST MAY CONTINUE TO PARTICIPATE IN THE DISCUSSION AND MAY VOTE ON THE MATTER IF NO FINANCIAL CONFLICT OF INTEREST EXISTS PROVIDED THAT THE MEMBER FIRST DISCLOSES HIS OR HER EMOTIONAL OR APPARENT CONFLICT OF INTERESTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>SANTIKOS ENTERPRISES, LLC DOES AN ANNUAL APPRAISAL OF THE CEO THROUGH THE BOARD COMPENSATION COMMITTEE. EACH BOARD MEMBER HAS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THAT FORM AND IT IS AGGREGATED INTO A SINGLE FORM AND PROVIDED TO THE CEO BY THE CHAIR OF THE COMPENSATION COMMITTEE. REGARDING OTHER EXECUTIVE AT SANTIKOS ENTERPRISES LLC, THE CEO PREPARES AN HR ANALYSIS OF EACH JOB DESCRIPTION USING DATA FROM A NATIONAL COMPENSATION PROVIDER. THE CEO DISCUSSES RECOMMENDATIONS FOR SALARY ADJUSTMENTS WITH THE CHAIR OF THE COMPENSATION COMMITTEE. ANNUAL BONUS TARGETS ARE ESTABLISHED AT THE BEGINNING OF THE YEAR AND THEN SCORED IN THE FEBRUARY BOARD MEETING FOLLOWING YEAR END CLOSE. THE COMPENSATION COMMITTEE CHAIR MAKES A RECOMMENDATION TO THE BOARD ON BONUS EVALUATION AND THE BOARD DETERMINES FINAL BONUS CONSIDERATIONS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINES 10A- 16B	ALL POLICIES THAT APPLY TO THE REPORTING ORGANIZATION ALSO APPLY TO THE DISREGARDED ENTITIES AS A WHOLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 7, PART VII, SECTION A:	SECTION A INCLUDES TRUSTEES OF THE JOHN L. SANTIKOS CHARITABLE FOUNDATION AND THE SANTIKOS ENTERPRISES, LLC ADVISORY BOARD OF DIRECTORS. THE JOHN L. SANTIKOS CHARITABLE FOUNDATION IS THE SOLE MEMBER OF SANTIKOS ENTERPRISES, LLC, A DISREGARDED ENTITY. TRUSTEES OF THE JOHN L. SANTIKOS CHARITABLE FOUNDATION ARE NOT COMPENSATED BY THE FOUNDATION. SANTIKOS ENTERPRISES LLC'S ADVISORY BOARD OF DIRECTORS ARE COMPENSATED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	OTHER RECONCILING ITEM 927,257. BOOK TO TAX DIFFERENCES FROM PASSTHROUGH ENTITY 2,053,396. DISTRIBUTIONS FROM PASSTHROUGH ENTITY -5,000,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE SAN ANTONIO AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JOHN L SANTIKOS CHARITABLE FOUNDATION

Employer identification number
47-7326497

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)SAN ANTONIO AREA FOUNDATION 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 74-6065414	COMMUNITY FOUNDATION	TX	501(C)(3)	LINE 7	N/A		No
(2)SAN ANTONIO AREA FOUNDATION GROUP RETURN 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 20-1110274	TO SUPPORT THE SAN ANTONIO AREA FOUNDATION	TX	501(C)(3)	LINE 12A, I	SAN ANTONIO AREA FOUNDATION		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SANTIKOS THEATERS LLC 4630 N LOOP 1604 W STE 501 SAN ANTONIO, TX 78249 82-3945393	THEATER OPERATIONS	TX	JOHN L SANTIKOS CHARITABLE FOUNDATION	S	754,664	165,386,227	100.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SANTIKOS THEATERS LLC	A	6,554,489	CASH
(2) SAN ANTONIO AREA FOUNDATION	B	1,652,203	CASH
(3) CITY EDUCATION PARTNERS (SAN ANTONIO AREA FOUNDATION GROUP)	B	2,000,000	CASH
(4) SAN ANTONIO AREA FOUNDATION	R	2,325,590	CASH
(5) SANTIKOS THEATERS LLC	P	4,885,828	G/L TRANSACTION AMOUNT
(6) SANTIKOS THEATERS LLC	S	5,000,000	CASH

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 47-7326497

Name: JOHN L SANTIKOS CHARITABLE FOUNDATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
SANTIKOS CASA BLANCA SA THEATER REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 47-4609621	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-1,138,285	42,601,152	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS REAL ESTATE SERVICES LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 27-0393951	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-1,039,206	7,779,529	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS CIBOLO CROSSING THEATER REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 38-4089417	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-1,004,663	29,363,409	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS LEGACY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 74-3120845	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-679,672	85,559,421	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS SILVERADO RAW LAND LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 38-3989381	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-32,756	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS POTRANCO RAW LAND LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 61-1779559	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-22,189	6,656,243	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS NORTHWEST 14 THEATER REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 61-1779774	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-8,952	6,573,882	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS MILITARY CROSSING SHOPPING CENTER LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 36-4665461	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-4,594	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS CULEBRA WAREHOUSE LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 35-2551470	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	-1	289,900	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS WESTLAKES SHOPPING CENTER LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 75-3063680	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS THEATRE BEV HOLD CO LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 82-3960034	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
LEGACY CAPITAL LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 61-1899522	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS SILVERADO LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 20-1867395	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS LEGACY OWNER'S ASSOCIATION 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 90-0325790	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS HOLDINGS II LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS BEV HOLD CO LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 82-2059588	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS BEVERAGES LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 82-2045121	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
LEGACY SANTIKOS INVESTOR LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 82-4983295	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
LEGACY SANTIKOS MANAGEMENT LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 82-5016363	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS HOLDINGS II LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215	HOLDING COMPANY	TX	0	0	JOHN L SANTIKOS CHARITABLE FOUNDATION

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
SANTIKOS CAPITAL COMPANY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 81-0960325	HOLDING COMPANY	TX	75,783	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS 410 RAW LAND LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 37-1801468	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	90,578	0	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS TRI-COUNTY PARKWAY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 35-2602704	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	119,822	2,730,309	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS ENTERPRISES LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 47-4603057	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	127,641	50,287,883	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS TRINITY OAKS THEATER REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 32-0484221	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	153,603	6,328,580	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS RIALTO THEATER REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 38-3989159	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	160,040	10,931,223	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS BALL STREET LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 30-1000934	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	211,601	4,932,402	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS SILVERADO REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 75-3063681	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	262,002	11,560,984	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS PALLADIUM REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 82-3987744	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	405,986	31,585,036	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS MAYAN SHOPPING CENTER LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 03-0402548	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	409,193	9,220,628	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS MAYAN REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 82-3980937	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	502,840	9,584,984	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS EMBASSY SHOPPING CENTER LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 04-3616106	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	658,603	19,458,834	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS EMBASSY SA THEATER REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 47-4957163	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	740,985	11,710,055	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS RAW LAND LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 75-3063672	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	822,251	19,832,905	JOHN L SANTIKOS CHARITABLE FOUNDATION
SANTIKOS SILVERADO SA THEATER REALTY LLC 303 PEARL PARKWAY STE 114 SAN ANTONIO, TX 78215 47-1744462	COMMERCIAL REAL ESTATE LEASING/OPERATIONS	TX	1,469,135	13,179,326	JOHN L SANTIKOS CHARITABLE FOUNDATION

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SANTIKOS THEATERS LLC	A	6,554,489	CASH
SAN ANTONIO AREA FOUNDATION	B	1,652,203	CASH
CITY EDUCATION PARTNERS (SAN ANTONIO AREA FOUNDATION GROUP)	B	2,000,000	CASH
SAN ANTONIO AREA FOUNDATION	R	2,325,590	CASH
SANTIKOS THEATERS LLC	P	4,885,828	G/L TRANSACTION AMOUNT
SANTIKOS THEATERS LLC	S	5,000,000	CASH