### \_\_\_990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

ΑF	or the	2019 calenda	ar year, or tax year beginning	719, and ending			n number
	heck If ap		C Name of organization		U Employe	r Identification 74267084	
	Address of	hange	Alamo Resource Conservation & Development Area Inc.	Room/suite	E Telephor		
<u> </u>	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)		E telebuoi	210-548 <b>-</b> 92	48
=	Initial retur		215 West Bandera Road	Ste. 114-456			
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code			Exemption	
_	Amended Applicatio	n pending	Boerne, Texas 78006	<del></del>	Numbe		
_		ing Method:	☐ Cash	Н			anization is <b>not</b>
	Vebsite		alamored.org			attach Sche	
			eck only one) — ✓ 501(c)(3)   ☐ 501(c) (		(Form 990,	990-EZ, or 9	990-PF).
			. I/ Corporation Trust Association Otl	her	<del> </del>		<del></del>
1 /	Add line	e 5b Bc and	7b to line 9 to determine gross receipts. If gross receipts are \$200,00	0 or more, or if tota	i assets		00404
(Pa	rt II, coi		\$500,000 or more, file Form 990 instead of Form 990-E4			\$	26161
E	art I	Revent	ie, Expenses, and Changes in Net Assets or Fund Ba	lances (see the	instructi	ons for Pa	πij 📈
_		Chack if	t the organization used Schedule O to respond to any ques	tion in this Part	i <u>.</u>	<u> </u>	<u> il</u>
	1	Contributi	ons gifts, grants, and similar amounts received			<u> </u>	23834
	2	Program s	service revenue including government fees and contracts		· ·	2	0
	3	Membersi	nip dues and assessments		· · · -	3	120
	4	Investmer			- 1	4	0
	5a	Gross am	ount from sale of assets other than inventory	5a	0		
	b	Lessi cos	t or other basis and sales expenses	5b	0		•
	C	Gain or (lo	oss) from sale of assets other than inventory (subtract line 5b fr	rom line 5a)		5c	0
	6	Gaming a	nd fundraising events:				
	a	Gross in	come from gaming (attach Schedule G if greater than				
ė	_	\$15,000)		6a	0		
Revenue	Ь	Gross inc	ome from fundraising events (not including \$	0 of contribution	ns 🖁		
ě		from func	traising events reported on line 1) (attach Schedule G if the				
4	•	sum of st	ich gross income and contributions exceeds \$15,000)	6b	473		
	C	Less: dire	ect expenses from gaming and fundraising events	6c	0		
	d	Net incor	ne or (loss) from gaming and fundraising events (add lines 6	Ba and 6b and s	ubtract		
		line 6c)				6d	473
	7a	Gross sa	les of inventory, less returns and allowances	7a	0		
	b	Less: cos	at of goods sold	7b	0		_
	C	Gross pro	ofit or (loss) from sales of inventory (subtract line 7b from line 7	'a)	📙	7c	0
	8	Other rev	renue (describe in Schedule O)		📙	8	634
	9	Total rev	renue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	•	9	25161
_	10	Grants a	nd similar amounts paid (list in Schedule O)			10	
	11	Benefits	paid to or for members		1	11	
9	2 12	Salaries.	other compensation, and employee benefits			12	4056
Ş	12 13 14 15	Professio	anal fees and other payments to independent contractors		• • • [	13	1250
ŝ	14	Occupar	ncy, rent, utilities, and maintenance			14	3120
Ĺ	Ŭ 15	Printina.	publications, postage, and shipping		• • •	15	1506
	16	Other ex	penses (describe in Schedule O)		]	16	23339
	17	Total ex	nenses. Add lines 10 through 16	<u></u>	<u> ▶  </u>	17	2921
-	40	Excess o	or (deficit) for the year (subtract line 17 from line 9)		[	18	-405
-	19	Net asse	ets or fund balances at beginning of year (from line 27, colur	nn (A)) (must ag	ree with	24.56	
	25	end-of-y	ear figure reported on prior year's return)			19	1277
:	Net Assets	Other ch	anges in net assets or fund balances (explain in Schedule O) .			20	
:	Ž 21	Net asse	ets or fund balances at end of year. Combine lines 18 through	20 . <u></u>	<u>.</u> . ▶	21	872

orm 99	00-EZ (2019)	D-+ (B)				
Part	Balance Sheets (see the instructions for	rart II)	arrestion in this	Part II		🗆
	Check if the organization used Schedule O	to respond to any	question an uns	(A) Beginning of year		(B) End of year
	<del></del>		-		75 22	8721
22	Cash, savings, and investments				0 23	0
23	Land and buildings				0 24	0
24	Other assets (describe in Schedule O)			127	75 <b>25</b>	8721
25	Total assets		}		0 26	0
26	Total liabilities (describe in Schedule O)		i 01)	127	75 <b>27</b>	8721
27	Net assets or fund balances (line 27 of column (I	3) must agree with	ine 21) j		<del>- [</del> -	<u> </u>
Part	Statement of Program Service Accompl	ishments (see the	Instructions to	rairin) Dartiii İ		Expenses
	Check if the organization used Schedule C	to respond to any latural Resource Cons	/ question in una	Parlin - L	(Re	equired for section
What	is the organization's primary exempt purpose?	latural Resource Cons	ervation & Rural De	velopinem		t(c)(3) and 501(c)(4) ganizations; optional for
		ments for each of	its three largest p	orogram services	'n I -	hers.)
	agoured by expenses in a clear and concise ma	INDER, DESCRIPE THE	services provide	a, the number o	"	•
	benefited and other relevant intomitation to bac	H Diodiain mier				
28	Segior Assistance Program: Provides assistance to Senior	r Citizens in rural area:	s so that they can h	ave access	[	
	to good nutrition, healthy activities and improved socializat	tion (Persons benefite	d = 676)			
					ī   00	16573
	(Grants \$ 20,000) If this amount in	ncludes foreign gran	nts, check here .		28	Sa 10070
29	Crawing Burgl Vouth Garden Program: Provides gardening	g experiences centere	d on our mission, th	nat build leader-		ļ
	able provide academic enhancements and life skills train.	ng, Youth plan, facilita	te, and complete a	COMMUNICA		
	gorden project as they learn about environmental steward	iship and resource con	iservation. (People I	mpacted, 130)	-   -	ga 5312
	0) If this amount it	ncludes foreign graf	nts, check here 🧠	<u>-                               </u>		9a 5312
30	Mistorshod Protection/Agri-Land Workshop Program: Prov	vides web communica	tion/education, agric	cultural workshops,		
30	watershed/water conservation education, farm & ranch wo	orkshops, and more. (I	People Impacted: or	line = 9865		
	workshops = 109)					
	(Grants \$ 0) If this amount i	ncludes foreign gra	nts, check here	<u> ▶ [</u>	]  3	0a 2814
4	Other program services (describe in Schedule O)					
31		ncludes foreign gra	nts, check here_	<u> ▶ [</u>	=	1a 504
20	Column v	brough 31a)				25203
		Employees (list each	one even if not co	mpensated—see t	he inst	tructions for Part IV)
Fal	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to at	ny question in thi	S Failly	<u> </u>	·
	Check if the organization used constant	(b) Average	(c) t/éhoirable	(d) Health bene	fits,	(e) Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-Mit			other compensation
	(a) taging and	devoted to position	(if not paid, enter -0		sation	
					Ü.	
Alm	a Aguirre, Chairperson West Bandera Rd. Ste. 114-456, Boerne, TX 78006	20	:	0	0	C
Geo	rgia Zannaras, Secretary	3	!	ol	0	
	West Bandera Rd. Ste. 114-456, Boarne, TX 78006	-				
Krls	tine Fett, CPA, Treasurer	4		ol	0	) <sub>1</sub> (
	West Bandera Rd. Ste. 114-456, Boerne, TX 78006		<u> </u>			
Mic	hael Korus, Director	2	1	o	0	
	West Bandera Rd, Ste. 114-456, Boerne, TX 78006		<del>-</del>			
	gy Hollin, Director	. 2		o	0	ol I
215	West Bandera Rd, Ste. 114-456, Boerne, TX 78006	<u> </u>	<del> </del>			
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		-1				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	в <u>V.</u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		✓_
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓_
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35b 35c		<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>/</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions P  Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		<b>✓</b>
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b 40a	Gross receipts, included on line 9, for public use of club facilities			11
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	40e reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	3	<b></b>
41	List the states with which a copy of this return is filed NA	210-5	548-92	48
42a	The organization's books are in care of ► Alma Aguirre  Telephone no. ►		8006	
	Located at ► 215 West Bandera Road, Ste. 114-458, Boerne, Texas ZIP + 4 ►		Yes	s No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	421	_	1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	If "Yes." enter the name of the foreign country ▶	42	<u>c  </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	i i	Ye	s No
442	completed instead of Form 990-F7	1 44	a	
1	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		<b>√</b> ✓
	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide a explanation in Schedule O	44	ld	
45	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead or Form 990-EZ, See instructions	)!	ba   Sib	
	Form 990-EZ, See instructions			

Preparer's signature

Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Firm's address ▶

Paid

Preparer

Use Only

Date

▶ ☐ Yes ☐ No

Check | if

self-employed

Firm's EIN ▶

Phone no.

#### SCHEDULE A (Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

Alamo	Resource Conservation & Developmer	it Area Inc.				74-2670	
Dari	Reason for Public Char	tv Status (All or	ganizations must c	omplete	this par	t.) See instructions	<u> </u>
T	manifestion in not a private foundat	ion hecause it is:	(For lines 1 through 1)	2, check	only one	DOX.)	
4	□ A church, convention of church	es, or association	of churches describe	ea in seci	tion 170(	այլ դրդոյալ.	
- 0	🗀 A school described in <b>section</b> "	1 <b>70(b)(1)(A)(ii).</b> (A	ttach Schedule ⊑ (For	m aan or	990-62).	· <i>)</i>	
_	🖂 a u ili ili ili a la a a a a a serita di sa baa	nital comica ordal	nization described in s	section 1	/UIDILTH	AJ(III).	) Entar tha
4	A medical research organization	n operated in con	junction with a hospit	al descrit	oea in <b>se</b>	Ction Tro(b)(T)(A)(iii	), Enter the
	hospital's name, city, and state  An organization operated for t section 170(b)(1)(A)(iv). (Comp	ilete Part II.)					allic described in
6							
7	☐ A federal, state, of local govern ☐ An organization that normally in	receives a substa	ntial part of its suppo	ort from a	a governr	mental unit or from	the general public
•	described in section 170(b)(1)	A)(vi). (Complete	Part II.)				
8	☐ A community trust described it	section 170(b)(1	I)(A)(vi), (Complete Pa	art II.)			
9	The second terms of	u_adoribod	in continu 170/6\/1\/A	Mixt one:	rated in c	onjunction with a la	nd-grant college
	or university or a non-land-gra	nt college of agric	ulture (see instruction	s). Enter	rile Harris	s, Orry, arra state or s	,, <u>a</u>
10	university:  An organization that normally receipts from activities related	eceives: (1) more to its exempt fun	than 331/s% of its sup ctions—subject to cer	port fron tain exce	n contribi eptions, a	utions, membership ind (2) no more than	331/3% of its
	support from gross investment	: income and unre fter June 30, 197!	5. See <b>section 509(a)</b>	(2). (Com	plete Par	t lil.)	ousmesses
11	□ A+i-ation excepted and	operated exclusi	vely to test for public.	safety. S	ee sectic	on 509(a)(4).	the european
12	The Professional Apple	approted evolution	roly for the benefit of	to perfor	m the ful	nctions of, or to carr	y out the purposes
	محصده والمادي ويواني	stad arabaization	e described in <b>sectio</b>	n busiai	iii or sec	CLIUII JUJIANEJ. OCC	accesors and altale
	Check the box in lines 12a thro	ugh 12d that desi	cribes the type of supp	onting or	ganizado	n and complete ines	s 120, 121, and 129.
а	☐ Type I. A supporting organ	ization operated,	supervised, or contro	lled by it	s support	ted organization(s), 1	ypically by giving
	the supported organization	u(s) the power to r	egularly appoint or ele	ect a maj	ority of tr	e directors or truste	es of the
	supporting organization. Y	ou must comple	te Part IV, Sections /	anu b.			an(a), bu boying
b	Type II. A supporting orga	nization supervise	ed or controlled in cor	nection \	with its su	upported organization	n(s), by naving
	control or management of	the supporting or	ganization vested in t	ne same	persons	that contion of mare	ige the supportuni
	organization(s). You must	complete Part IV	, Sections A and C.		nnaation	with and functions	lly integrated with.
•	Type III functionally integ	rated. A support	ing organization opera	atec in co oto Port i	Minecuoli IV Sectio	ng A. D. and E.	my a nogrator man
	its supported organization	(s) (see instruction	nsj. You must comple	sie raiti	in conte	otion with its suppo	rted organization(s)
•	Type III non-functionally that is not functionally inte	integrated. A sધા	oporting organization	operateu t cotisfu	a dietribu	tion requirement an	d an attentiveness
	that is not functionally inte requirement (see instruction	grated. The organ	nzation generally mus	tions A a	nd D. an	d Part V.	<b>—</b>
	requirement (see instruction	msj. Tou must C	omplete rait it, oco	du Ale	n IDC th	stitic a Type I Type	II Type III
•	Check this box if the orga	nization received	a written determinatio	n trom u portina c	rcanizati	atitisa type i, typo ion.	, II, 1 ypo III
	functionally integrated, or	Type III non-tunc	Horially liftegrated sup	porting c	,, gai 112au		
1	Enter the number of supported	organizations .	orted organization(s)		• ' '		
!	Provide the following information  (i) Name of supported organization	an riv	(iii) Tune of exceptation	(iv) is the o	manization	(v) Amount of monetary	(vi) Amount of
	(i) Name of supported organization	(ii) EIN	(described on lines 1-10	Harrie III yee	. 90.0		other support (see Instructions)
		1	above (see instructions))	docui	nent?	instructions)	instructions)
				Yes	No		
		1					
(A)	NŧΔ						
(B)							
							i
(C)			1				
(D)				<u></u>	<u></u>		
(E)		l			T PROPOSITION TO SERVE		<u></u>

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Part III. II the organization rais to	42,441.7					
Section	n A. Public Support	(-) post 5	(h) 0016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	lar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(6) 2017	(4) 2010	(0) 20 10	17,
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22004	3871	62429	8516	23934	120754
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0 851 <del>6</del>	0 23934	0 120754
4	Total. Add lines 1 through 3	22004	3871	62429	8510	23834	120104
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)						0 120754
6	Public support. Subtract line 5 from line 4					<u> </u>	120754
	on B. Total Support		<u> </u>		1		(0 T-4-)
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total 120754
7	Amounts from line 4	22004	3871	62429	8516	23934	120754
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0		) 0		0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on		) (	) 0	) (	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	800	) 41!	5 830	45!	1227	3731 124485
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, et First five years. If the Form 990 is for torganization, check this box and stop h	the organization ere	n's first, seco	nd, third, fourt	h, or fifth tax :	12 year as a section	0 on 501(c)(3)
	ion C. Computation of Public Suppo	C harman (6)	ge divided by line	11 column (ft)		14	97.00 %
14	Public support percentage for 2019 (line Public support percentage from 2018 So	ahadula A. Dar	† 11 lina 14			15	97.73 %
	331/3% support test—2019. If the orga	nization did no ralifies as a pui	ot check the bo blick supporte	ox on line 13, a d organization	and line 14 is a	331/3% or more	
b	b 331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	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.						
b	10%-facts-and-circumstances test— 15 is 10% or more, and if the organi Explain in Part VI how the organization	2018, If the orization meets in meets the "fa	ganization did the "facts-and acts-and-circu	I not check a to I-circumstance mstances" test	oox on line 13, es" test, check t. The organiza	16a, 16b, or 1 this box and ation qualifies a	7a, and line stop here. as a publicly ► [
18	Private foundation. If the organization instructions	did not check	a box on line '	13, 16a, 16b, 1	7a, or 17b, ch	eck this box an	a see

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

Support Schedule for Organizations	. It is a second and to consider year 11
(Complete only if you checked the box on line 10 of Part	or if the organization latted to quality under i are in
Complete only if you officially and the tests listed be	terre places complete Part II )
If the organization fails to qualify under the tests listed be	NOW, please complete raiting

	If the organization rans to quality t	arider ine to					
Section	on A. Public Support	(-) 004E	(F) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(0) 2011	(4) 2010	(4) 23.10	
1	Gifts, grants, contributions, and membership fees				1		NA
	received. (Do not include any "unusual grants.")					<del></del>	
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		<u> </u>				<u> </u>
5	The value of services or facilities						
-	furnished by a governmental unit to the					ļ	
	organization without charge			,		<del></del>	
6	Total. Add lines 1 through 5						NA NA
7a							
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3				1		
ь	received from other than disqualified						
	persons that exceed the greater of \$5,000						1
	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.)						NA NA
Sect	ion B. Total Support	Corners (see Section 1997)	× 1000-000				
Color	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
g	Amounts from line 6						NA NA
10a	- 1. 0.11.1.	<del></del>			Ţ		
Iva	payments received on securities loans, rents,		ļ	1			
	royalties, and income from similar sources.		1				
b	A Land Land Land Land Land		<u> </u>				
b	section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
c							
	Net income from unrelated business					1	
11	activities not included in line 10b, whether			ļ			
	or not the business is regularly carried on			i			<u> </u>
40	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)			1			
13	Total support. (Add lines 9, 10c, 11,		<del></del>				
13	and 10 \						NA.
14	First five years. If the Form 990 is for	the organizati	on's first, seco	nd, third, four	th, or fifth tax	year as a sect	tion 501(c)(3)
1-4	organization, check this box and stop h	ere			<u></u>		🕨 🔲
500	tion C. Computation of Public Suppo						
15	Public support percentage for 2019 (line	8, column (f)	, divided by line	= 13, column (f	))	. 15	%
16	Public support percentage from 2018 Se	chedule A. Pa	rt III, line 15	<u> </u>		. 16	%_
Sec	tion D. Computation of Investment I	ncome Perd	entage				
17	Investment income percentage for 2019	(line 10c, col	umn (f), divided	i by line 13, co	lumn (f)) .	. 17	%
18	Investment income percentage from 20	18 Schedule A	A. Part III. line 1	7		.   18	%
19:	201-0/ support facts-2019 If the oras	mization did n	ot check the b	ox on line 14,	and line 15 is	more than 33	/3%, and line
(3)	17 is not more than 331/2%, check this bo	x and stop he	re. The organiza	ation qualifies a	is a publiciy suj	pported organiz	ation .
	201-0/ august tasts - 2018 If the organ	nization did no	t check a box o	on line 14 or line	e 19a, and line	16 is more that	n 331/3%, and
1	line 18 is not more than 331/3%, check this	s box and <b>sto</b> j	<b>here.</b> The orga	anization qualit	ies as a publicij	y supported org	Janization - []
20		did not check	a box on line	14, 19a, or 19b	, check this b	ox and see inst	tructions 🕨 🗌
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Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in **Part VI**.
- **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? If "Yes," provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Scheduk	A (Form 990 or 990-EZ) 2019	rage o
Part I	V Supporting Organizations (continued)	Yes No
		163 140
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)	11a
	below, the governing body of a supported organization?	11b
b	A family member of a person described in (a) above?	11c
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110
Secti	on B. Type I Supporting Organizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part W how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	on C. Type II Supporting Organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Sect	ion D. All Type III Supporting Organizations	NZ - N-
		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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Sec	tion 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).
	☐ The organization satisfied the Activities Test. Complete line 2 below.	
i.	The organization is the parent of each of its supported organizations. Complete line 3 below.	A to . a
c		(see instructions)
2	Activities Test, Answer (a) and (b) below.	TES NO
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.	2a
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or below the supported organizations? <i>Provide details in Part VI</i> .	3a
	trustees of each of the supported organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	THE CONTROL OF CONTROL WITH THE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
The state of the state of the Integral Part Test as a qualifying	trus	it on Nov. 20. 1970 (exp):	ain in Part VI). See
instructions. All other Type III non-functionally Integrated supporting organ	zati	ons must complete Secil	(B) Current Year
Section A—Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		<u> </u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		<del></del>
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		<del></del>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1 <u>b</u>		
c Fair market value of other non-exempt-use assets	10		
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		annie
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	ALAXIII GOLDON AND AND AND AND AND AND AND AND AND AN	<u></u>
2 Enter 85% of line 1.	2	XIII/olopyophophophophophophophophophophophophopho	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4 Enter greater of line 2 or line 3.	4	THE CONTRACTOR OF THE CONTRACT	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
amazanay tamparany reduction (see instructions).	<u> </u>		
7 Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppo	rting organization (see
instructions)			

Part '	Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)	
	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
	Distributable amount for 2019 from Section C, line 6			
9	Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 9 amount		(ii)	(iii)
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	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 <b>Part VI</b> ). See			
	instructions.			
_3_	Excess distributions carryover, if any, to 2019	4		
a	From 2014			
<u> </u>	From 2015			
c	From 2016			
d	From 2017			
<u>e</u>	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>i</u> _	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	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			
ь	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. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain i <b>Part VI.</b> See instructions.	ก		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
C				
d				
е				

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.)
Part II, Line	10, Other Income
Fundraising	Income
	nents
	mberships
(REST OF	PAGE IS BLANK)
***************************************	
•••	

#### Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

74-2670845

Alamo Re	source Conservation	& Development Area Inc.	/4-26/0845		
Organiz	ation type (check o	nne):			
Filers of:		Section:			
Form 990 or 990-EZ		√ 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private for	undation		
		☐ 527 political organization			
Form 990-PF		501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private found	ation		
		501(c)(3) taxable private foundation			
Check i Note: C instruct	only a section 501(c	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See		
Genera	l Rule				
<b>7</b>	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Specia	l Rules				
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from a contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were reduring the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless General Rule applies to this organization because it received nonexclusively religious, charitable, etc., cont totaling \$5,000 or more during the year		oses, but no such ibutions that were received y of the parts unless the charitable, etc., contributions		
Cautio	on: An organization	that isn't covered by the General Rule and/or the Special Rules doesn'	t file Schedule B (Form 990,		

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
Alamo Resource Conservation & Development Area Inc.

Employer identification number 74-2670845

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (c) Total contributions (a) Type of contribution Name, address, and ZIP + 4 No. Person Perry and Ruby Stevens Foundation 1 Payroll  $\Box$ Noncash 10000 200 Earl Garrett St #200 (Complete Part II for noncash contributions.) Kerrville, TX 78028 (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No.  $\boxed{ }$ Person John L. Santikos Charitable Fund of the San Antonio Area Foundation 2 Payroll | 10000 Noncash 303 Pearl Parkway, Suite 114 (Complete Part II for noncash contributions.) San Antonio, Texas 78215 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person  $\Box$ **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

(a) No.

from

Name of organization
Alamo Resource Conservation & Development Area Inc.

Employer identification number 74-2570845

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (d) (a) No. (b) Date received from Description of noncash property given (See instructions.) Part I HIII Country Daily Bread Ministries, 38 Cascade Cavern Rd., Boerne, TX 78006, provided food commodities and personal hygiene items twice 3 a month that were distributed to Senior Citizens within our Pantry 54220 Total for 2019 for our Senior Assistance Program in Bandera County, Texas (c) (a) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (c) (a) No. (b) FMV (or estimate) Date received from Description of noncash property given (See Instructions.) Part I (c) FMV (or estimate) (a) No. (d) (b) from Date received Description of noncash property given (See instructions.) Part I

Part I		(See Mandellons.)	
•••		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

(b)

Description of noncash property given

(c)

FMV (or estimate)

(See instructions.)

(d)

Date received

Itano Resource Conservation & Development Area Inc.   74-267045	ame of organ	ization			Employer identification number			
(10) that total more than \$1,000 for the year from any one contributor. Compited explaints legit mounts the the total of exclusively religious, charitable contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$\infty\$ Use duplicate copies of Part III if additional space is needed.  (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is heart.  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (f) Description of how gift is heart.  (g) No. (h) Purpose of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (f) Description of how gift is heart.  (g) No. (h) Purpose of gift  (h) Purpose of gift  Transferee's name, address, and ZIP + 4  (h) Purpose of gift  Transferee's name, address, and ZIP + 4  (h) Purpose of gift  (h) Purpose of	lamo Resour	ce Conservation & Development Area Inc.		<u></u>				
(a) No. (b) Purpose of gift  Transferee's name, address, and ZIP + 4  (c) Use of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferor to transferee  (e) Transfer of gift  (d) Description of how gift is Part I	art III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organizat contributions of \$1,000 or less for the	the year from any on ions completing Part II e year. (Enter this infor	e contributor. II, enter the tota mation once. S	complete columns (a) through (e) and all of exclusively religious, charitable, etc			
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is Part I  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (e) Transfer of gift  Transferor's name, address, and ZIP + 4  Relationship of transferor to transferee  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is Part I  (e) Transfer of gift  (f) No.  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is Part I  (e) Transferor of gift  (f) No.  (h) Purpose of gift  (h) Purpose of gift  (c) Use of gift  (d) Description of how gift is Part I  (e) Transferor of gift  (f) No.  (h) Purpose of gift		Use duplicate copies of Part III if add	itional space is neede	<u>d</u>				
Transferee's name, address, and ZIP + 4  (a) No. (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is be read to be	a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### 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

74-2670845

Alamo Resource Conservation & Development Area Inc. Form 990EZ, Page 1, Part 1, Q8, Other Expenses Reimbursements .......\$634 TOTAL = \$634 Form 990EZ, Page 1, Part 1, Q16 Other Expenses Insurance ....... \$ 1074 Staff/Board Training.....\$ 176 Dues & Subscriptions.....\$ 450 Bank Service Charge......\$ 4 Computer/Technology.......\$ 307 Senior Assistance Program......\$12054 Watershed Protection/Agri-Land Workshop Prog...... 1943 Youth 4 Earth FIRST Program.....\$ 404 Disaster Relief Program ......\$ 100 Form 990 EZ, Page 2, Part III, Q31, Other Program Services Youth 4 Earth FIRST Program: Engages young people (ages 12 to 20), as active citizens, in student centered projects that improve the environment, involve agriculture, provide academic enrichment and assist their community. (People impacted = 4) Expenses \$404 Disaster Relief Program: Families within our Programs, are provided with relief for hardships caused by natural or man made disasters or other extenuating circumstances. (People impacted = 3) Expenses \$100 TOTAL Other Program Services = \$504..... Form 990EZ, Page 1, Part 1, Line 18 Excess or (deficit) for the year. We had a United Way of San Antonio Grant (for \$5498) which was awarded in 2018 but continued to be expended in 2019. We also had donated restricted funds for our Growing Rural Youth Garden Program from prior years that were expended in 2019.

Name of the organization	Employer identification number					
Alamo Resource Conservation & Development Area Inc.	74-2670845					
Form 990EZ, Page 2, Part III, Lines 28 to 32, Statement of Service Accomplishments, Additional Information	<u>n</u>					
We want to acknowledge the donated in-kind services, products and volunteerism that made our programs a						
great success. MASCAT Consultants (Alma Aquirre, owner and our Board Chairperson), provided in-kind	services such as					
multiple hours of volunteerism, office space, communications, online services/web/social network admini	stration,					
grant writing, bookkeeping services, office supplies, and other administrative/program services so that 97	% of					
our funds are directed to our programs. We have also received in-kind donations of food commodities for	our					
Senior Assistance Program from Hill Country Daily Bread Ministries of Boerne, Texas (Value = \$54,220) the	at facilitated					
Senior Food Pantry held in Bandera County, Texas by providing better nutrition to hundreds of local Senio	or Citizens.					
Our Board of Directors , as a whole, provide multiple hours of volunteer work through out the year along v	vith					
40 to 50 other local adult volunteers within our various programs, for a total of thousands of volunteer hot	ırs					
through out the year. As an all volunteer organization, we encourage unity within our mission through						
in-kind gifts, local volunteerism and collaboration as we work together toward our mission goals.						
(REST OF PAGE IS BLANK.)						