Exempt Organization Business Income Tax Return (and proxy tax under section 6033(4)) For classified year 2018 or offer to say we regressly the content of the composition of the compos	Fam 990-T		NDED TO NOV				av Beturn	1 6	OMB No 1545-0687
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San Antonio		Do not enter SSN numbe	rs on this form as it ma	y be ma	de public if your	organizat	tion is a 501(c)(3)	Ope 501	n to Public Inspection for (c)(3) Organizations Only
Section Sec		Name of organization (Check box if name	changed	and see instruction	ons)	D	(Employe	es' trust, see
Additional Continuation Section	B Exempt under section	Print SAN ANTONIO	AREA FOUNI	ATI	ON				
Solid Sol		Tues Number, Street, and room							
SAN ANTONIO, TX 78215-1285 523000		303 PEARL P.							
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0	C Book value of all assets	• • •							
trade or business here UBTI FROM PASS-THROUGH ENTITIES If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III. During the tax year, was the corporation a subsidiary an affiliated group or a parent-subsidiary controlled group?		0 . G Check organization typ	e ► X 501(c) co	rporatio	n 501(c)) trust	401(a) tr	ust	Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affitiated group or a parent-subsidiary controlled group? I Type of the tax year, was the corporation as ubsidiary in an affitiated group or a parent-subsidiary controlled group? I Type of the tax year, was the corporation as ubsidiary in an affitiated group or a parent-subsidiary controlled group? I Type of the tax year, was the corporation as ubsidiary in an affitiated group or a parent-subsidiary controlled group? I Type of the tax year, was the corporation as understood to the parent copporation to the tax year, was the complete Parts I III. I Telephone number ▶ 210-228-3764 Part I Unrelated Grade or Business Income I a Gross recepts or sales I a Gross recepts or sale I a Gross recepts or sales I a Gross re		•							
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The books are in care of LYNDA CABELL Telephone number 210 - 228 - 3764				511L-3UD3	idially controlled g	roup.		163	21 100
1a Gross recepts or sales b Less returns and allowances c Cost of goods sold (Schedule A, Ine 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) Net gain (10ss) (from 479, Part II, line 17) (attach form 4797) c Capital loss deduction for trusts 1 Income (loss) from a partnership or an Scorporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-Inanced income (Schedule E) 8 Interest, annuhes, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions, attach schedule) 13 — 28, 218. 28 — 28, 218. 39 Taxes and licenses 16 Repars and maintenance 16 Repars and maintenance 17 Compensation of officers, directors, and trustees (Schedule K) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Compensation of officers, directors, and trustees (Schedule K) 20 Compensation of officers, directors, and trustees (Schedule K) 21 Deprecation (attach Form 4562) 22 Less deprecation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions (See instructions for limitation rules) 25 Excess reempt expenses (Schedule I) 26 Excess reempt expenses (Schedule I) 27 Outer deductions Add lines 14 through 28 28 Cxess seempt expenses (Schedule I) 29 Total deduction Schedule Cschedule I) 29 Total deductions (Schedule I) 20 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 20 Unrelated business staxable income Subtract line 31 from line 30 21 Unrelated business taxable income Subtract line 31 from line 30 22 Unrelated business staxable income Subtract line 31 from line 30 21 Unrelated business taxable income Subtract line 31 from line 30 22 Unrelated business taxable income Subtract line 31 from line 30 23 Unrelated business taxable income Subtract line 31 from line 30 24 Unrelated business taxa						Telepho	ne number 🕨 21	0-22	28-3764
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				ary 1, 20	18 (see instruction	ns)	-	_	_20 210

Part I	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-28	3,2	18.			
34	Amounts paid for disallowed fringes 34							
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35			0.			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of							
	lines 33 and 34	36	-28	3,2	18.			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			00.			
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,							
	enter the smaller of zero or line 36	38	-28	3.2	18.			
Part I		1 00		- , -				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39			0.			
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from	1						
	Tax rate schedule or Schedule D (Form 1041)	40						
41	Proxy tax See instructions	41						
42	Alternative minimum tax (trusts only)	42						
43	Tax on Noncompliant Facility Income See Instructions	43						
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			0.			
Part \		1 44			.			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	7		-				
b	Other credits (see instructions) 45b	-						
c	General business credit Attach Form 3800 45c	1						
_	Credit for prior year minimum tax (attach Form 8801 or 8827)	_						
	Total credits Add lines 45a through 45d	 45e						
46	Subtract line 45e from line 44	46			0.			
47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)							
48	Total tax Add lines 46 and 47 (see instructions)	48			0.			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			0.			
	Payments: A 2017 overpayment credited to 2018	13						
	2018 estimated tax payments 50b	- i						
	Tax deposited with Form 8868 50c	-						
	Foreign organizations Tax paid or withheld at source (see instructions) 50d							
	Backup withholding (see instructions) 50e							
		┨ !						
	Credit for small employer health insurance premiums (attach Form 8941) Other condition of waterparts and asymptotic Form 89429	-						
g	Other credits, adjustments, and payments: Form 2439 Total Solution Total Tota							
61	Form 4136 Other Total payments Add lines 50a through 50g	┥╻,│						
51 52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	51 52						
52 52	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53						
53 54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54						
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	55						
Part V] 55]						
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No			
00	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		r	103	-100			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country							
	here			- 1	X			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				X			
٠,	If "Yes," see instructions for other forms the organization may have to file							
58	Enter the amount of tax-exempt interest received or accrued during the tax year \rightarrow\$							
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl-	edge and b	elief, it is true,					
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		<u> </u>					
Here		-	discuss this re shown below		uth			
	- MINOR CONTRACTOR	nstructions			No			
	Print/Type preparer's name Preparer's signature Date Check	ıf PTII						
Paid	Self- employed							
Prepa	TOGERHAME DELIBERT Gording Satural 11/14/2019	1	007153	90				
Use O	DOW HOLLD		2-0714		5			
USE U	19026 RIDGEWOOD PARKWAY, SUITE 400							
		210-	82 <mark>8-62</mark>	81				
823711 01-	09-19		Form 99	0-T (2018)			

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory valuation N	/A			<u> </u>	-
1 Inventory at beginning of year	1		6 Inventory at end of	vear		6		
2 Purchases	2		7 Cost of goods sold	•	line 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4 a Additional section 263A costs			line 2	,	7			
(attach schedule)	4a		8 Do the rules of sect	tion 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		1	,	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?		a to receive, appriy		-	
Schedule C - Rent Income		Property and		/ Lease	d With Real Prop	erty)		
(see instructions)					·			
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for pe	d personal property (if the perce arsonal property exceeds 50% or is based on profit or income)	entage r if	3(a) Deductions directly columns 2(a) ar	connected ad 2(b) (att	d with the income in ach schedule)	1
(1)						_	*	
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns		ter			(b) Total deductions Enter here and on page 1,			
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb		Income /···		0.	Part I, line 6, column (B)	>		0.
Schedule E - Officiated Deb	n-rmanceo	income (see i	nstructions)		2 Dadastas das das das		h Na h -	
			2 Gross income from		3 Deductions directly conf to debt-finance			
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deduction	ıs
			,		(attach schedule)		(attach schedule)	
(1) LGC BUILDING, LT	D		-27,065					
(2)						1		
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to need property	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		Allocable deducti lumn 6 x total of co 3(a) and 3(b))	
STATEMENT 3	STATE	MENT 4		_				
(1) 4,366,425.	2	,295,262.	100.00%	6	-27,065	·		
(2)			9/	6				
(3)			9/	6		1		
(4)			9/	6		\bot		
					inter here and on page 1, Part I, line 7, column (A)		er here and on page ort I, line 7, column (
Totals				▶	-27,065	.		0.
		. 0	'		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+		

Schedule F - Interest, A	Annuities,	Royalties,	and Rents	From Con	trolle	d Organiza	tions	(see ins	tructions	5)
			Exempt	Controlled Or	ganızatı	ons				•
1 Name of controlled organizati	ion	2. Employer identification number		elated income instructions)		al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5
1)								· 		
2)										
3)	_			*****			-			
4)										
onexempt Controlled Organiz	zations		•							
7 Taxable Income		ated income (loss	s) 9 Total	of specified paym made	ents	10. Part of column the controlling oss	nn 9 tha ng organ income	iization's		ductions directly connected income in column 10
1)										
2)										
(3)				· · · · · · · · · · · · · · · · · · ·						
(4)										
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
otals			: 504/-\/3	(0) (4	<u>▶</u>			0.		0
Schedule G - Investme		of a Sect	ion 501(c)(/), (9), or (1	/) Org	janization				
(see instr	uctions)			1		3. Deduction	ne .			5 Total deductions
1 Descr	iption of income			2 Amount of ir	соте	directly connect (attach schedu	cted	4 Set-		and set-asides
11)						(attach schedi	ulej	· · · · · ·	•	(col 3 plus col 4)
(1) (2)										
(3)										
(4)										
· · · · · · · · · · · · · · · · · · ·				Enter here and or Part I, line 9, cali		E 25 g 1 y	٠ , ,		(* <u>,</u> ,	Entor hore and on page Part I line 9 column (B)
otals					0.					0
chedule I - Exploited I (see ınstru	-	ctivity Inc	ome, Other	Than Adve	ertisin	g income				
Description of exploited activity	2 Gross unrelated bus income fro trade or busii	iness w	3 Expenses ectly connected with production of unrelated usiness income	4 Net income from unrelated to business (columinus columinus columinus computer gain, computer through 7	rade or imn 2 3) If a cols 5	5 Gross inconfrom activity the is not unrelate business incor	nat ed	6 Exp attributi colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)										
2)										
3)										
(4)	Enter here an page 1, Par line 10, col	t I, (A)	ter here and on page 1, Part I, ne 10, col (B)							Enter here and on page 1, Part II, line 26
otals Schedule J - Advertisin	a Income	0.	0.					<u></u>		0
				olidated F	Pacic					
Part I Income From F	-enouicais	o neporte	u on a cons	oonualed E	<i>y</i> a515					
1 Name of periodical	adv	Gross vertising ncome	3 Direct advertising costs	4. Advertis or (loss) (col col 3) If a gail cols 5 three	2 minus n, compute	5. Circulati income	on	6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)										
2)				7						
3)				7						
4)				7						
otals (carry to Part II, line (5))	▶	0.	0						1	0
otato (carry to mart II, lille (3))		<u> </u>		• 1		<u> </u>				Form 990-T (20

Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-hy-line basis)	

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain α (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)			_				
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
LONE JUNIPER, LP - ORDINARY BUSINESS INCOME (LOSS) LONE JUNIPER, LP - DIVIDEND INCOME	-1,338. 185.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-1,153.

FORM 990-T	NET	OPERATING I	Loss D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSI APPLIEI		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	43,446.		0.	43,446.	43,446.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		43,446.	43,446.

FORM 990-T		ACQUISITION TO DEBT-FIN			STATEMENT 3
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISI		- SUBTOTAL -	1	4,366,425.	4,366,425.
TOTAL OF FORM 9	90-T, SCHEDULE	E E, COLUMN	4		4,366,425.

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY					
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL			
AVERAGE ACQUISITION BASIS - SUBTOTA		2,295,262.	2,295,262.			
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 5		2,295,262.			