#### COMMITTEE ON NATURAL RESOURCES

#### **Disclosure Form**

# As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

**Legislative hearing on: H. R. 3100,** to authorize the Secretary of the Interior to expand the boundary of the San Antonio Missions National Historical Park, to conduct a study of potential land acquisitions, and for other purposes, "San Antonio Missions National Historical Park Boundary Expansion Act";

# purposes, "San Antonio Missions National Historical Park Boundary Expansion Act";

#### For Individuals:

- 1. Name: Pamela Bain
- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

\* \* \* \* \*

#### For Witnesses Representing Organizations:

- 1. Name: Pamela Bain
- 2. Name of Organization(s) You are Representing at the Hearing: Los Compadres
- 3. Business Address: 6701 San Jose Drive San Antonio, Texas 78214
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: 210-922-3218

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have a B.A. from Sophie Newcomb College of Tulane University with a major in English and double minor in biology and history. I lived in New Orleans from age 14 to 22, and fell in love with the cultural and historical richness of Southern Louisiana. When I moved to San Antonio, I was able to fall in love with a city I had visited as a child.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have a B.A. from Sophie Newcomb College of Tulane University with a major in English and double minor in biology and history. I lived in New Orleans from age 14 to 22, and fell in love with the cultural and historical richness of Southern Louisiana. When I moved to San Antonio, I was able to fall in love with a city I had visited as a child.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I am president of a Civil Engineering and Survey company, which has been in business in San Antonio for over fifty years. We provide professional services to the City of San Antonio, Bexar County, the San Antonio River Authority, the Texas Department of Transportation, San Antonio Water System, the Department of Defense and the National Park Service, Alamo College, and several independent school districts in Bexar County, as well as municipalities throughout Central and South Texas.

San Antonio is one of the ten largest cities in the United States and a popular tourist destination in the United States, because of its many historical and cultural resources. I have lived in San Antonio for over forty years, and I devote a large portion of my time to community and volunteer service to these historical and cultural resources to see that they are protected, maintained and developed.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or Department of Agriculture</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

Los Compadres received a Saving America's Treasures grant in the amount of \$194,542.64 that was paid over a period of time as follows: 05/31/05 - \$89,067.00; 09/20/07 - \$34,272.00; and 09/10/09 - \$71,203.64. Funds were used for a preservation project at Mission Concepción, one of the four missions in the national park.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

**NONE** 

#### In addition, for witnesses representing organizations:

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

I am devoted to the Friends Group, Los Compadres, to work with the various entities involved with the continued enhancement and development of our San Antonio Missions Historical Park. I work as a volunteer on activities that improve the quality of life in San Antonio. The continued development of park resources, along with many other developments in the Southern Quadrant of the City of San Antonio will be an economic generator in a much older and economically-deprived part of our city. Tourism is a major part of our local economy, and passage of this legislation will add another element to our already rich cultural and historical destinations. As a fifth generation Texas and an American, proud of our nation, I am committed to the preservation of our history and our heritage, and its links to Mexico and the Spanish settlement of the American South and Southwest.

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

I have been on the Executive Board for Chairman 2011-2012, Vice Chair 2010-2011, and Public Affairs 2009.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or Department of Agriculture</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

Los Compadres received a Saving America's Treasures grant in the amount of \$194,542.64 that was paid over a period of time as follows: 05/31/05 - \$89,067.00; 09/20/07 - \$34,272.00; and 09/10/09 - \$71,203.64. Funds were used for a preservation project at Mission Concepción, one of the four missions in the national park.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

#### NONE

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

#### NONE

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

# Form **990**

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OME No. 1545-0047

Den	arlment of th	e Transum		(except black lung benefit i	•	•		(Openito Public
Inte	rnal Revenue	Service	► The orga	nization may have to use a copy of th	is return to satisfy state reporting	ng requirements.		inspection
<u>A</u>	For the 2	010 calendar	year, or tax year b	eginning 10/01	, 2010, and ending	9/30	1111 1-1111 -//	, 2011
₿	Check If app					D Employ	yar Jdant	lfication Number
	Addros	s change LC	S COMPADRES	DE SAN ANTONIO M	ISSIONS	74-	2308	287
	Name o	hange NA	TIONAL HIS	ORIC PARK		E Teleph	one num	ber
	initial re		O. BOX 126			210	-922	-3218
	Termina	ated SA	M WMIONIO,	TX 78212-0652	00-			0040
	Amend	ed return				G Gross	(Applicate :	s 1,777,150.
	Applica	tion pending F	Name and address of	orincipal officer: SUSAN CHA	NDOHA"	H(a s this a group retu		
		,	ME AS C ABO			H(b) Are all affiliates inc		Ynw A No
ī	Tax-exem		501(c)(3) 501(		4947(a)(1) or 527	if 'No,' attach a list	(589 ins	structions) 1
亡	Website		LOSCOMPADRE			W-X /		_
ĸ			Corporation True	·	L Year of Fermation	H(c) Group exemption n		egal domicile: TX
		Summary	Corporation   True	t Association Other	E THAT OF PORTING	W. TOOO IMS	ino entre	edal dowlesses TV
200			he organization's	mission or most significant a	etuddaer MO ATD AN	D DEDECOTS	THOM	COMP MILES
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<b>Goyemance</b>	2 Che	ck this box	if the organ	zation discontinued its opera	tions or disposed of more	than 25% of its n	 et esse	
Ö	3 Nur	nber of voting	members of the	governing body (Part VI, line	1a),		3 1	22
Ň	4 Nun	nber of indep	endent voting mer	nbers of the governing body	(Part VI, line 1b),,.,		4	
Ě	5 Tota	al number of i	ndividuals employ	ed in calendar year 2010 (Pa	irt V, (ine 2a).,.,		5	0
Activities &				te if necessary)			6	80
٩.	7a ⊤ota	al unrelated b	usiness revenue 1	rom Part VIII, column (C), lin	o 12,,		7a	0.
<u></u>	<b>p</b> Net	unrelated bus	siness taxable inc	ome from Form 990-T, line 34	<u> </u>		7b	0.
		4 14 . 45		Alexander Andrew		Prior Year		Current Year
ē	8 Con 9 Pro	itributions and	grants (Part VIII)	line 1h)		386,2	60.	1,638,105.
Revenue	10 Inve	gram service	revenue (Part VIII	, lino 2g)			26	A AA7
Š	10 inve	esunent incom	ie (mart VIII, colur	nn (A), unes 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, ar		9,3		9,027.
_	12 Tota	er revenue (r al revenue — r	art viri, columni (†	h 11 (must equal Part VIII, o	14 / 16)	80,8 476,4		35,901.
_				art IX, column (A), lines 1-3		139,3		1,683,033.
				art IX, column (A), line 4)			.00,	192,640.
				loyee benefits (Part IX, colur		)—————————————————————————————————————	60	120 550
S				· ·		102,0	00.	132,550.
Expenses	i		- '	IX, column (A), line 11e)			S0800355 2	
Ď.	b Tota	al fundraising	expenses (Part IX	., column (D), line 25) 🟲 🔃	106,563.			
ш				ኣ), lines 112-11d, 11f-24f). ,		138,1	04.	187,724.
	1B Tota	al expenses. A	Add lines 13-17 (n	iust equal Part IX, column (A	), line 25)	439,4	72.	512,914.
	19 Rev	enue less exp	enses. Subtract I	ne 18 from line 12,	<u></u>	36,9	61.	1,170,119.
გ§					7/ //	Beginning of Curren		End of Year
Net Assets or Fund Balances	20 Tota	al assets (Par	t X, (ine 16)	***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	794,0		1,985,425.
30	21 Tota	al llabilities (P	art, X, line 26)		*************	228,1	40.	262,061.
	22 Net	assets or fund	d balances. Subtr	act line 21 from line 20		565,8	99.	1,723,364.
Pi	MII S	Signature E	Block		,			
Und	er pengilles c	f perjury, I declar	p. Jhat J. have, examined	this return, including accompanying a and on all information of which proper	chedules and statements, and to	the best of my knowleds	e and b	ollof, it is true, correct, and
COIN	Meter Nacial	atton of preparer (	oner than omicar) is an	see on all information of which proper	ar has any knowledge.			
		P						
Sig	m j	Signature of	i	@(M)	(D) W	Dato		
He	re		CHANDOHA		IT U	EXECUTIVE I	DIREC	3
			name and title.		444			
	i	Print/Type prepar	. 1	Freparer's signature	Al Date	Check	] ir ]'	PTIN
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US	e Only	Firm's address	► 9901 TH 1			Firm's EIN	<u> ► N/I</u>	<u> </u>
		·	SAN ANTON	[O, TX 78230		Phone no.	(210	) 696-5177
May	the IRS o	liscuss this re	turn with the prep	arer shown above? (see instr	ructions),			X Yes No

	E SAN ANTONIO MISSIONS	74-230828	<u> </u>	Page 2
Rat III Statement of Program S	1	-		
Check If Schedule O contains	response to any question in this Part ill,	<u> </u>		$\square$
<ol> <li>Briefly describe the organization's mis</li> </ol>				
TO AID AND DIRECTLY PRO	MOTE THE MANAGEMENT PROGRAMS AND OBJECTI	VES OF THE N	TANOTTA	
PARK SERVICE AT SAN ANT	ONIO MISSIONS NATIONAL HISTORICAL PARK A	NO TO PROMOT	F.	
PRESERVE AND PROTECT TH	E SPANISH MISSIONS OF SAN ANTONIO.	WAT TO TROUGH	<u> </u>	
TUDORIVE RUD I VOIDOI II	DIMITEL MIDDIONG OF SAN ANIONIO.		~~~~	· ~ ~ ~ ~
A 10.1				
	gnificant program services during the year which were not listed o			
			Yes X	Νo
If 'Yes,' describe these new services	n Schedule O.	_		
3 Did the organization cease conducting	or make significant changes in how it conducts, any program se	ervices?	Yes X	No
If 'Yes,' describe these changes on S			.03	,10
		sa hu aunonosa. Ca.	allam EOI/a	3 (7)
and 501(c)(4) organizations and section	on 4947(a)(1) trusts are required to report the amount of grants ar	as by expenses, set ad allocations to oth	ers, the tol	ij(3) Iai
expenses, and revenue, if any, for ea	ments for each of the organization's three largest program service 4947(a)(1) trusts are required to report the amount of grants are program service reported.		-1-77 414 (41	vei
4a (Code: Expenses \$	288,154. including grants of \$ 192,640.)	(Payanua 5		
	MOTE THE MANAGEMENT PROGRAMS AND OBJECTI	(Leteline A	MTANA	
	ONIO MISSIONS NATIONAL HISTORIC PARK AND	TO PROMOTE,	PRESER	VE
AND PROTECT THE SPANISH	MISSIONS OF SAN ANTONIO.	. <b></b>		
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4d Other program services. (Describe in S	chedule O.)			
(Expenses \$	including grants of \$ ) (Revenue \$	4	`	
4e Total program service expenses	288,154.		)	
		·	C 555	/0010\
BAA	TEEA0102L 10/06/10		Form 990	(2010)

	The state of the s			
		·	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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Х	
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		Х
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		Х
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 1	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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.			
ŧ	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI	11 a	X	
Ŀ	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 ') es,' complete Schedule D, Part VII	1 <b>1</b> b		Х
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 ') es,' complete Schedule D, Part VIII.	11 c		Х
C	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 S hedulc D, Part IX	<u>11 d</u>		
E	Old the organization report an amount for other liabilities in Part X, line 257 If 'Yes,' complete Schedule D, Part X	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D. Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a		Х
	Was the organization included in conscilldated, 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, XII, and XIII is optional	126		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E,	13		X
	Did the organization maintain an office employees, or agents outside of the United States?	14a		<u> X</u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, bolumn (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV.	16		<u> </u>
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,' domplete Schedule G, Part I (see instructions)	17		Х
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	X	
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		Х
20 i	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
ŧ	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

2,082	checklist of Required :	scriedules (continued)			
				Yes	No
21	Did the organization report more than United States on Part IX, column (A),	\$5,000 of grants and other assistance to governments and organizations in the line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than IX, column (A), line 2? If 'Yes,' comple	\$5,000 of grants and other assistance to Individuals in the United States on Part etc Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to F and former officers, directors, trustees Schedule J.	art VII, Section A, line 3, 4, or 5 about compensation of the organization's current, key employees, and highest compensated employees? If Yes, complete			4,
24 6			23	ļ	X
440	the last day of the year, and that was complete Schedule K, If 'No,'go to line	t bond issue with an outstanding principal amount of more than \$100,000 as of ssued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 25	24a		X
þ	Dld the organization invest any procee	ds of tax-exempt bonds beyond a temporary period exception?	24b		
d	Did the organization maintain an escreany tax-exempt bonds?	w account other than a refunding escrow at any time during the year to defease	24c		
d	Did the organization act as an 'on beh	alf of lesuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organized disquallfled person during the year? If	lations. Did the organization engage in an excess benefit transaction with a lyes, complete Schedule L, Part 1	25 a		Х
t	Is the organization aware that it engage that the transaction has not been repo Schedule L, Part I	ed in an excess benefit transaction with a disqualified person in a prior year, and ted on any of the organization's prior Forms 990 or 990-EZ? If 'Yes.' complete	25b		X
26	Was a loan to or by a current or forme disqualified person outstanding as of t	officer, director, trustee, key employee, highly compensated employee, or end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Oid the organization provide a grant or contributor, or a grant selection comm Schedule L. Part III	other assistance to an officer, director, trustee, key employee, substantial ttee member, or to a person related to such an individual? If 'Yes,' complete	27		х
28		less transaction with one of the following parties (see Schedule L, Part IV ids, conditions, and exceptions):			
		istee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	1,000,000	X
þ	A family member of a current or formal Schedule L, Part IV	r officer, director, trustee, or key employee? If 'Yes,' complete	28b		X
C	An entity of which a current or former officer, director, trustee, or direct or in	officer, director, trustee, or key employee (or a family member thereof) was an birect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than	\$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30		ns of art, historical treasures, or other similar assets, or qualified conservation ule M.	30		Х
31	Did the organization Ilquidate, terminat	e, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dis Schedule N, Part II.	spose of, or transfer more than 25% of its net assets? If 'Yes,' complete	32		Х
33	Old the organization own 100% of an e 301.7701-2 and 301.7701-3? If 'Yes,' o	ntity disregarded as separate from the organization under Regulations sections amplete Schedule R, Part I	33		Х
34	line 1,	exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,	34		X.
35	is any related organization a controlled	entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any paymenth within the meaning of section 512(b)(13	ent from or engage in any transaction with a controlled entity  )? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did th organization? If 'Yes,' complete Sched	e organization make any transfers to an exempt non-charitable related ule R. Part V. line 2	36		Х
37	Did the organization conduct more that treated as a partnership for federal inc	n 5% of its activities through an entity that is not a related organization and that is the bone tax purposes? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	Oid the organization complete Schedul Note. All Form 990 filers are regulred t	a O and provide explanations in Schedule O for Part VI, lines 11 and 19? b complete Schedule O	38	Х	
BAA	<del></del>		Form	990 (	2010)

Form 990						E SAN ANTONIO MISSIONS	74-	2308287		Page
Part V	Statem	ents	Rega	rding	Ot	her IRS Filings and Tax Compliance				
	Check if S	Schodu	ule O c	ontain:	sar	esponse to any question in this Part V	<u> </u>		• • • • • •	.,. Г
									Yes	No
1a Ent	er the num	ber rop	oorted	in Box	3 of	Form 1096. Enter -0- If not applicable,	1 a	4		
b Ent	ter the num	ber of	Forms	W-2G	Inclu	ided in line 1a, Enter •0• if not applicable	16	0		
c Did (ga	the organiz mbling) win	zation nings	comply to prize	with t	oacki ers?,	up withholding rules for reportable payments to vendors	and reportable ga	ming 1		X
						ed on Form W-3, Transmittal of Wage and Tax State- ng with or within the year covered by this return	2a	0		
						d the organization file all required federal employment		21	<u> </u>	
						reater than 250, you may be required to e-file. (see Ins				
3a Did	the organiz	zation l	have u	nrelate	ed bu	siness gross income of \$1,000 or more during the year	<b>?</b> .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3:	1	X
b if '\	res' has it f	lied a l	Form 9	90-T fo	or th	s year? If 'No,' provide an explanation in Schedule O		31	3	П
4a At a fina	any time du ancial accou	ring th Int In a	e caler foreig	ndar ye n coun	ear, i itry (	alld the organization have an interest in, or a signature such as a bank account, securities account, or other fir	or other authority o nancial account)?	ver, a		Х
	-				-	country: ►				
						for Form TD F 90-22.1, Report of Foreign Bank and Fi				
5a Wa	s the organ	ization	a part	y to a	proh	bited tax shelter transaction at any time during the tax	year?	5	1	X
<b>b</b> Old	any taxable	e party	notify	the or	gani:	zation that it was or is a party to a prohibited tax shelte	r transaction?	5k	,	X
c if 'Y	es,' to line	5a or	5b, dia	the or	rgani	zation file Form 8886-T?,.,		50	:	
<b>6a</b> Doe soll	es the organ cit any conf	nization tributio	n have ns that	annua Were	ıl gro nöt t	ss receipts that are normally greater than \$100,000, and ax deductible?	nd did the organizat	ion 6 a		х
b if 'Y not	es, did the tax deducti	organ	nization	includ	de wi	th every solicitation an express statement that such col	ntributions or gifts s	were 6k	,	
7 Org	anizations	that m	ay rec	eive de	duc	ible contributions under section 170(c).				
a Did serv	the organiz	zation i led to l	receive the pay	a pay	men	t in excess of \$75 made partly as a contribution and pa	itly for goods and	7.	X	
						donor of the value of the goods or services provided?		71		
c Did	the organiz	ation :	seil, ex	chang	e, or	otherwise dispose of tangible personal property for wh				x
						5282 filed during the year	7 al	71		
						directly or indirectly, to pay premiums on a personal b				_X
						ay premiums, directly or indirectly, on a personal bene				X
	-					on of qualified intellectual property, did the organization			<del></del>	
26 r	oquired?.					······································	11 NC 1 CAA 0055	79		
h lf th Fori	ne organizat m 1098-C?	tion red	eived	a cont	ribut	on of cars, boats, airplanes, or other vehicles, did the	organization file a			
sup	porting orga	ānizati	on or	a dono	ಗ ನಡೆ	donor advised funds and section 509(a)(3) supporting vised fund maintained by a sponsoring organization, ha	ive excess busines:	3		
							*************	B	x 1943450000	a Grandon
						donor advised funds.				
						distributions under section 4966?			+	<del> </del>
						n to a denor, denor advisor, or related person?	• • • • • • • • • • • • • • • • • • • •	91	) 12 90000000000	0 000000000
	tion 501(c)(						المدا			
		,				included on Part VIII, line 12,	10a			
						Part VIII, line 12, for public use of club facilities , ]	106]			
	tion 501(c)(		~			1	1			
						olders,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11a			
aga	inst amoun	ts due	or reci	eived f	rom	ot net amounts due or paid to other sources them.)				
	•					le trusts. Is the organization filing Form 990 in lieu of F			a selection of	2 12 to 10 t
					-	it interest received or accrued during the year,	12b]			1
						eelth insurance issuers,				####
						allfied health plans in more than one state?		, 13a	5 05 00 00 100 100 100 100 100 100 100 1	(1)30000000
						Information the organization must report on Schedule	O,			1
						ization is required to maintain by the states in tue qualified health plans	13b			
								28.8		
14 a Did	the organiz	ation r	eceive	any p	aymo	nts for indoor tanning services during the tax year?,		.,.,,, 14a	1	X

Pa	Governance, Manageme a 'No' response to line 8 Schedule Q. See instruc	nt and Disclosure For each 'Yes' response to lines 2 through 7b ba, 8b, or 10b below, describe the circumstances, processes, or chations	elow, anges	and	for
		response to any question in this Part VI			. X
Sec	tion A. Governing Body and M	anagement		.,,,,,	<u>. 1351</u>
		of the governing body at the end of the tax year 1a 22  heluded in line 1a, above, who are independent , 1b 22		Yes	No
2	<del>_</del>	v employee have a family relationship or a business relationship with any other se?	2		X
3		ver management duties customarily performed by or under the direct supervision employees to a management company or other person?	3		X
4	·	ant changes to its governing documents	4		<u>X</u>
5		ring the year of a significant diversion of the organization's assets?	5		X
6		or stockholders?	6		X
72	Does the organization have members, governing body?	stockholders, or other persons who may elect one or more members of the	7 a		X
ŀ	Are any decisions of the governing boo	ty subject to approval by members, stockholders, or other persons?	7 <b>b</b>	1	X
8	the following:	ly document the meetings held or written actions undertaken during the year by			
		n behalf of the governing body?	8a 8b		X
9	Is there any officer, director or trustee organization's mailing address? If 'Yes	or key employee listed in Part VII, Section A, who cannot be reached at the provide the names and addresses in Schedule O.	9		X
Sec	tion B. Policies <i>(This Section B re</i>	quests information about policies not required by the Internal Revenue Code.)			
••	<b>.</b>			Yos	No
		ers, branches, or affiliates?	10 a		<u> </u>
		tten policies and procedures governing the activities of such chapters, affiliates, s are consistent with those of the organization?	10b		<del>,,</del>
		of this Form 990 to all members of its governing body before filing the form?	11a	codobocco	X
		any, used by the organization to review this Form 990. SEE SCHEDULE O			
		onflict of interest policy? If 'No,' go to line 13key employees required to disclose annually interests that could give rise	12a	X	
	to conflicts?,	***************************************	12b	X	
		nsistently monitor and enforce compliance with the policy? If 'Yes,' describe in E. SCHEDULE . O	12 c	Х	<u>X</u> .
	<del>-</del>	ocument retention and destruction policy?	14	•	X
	Did the process for determining compe	nsation of the following persons include a review and approval by independent imporaneous substantiation of the deliberation and decision?	14		Δ
2		ector, or top management official , , SEE , SCHEDULE . O	15a	Х	er e
b	Other officers of key employees of the	organization	15 b	****	X
	If 'Yes' to line 15a or 15b, describe the	process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contributaxable entity during the year?	e assets to, or participate in a joint venture or similar arrangement with a	16a		X
t	participation in Joint venture arrangeme	written policy or procedure requiring the organization to evaluate its into under applicable federal tax law, and taken steps to safeguard the set to such arrangements?	16b		
Sec	tion C. Disclosure		اتتا	بالحسيد	
	List the states with which a copy of this	Form 990 is required to be filed F NONE			
	, .	to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) avail	lable fo	or pub	( c
	Own website Another	's website X Upon request			
	statements available to the public.	so, how) the organization makes its governing documents, conflict of interest policy SEE SCHEDULE O			ial
		telephone number of the person who possesses the books and records of the organ & ANCH 9901 TH-10 W, SUITE 900 SAN ANTONIO TX 7823			6 <b>-</b> 5
ВАА			Form	990 (2	2010)

orm 990 (2010)	LOS	COMPADRES	T)E	SAN	ANTONTO	MISSIM
01111 940 (2010)	TACK.	COLITION			ひいてついてつ	いいつついついつ

Page 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . .

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E) and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any	ny related organization compensated any current officer, director, or trustee.								
(A)	(B)			(	C)			(D)	(E)	(F)
Namo and title	Average heurs		Position (check all that apply)					Reportable	Reportable compensation from	Estimated amount of other
	per week (describe hours for related organiza- tions in	Individual fustee or director	institutional foustee	Officer	Key employee	Highest compensated employee	Former	eomponsation from tise organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	amount or owner compensation from the organization and related organizations
	Schedule O)	in the state of th	nustee		ä	palesta				
(1) EMILIE BAINE BOARD MEMBER	_ 2	x						0.	0.	0,
(2) AIMEE BROMLEY		<del></del>		_			<del> </del>			
BOARD MEMBER	2	Х						0.	0.	0.
(3) ROBERT S. DOWNEY BOARD MEMBER	2	Х						0.	0.	0.
(4) CURTIS C. GUNN, JR. TREASURER	2	Х		X				0.	0.	0.
(5) SUE ANN GARCIA CHAIRMAN	2	Х		X				0.	0.	0.
(6) ALBERT HAUSSER BOARD MEMBER	2	Х						0.	0.	0.
(2) CYNTHIA MCMURRAY SECRETARY	2	Х		х				, O,	Ó.	0.
(8) FELICIA BALDWIN BOARD MEMBER	2	Х			-	•		0.	0.	0.
(9) ROXIE CATTO HAYNE BOARD MEMBER	2	X		**********		<del></del> -		0.	0.	Ó.
(10) LAURA RICHMOND					$\Box$			14. 1 10 10 10 10 10 10 10 10 10 10 10 10 1	A A A A A A A A A A A A A A A A A A A	
BOARD MEMBER (11) BECKY CANAVAN	2	X					<u>-</u> -	0.	0.	0.
BOARD MEMBER	2_	Х						0.	0.	0.
(12) JAMES LIFSHUTZ BOARD MEMBER	2	Х						0.	0.	0.
(13) FATHER DAVID GARCIA BOARD MEMBER	2	X						0.	0.	0.
(14) LOYCE INCE BOARD MEMBER	2	Х						0.	0.	0,
(15) WM. EUGENE POWELL BOARD MEMBER	2	X						0.	0.	0.
(16) CHRISTOPHER O'CONNELL BOARD MEMBER	2	х						0.	0.	0.
(17) LESLIE SACHANOWICZ BOARD MEMBER	2	Х						0.	0.	0,
ВАА	<u> </u>		EEAC	107L	12/	21/10	I	<u> </u>	<u> </u>	Form 990 (2010)

\$100,000 in compensation from the organization 🟲

Total number of independent contractors (including but not limited to those listed above) who received more than

#### Form 990

#### Continuation Sheet for Form 990

OMB No. 1545-0047

2010

Department of the Transury Internal Revenue Service

Name of the Organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Employler Identification number

74-2308287 Part VIII Continuation: Officers, Cirectors, Trustees, Key Employees, and Highest Compensated **Employees** (A) (日) (C) (D) (E) (F) Position (check all that apply) Estimated amount of other companyation from the organization and related organizations Name and Title Average hours Reportable companiestion from Reportable componsation from Highest compensates Individual or director Institutional trustee CT I the organization (W-2/1099-MISC) per week related organizations (W-2/1099-MISC) employee 1 trustee BILL CROW BOARD MEMBER Х ٥. ٥. 0. BRUCE SHACKELFORD BOARD MEMBER 2 Х Q. 0. Q. BARBARA HALL BOARD MEMBER X 2 Ô. ٥. 0. TY EDWARDS BOARD MEMBER Х 0. ٥. 0. JIMMIE BALLING BOARD MEMBER X 0.\_ Ô. ٥. GREGG MUENSTER BOARD MEMBER 2 X 0. ٥. 0. SUSAN CHANDOHA EXECUTIVE DIREC 45 X 110,833. 0. 9,975. STEVEN HAYS BOARD MEMBER X O. 0. 0. CATHERINE TAYLOR BOARD MEMBER 2 X 0 0, ø. RITA FEIK BOARD MEMBER X Q Ô. 0.\_ THERESA MC COMAS BOARD MEMBER 2 X 0. 0. 0. STEVE SOUTER BOARD MEMBER X 0. 0. ٥.

Form 990 2010

Fa	tt VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ZETS, GRANTS AR AMOUNTS	la Federated campaigns b Membership dues c Fundralsing events d Related organizations	162,755.				
datributions, ( No other simi	Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in Ins 18-11.	***************************************				
PROGRAM SERVICE REVERUE GONTRIBUTIONS, CIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f	Вчировя Соф	1,638,105.			
ROGRAM SERVI	d c f All other program service revenue.					4500 to desired as in the second consultation
_¥4	3 Investment income (including divident similar amounts)	ends, interest and	8,912.			8,912.
	5 Royalties, (1) Rec					
	b Loss; rental expenses c Rental income or (loss) d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory.  b Less; cost or other basis	The state of the s				
	and sales expenses  c Gain or (loss)	115.	1,1,5.	115.		
OTHER REVENUE	8a Gross Income from fundraising even (not including . \$ 210, 35 of contributions reported on line 1c	<u>0.</u>				
отнея	b Less: direct expenses c Net income or (loss) from fundraisi	.,, b 94,117. ng events ►	7,912.			7,912.
	9a Gross income from gaming activitie See Part IV, line 19  b Less: direct expenses  c Not income or (loss) from gaming	b				
	10a Gross sales of Inventory, less retur and allowances	∩s a, b				
	c Net income or (loss) from sales of  Miscollaneous Revenue  11 a MISCELLANEOUS INCOME  b MEMORIALS	Business Code	26,229. 1,760.	26,229. 1,760.		
	c d All other revenue, ,		27,989.			
	12 Total revenue. See instructions		1,683,033.	28,104.	0.	16,824.

Page 10

Fart X Statement of Functional Expenses

Section 501 (c)(3) and 501 (c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (C) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising Total expenses general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part V, 192,640 192,640 line 21...... Grants and other assistance to individuals in the U.S. See Fart IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16..... 4 Benefits paid to or for members . . . . . Compensation of current officers, directors, 41,632 41.632 124,896 41,632. trustees, and key employees..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0 0 0 0. in section 4958(c)(3)(B)..... 7 Other salaries and wages, ..... Pension plan contributions (include section 401 (k) and section 403(b) employer contributions). 2,551 7,654 2,552 2,551. Other employee benefits......... 10 Payroll taxes..... 11 Fees for services (non-employees): a Management..... 13,616 13,616. c Accounting ..... e Professional fundraising services, See Part IV, line 17, . . . . 4,373. 437. 3,936. I Investment management fees...... 725. 725 12 Advertising and promotion..... 405 405 1,214 404 14 Information technology..... 15 100 150. 250 Travel..... Payments of travel or entertainment 18 expenses for any federal, state, or local public officials, ..... 35 Conferences, conventions, and meetings ..... 35 19 21 Payments to affillates..... 17 17. 683 649 22 Depreciation, depletion, and amortization..... 562 562 23 Insurance..... Other expenses, Itemize expenses not 24 covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.). 45,563. 45,563 45.563. a CONTRACT SERVICES 136,689. PRINTING AND PUBLICATIONS 1,894 4,419. 6,313. 5,833. 5, 833. c CENTINELOS EXPENSE 3,893 d BANK CARD DISCOUNTS 3,893. 917 1,834. - TELEPHONE 3,668. 917 5,069. 3,435, 8,870. 366. f All other expenses..... 118,197 512,914. 288,154. 106,563. 25 Tetal functional expenses. Add lines 1 through 24f. Joint costs. Check here ► If following SOP 98-2 (ASC 958-720), Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.,

Pâ	M X	Balance Sheet						
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				100.	1	100.
	2	Savings and temporary cash inves	tments,.,.,	, , , , , ,		342,057.	2	271,860.
	3	Pledges and grants receivable, ne	<b>.</b> 				3	
	4	Accounts receivable, not.,					4	
	5	Receivables from current and form and highest compensated employe	tes, Complete Part I	ll of Sc	hedule L		5	
	6	Receivables from other disqualifier persons described in section 4958 sponsoring organizations of section organizations (see instructions)	persons (as define io)(3)(B), and contrit i 501(c)(9) voluntary	d unde outing ompli	er section 4958(f)(1)), employers and oyees' beneficiary		6	
<b>∧555ET</b> 9	7	Notes and loans receivable, net		,,,,,,	*****		7	
Ē	8	Inventories for sale or use					8	
Ş	9	Prepaid expenses and deferred ch	arges	,		210.	9	1,000.
	10 a	Land, buildings, and equipment: complete Part VI of Schedule D	bst or other basis.	10 a	57,104.			
ł	b	Less: accumulated depreciation		10 ь	52,986.	2,279.	10 c	4,118.
	11	Investments - publicly traded seci				448,543.	11	437,304.
i	12	Investments - other securities. Se					12	73773071
	13	investments - program-related. S					13	
	14	Intengible assets					14	
	15	Other assets. See Part IV, line 11.					15	1,271,043.
	16	Total assets. Add lines 1 through				794,039.	16	1,985,425.
	17	Accounts payable and accrued exp				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17	1/300/ ±20,
	18	Grants payable				211,535.	18	261,403.
	19	Deferred revenue,				2327000.	19	201, 2001
Ļ	20	Tax-exempt bond liabilities					20	
Å	21	Escrow or custodial account liabili	tv. Complete Part N	nf Sc	hedule D		21	
1	-						2	
1	22	Payables to current and former off highest compensated employees, of Schedule L	cers, directors, trus and disqualified pers	tees, k sons. C	complete Part II		22	
5	23	Secured mortgages and notes pay	able to unrelated thi	rd parl	les		23	<u> </u>
	24	Unsecured notes and loans payabl		,			24	
.	25	Other liabilities. Complete Part X o				16,605.	25	658.
	26	Total liabilities, Add lines 17 through				228,140.	26	262,061,
N		Organizations that follow SFAS 1	7, check here -	X an	d complete lines			
F		27 through 29 and lines 33 and 34,		,,	·			
Ą	27	Unrestricted net assets				565,899.	27	458,364.
ואינטוניור	28	Temporarily restricted net assets.				(	28	
	29	Permanently restricted net assets.	ı		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		29	1,265,000.
R		Organizations that do not follow \$			and complete			
		lines 30 through 34.						
OZC	30	Capital stock or trust principal, or o	urrent funds				30	
	31	Paid-in or capital surplus, or land,				<del>,</del>	31	*
B4L4ZCE8	32	Retained earnings, endowment, ac					32	,
ង្គ	33	Total net assets or fund balances.				565,899.	33	1,723,364.
Ĕ	34	Total liabilities and net assets/fund				794,039.	34	1,985,425.
<u> </u>		Designate acts has according			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Earm 990 (2010)

	LE SAN ANTONIO MISSIONS	74-2308287	Page 12
Part XI Reconciliation of Net A	sets		· · · · · · · · · · · · · · · · · · ·
Check if Schedule O contains	response to any question in this Part XI		X
1 Total revenue (must equal Part VIII.	 oplumn (A), line 12)		1,683,033.
2 Total expenses (must equal Part IX.	column (A), line 25)	2	512,914.
	2 from line 1		1,170,119.
	ng of year (must equal Part X, line 33, column (A))		565,899.
	palances (explain in Schedule O)SEE, SCHEDULE, O		-12,654.
6 Net assets or fund balances at end o column (B)).	year. Combine lines 3, 4, and 5 (must equal Part X, (Ine 33,	6	1,723,364.
Part XII Financial Statements a	nd Reporting		
Check If Schedule O contains	e response to any question in this Part XII		
1 Accounting method used to prepare t			Yes No
• • • • • • • • • • • • • • • • • • • •	of accounting from a prior year or checked 'Other,' explain		
2a Were the organization's financial stat	ments compiled or reviewed by an independent accountant?	******	2a X
b Were the organization's financial stat	ments audited by an independent accountant?,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b X
c if 'Yes' to line 2a or 2b, does the orgineeview, or compliation of its financial	hization have a committee that assumes responsibility for oversight statements and selection of an independent accountant?	of the audit,	20
If the organization changed either its in Schedule O.	eversight process or selection process during the tax year, explain		
d if 'Yes' to line 2a or 2b, check a box i separate basis, consolidated basis, o	i blow to indicate whether the financial statements for the year were in both:	ssued on a	
Separate basis Conso	lidated basis		
3a As a result of a federal award, was the Audit Act and OMB Circular A-133?	organization required to undergo an audit or audits as set forth in	the Single	3a X
b If 'Yes,' did the organization undergo or audits, explain why in Sohedule O	the required audit or audits? If the organization did not undergo the and describe any steps taken to undergo such audits	required audit	36
BAA			Form 990 (2010)

# 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 Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer Identification number LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK 74-2308287

Par	I R	ason fo	РцЬ	fic Charit	y Stati	ıs (All organ	nizations	s must	compl	lete th	is part	.) See	instru	ctions.	
The d	rganiza	tion is not a	a priva	te foundatio	nbecau	se it is: (For lin	es 1 throu	ıgh 11, d	heck or	ily one t	ox.)				
1	A c	hurch, com	ventior	of churche	s or ass	ociation of chu	rches desi	orlbed in	section	170(b)(	1 <u>)(</u> A)(I).				
2	A g	chool desci	ribed in	n section 17	<b>ʹ</b> 0(β)(1)χΑ	<b>I)(ii).</b> (Attach S	chedule E	.)							
3	☐ A F	ospital or a	coope	erative hosp	ltai servi	ce organization	n describe	d in sec	tion 170	(b)(1)(A)	X(iii).				
4	Аг	nedical rese	earch d	organi <b>z</b> ation	operate	d in conjunction	n with a h	ospital d	escribed	i in sect	ion 170	(b)(1)(A)	(iii). Ent	er the hos	pital's
		ne, city, an									<b></b>				
5	二 <sup>170</sup>	<b>(Ϸ)(Ί)(Α)</b> (iv	<b>)</b> , (Col	mplete Part	IŲ)	of a college or	_		•	-	-	nmental	unit des	cribed in s	ection
6 7	X An	organizatio	n that	ocal governa normally re <b>\)(vi).</b> (Con	celives a	governmental u substantial par art (I,)	init descrit it of its su	bed in se pport fro	ection 17 m a gov	<b>70(b)(1)(</b> /ernmen	A)(v). tal unit	or from	the gene	eral public	described
8						70(b)(1)(A)(vi).	(Complet	e Part II	.)						
9										contribu	utions. r	nember	ship fees	s, and oros	s receints
	リカン	estment inc	റന്നല മ	nd unrelate	ป ไทยเฉไทก:	i) more than 3 lons — subject ss taxable inco omplete Part III	ma flace o	exception 5	ons, and 11 tax)	l (2) no from bu	more th sinesse:	an 33-1/ s acquir	3% of its od by th	s support f e organizat	rom gross tion after
10						exclusively to t									
11	An mo	organizatio e publicly s cribes the l	n orga suppor type of	nized and c ted organiza supporting	perated ations de organiza	exclusively for escribed in sectation and comp	the benef tion 509(a) lete lines	it of, to p (1) or so 11e thro	perform action 50 ugh 11h	the fund 09(a)(2).	tions of See se	f, or carr action 50	y out the 19 <b>(a)(3).</b>	e purposes Check the	of one or box that
	a	Туре і	- '	b	Type II	c [	Type II	1 — Fund	ctionally	Integrat	ed		d [	Type III -	- Other
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).												5 Of		
f	វេ ម	e organiza	tion re	celved a wr	tten deta	armination from	the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganization	, m
9						ion accepted a		contribu	ition from	ากละบบก	f the fol	lowina n	arenne?	********	,, 🗀
			,	** ****	Ï	, , , , ,							-,,		Yes No
	(i)	A person	who ¢	lirectly or in	di ectly o	controls, either apported organ	alone or l	ogether	with per	sons de	scribed	in (li) ai	nd (lil)	ad as	145 10
	2115					ibed in (i) abov									┼┈┼
	(ii)					described in (i								WARRIED TO SERVE	
la.													111111	, 11 g (III)	<u>u</u>
<u>h</u>						ne supported o		1		63.511		1			
	(I) N	ama of suppor organization	r <del>o</del> d	(ii) E	.110	(III) Type of or described or sbove or IR (see Instru	ganization Mines 1-9 C section ctions))	organiz column (	s the salion in library in salion in	I the ergar	ou notify pization in n (1) of ipport?	organiz colu	s the ration in an (1) and in the S.?	(VII) Amou	nt of support
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

18 BAA

Schedule A (Form 990 or 990-EZ) 2010

Rattill Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (n) ► a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Glfts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')... 250.520 325,349 424,662 386,260 373,105 1,759,896. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf..... 0. The value of services or facilities furnished by a governmental unit to the organization without charge . . . 250,520 4 Total. Add lines 1 through 3... 325,349 424.662 386,260 373,105 759.896. 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. Public support. Subtract line 5 from line 4. 1,759,896. Section B. Total Support Calendar year (or fiscal year (a) 2006(b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total beginning in) 🖹 7 Amounts from line 4..... 250,520 325,349 424,662 386,260 373,105 759,896. 1 Gross Income from interest, dividends, payments received on securities loans, rents, royalties and Income from 21,482 similar sources...... 19,300 10.855 8,680 8,912 69,229. Net income from unrelated business activities, whether or not the business is regularly carried on...... 0. 10 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0. ,829,125. 12 Gross receipts from related activities, etc (see instructions)..... 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))...... 14 96.2% 95.4% 15 X b 33-1/3% support test - 2009. If the orgianization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 9 of Part I or If the organization falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🟲	a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants,')						17 / 0331
2	Gross receipts from admissions, merchandlse 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						
4	or business under section 519. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
	The value of services or facilities furnished by a governmental unit to the organization without chargo						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
	Public support (Subtract line 7c from line 6.)						
<u> 5ec</u>	tion B. Total Support		<del> </del>				
		1					
	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10 a	dar year (or fiscal yr beginning in) > Amounts from line 6	(4) 2006	(b) 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9 10 a	Amounts from line 6	(4) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10 a b	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is	(4) 2006	(b) 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9 10 a b	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities leans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Expiain in Part IV.)						
9 10 a b	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities leans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Expiain in Part IV.)						
9 10 a b 11 12	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add in \$ 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	a for the organize	tion's first, second				
9 10 a b 11 12 13 14 Sec	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities leans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Expiain in Part IV.)  Total support. (Add for \$, 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	s for the organiza	tion's first, second	d, third, fourth, or	fifin tax year as a	seotion 501(c)(3)	
9 10 a b 11 12 13 14 Sec 15	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities leans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add los \$ 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	a for the organiza	tion's first, second Percentage	d, third, fourth, or	fifin tax year as a	section 501(c)(3)	20
9 10 a b 11 12 13 14 Sec 15	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities leans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add los § 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	a for the organize stop here blic Support 10 (line 8, column 2009 Schedule A,	tion's first, second Percentage  (f) divided by line Part III, line 15.	d, third, fourth, or	fifin tax year as a	section 501(c)(3)	
9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add los \$ 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from 2 tion D. Computation of In	a for the organize stop lere blic Support 10 (line 8, column 2009 Schedule A,	tion's first, second Percentage  (f) divided by line Part III, line 15	d, third, fourth, or	fifin tax year as a	a section 501(c)(3)	20 00
9 10 a b 11 12 13 14 Sec 15 16 Sec	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities leans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add los § 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	a for the organize stop fere blic Support 10 (line 8, column 2009 Schedule A, vestment Inco or 2010 (line 10c,	tion's first, second Percentage  (f) divided by line Part III, line 15 me Percentag column (f) divided	d, third, fourth, or 13, column (f))	fifin tax year as a	section 501(c)(3)	20
9 10 a b 11 12 13 14 Sec 17 18 19 a	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add los & 10c, 11, and 12.)  First five years. If the Form 990 i organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 35-1/3% support tests — 2010. If is not more than 33-1/3%, check	a for the organization of this bix and stop	tion's first, second Percentage  (f) divided by line Part III, line 15.  me Percentag column (f) divided e A, Part III, line did not check the to	e 13, column (f))  by line 13, column (f)	fifin tax year as a	15 16 17 18 than 33-1/3%, and ited organization	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
9 10 a b 11 12 13 14 Sec 17 18 19 a	Amounts from line 6.  Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add in \$ 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage for Investment Income Investment Inco	a for the organiza stop here blic Support 10 (line 8, column 2009 Schedule A, vestment Inco or 2010 (line 10c, rom 2009 Schedul the organization of this box and stop the organization	tion's first, second Percentage  (f) divided by line Part III, line 15.  me Percentag  column (f) divided  e A, Part III, line did not check the to here. The organia	e 13, column (f))  by line 13, column (f)  cox on line 14, and cation qualifies as a contine 14 or line	fifth tax year as a n (f)	15 16 17 18 than 33-1/3%, and I ted organization	\$ \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\

Schedule A (	-orm 990 or 9	90-CZ) 2010 J	POS COM	WINKER I	<u>ЛЕ РАЙ ЖИ</u>	ITOMTO W	TPSTOMS	74-2306	1287	Page 4
Part IV	upplemen	90-62) 2010 J tal Informatio 17a or 17b; a tions).	n. Compl	ete this p	art to prov	ide the ex	xplanations	required by	Part II, line	10;
7	rart II, Ilne See in <del>et</del> rue	i/a or i/o; a	na Part II	i, line 12	. Also com	piete this	part for an	y additional i	ntormation.	
	See IIIsuud	tions).								
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BAA								Schedule A (Fo	rm 990 <b>or</b> 990-E	<u> </u>

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### 'Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

NATIONAL HISTOR	Æ SAN ANTONIO MISSIONS RIC PARK	74-2308287
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated a 527 political organization	s a private foundation
Form 990-PF	501(c)(3) exempt private foundation	
1 6/11/1 550-1 1	4947(a)(1) nonexempt charitable trust treated as a	orlyate foundation
	501(c)(3) taxable private foundation	on your loan on
Check if your organization is covered by the	General Rule or a Special Rule. Inganization can check boxes for both the General Rule and a	One del Distriction in
Note. Only a section 50 (c)(/), (b), or (10) c	inganization can check boxes for both the General Rule and a	a Special Rule, See Instructions.
General Rule		
For an organization filing Form 990, 990	EZ, or 990-PF that received, during the year, \$5,000 or mor	e (in money of property) from any one
contributor. (Complete Farts I and II.)		
Special Rules		
509(a)(1) and 170(b)(1)(A)(vI), and recel (2) 2% of the amount on (i) Form 990, F	c Form 990 or 990-EZ, that met the 33-1/3% support test of the drom any one contributor, during the year, a contribution of VIII, line 1h or (II) Form 990-EZ, line 1. Complete Parts (	n of the greater of (1) \$5,000 or and II.
For a section 501(c)(7), (8), or (10) orga	ilzation filing Form 990 or 990-EZ, that received from any or 1000 for use exclusively for religious, charitable, scientific, lit immals. Complete Parts I, II, and III.	ne contributor, during the year,
aggregate contributions of more than \$1 the prevention of cruelty to children or a	,000 for use <i>exclusively</i> for religious, charitable, scientific, in nimals, Complete Parts I, II, and III.	terary, or educational purposes, or
contributions for use exclusively for relig	rization filing Form 990 or 990-EZ, that received from any or pipus, charitable, etc, purposes, but these contributions did n	ot aggregate to more than \$1,000,
purpose. Do not complete any of the pa	all contributions that were received during the year for an ex- rs unless the General Rule applies to this organization beca	use it received nonexclusively
religious, charitable, etc, contributions o	f \$5,000 or more during the year	,,
Caution: An organization that is not covered	by the General Rule and/or the Special Rules does not file	Schedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Part IV, 990-PF, to certify that it does not meet the f	by the General Rule and/or the Special Rules does not file line 2 of their Form 990, or check the box on line H of its Fo ling requirements of Schedule B (Form 990, 990-EZ, or 990	rm 990-EZ, or on line 2 of Its Form PF).
BAA For Paperwork Reduction Act Notice	see the Instructions for Form 990, Schedul	e B (Form 990, 990-EZ, or 990-PF) (2010)
990EZ, or 990-PF.		·

Page 2 Ratifical Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (1) Description of non cash assistance Eart W. Supplemental Information, Complete this part to provide the information required in Part I, line 2, and any other additional information. 74-2308287 (e) Method of vafuation (cock, FMV, appraisal, ethar) PROVIDES THE BOARD OF DIRECTORS WITH A MONTHLY UPDATE ON THE STATUS OF EACH PROJECT THE NATIONAL PARK SERVICE AT THE SAN ANTONIO MISSIOMS NATIONAL HISTORICAL PARK (d) Amount of non-cast assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. LOS COMPADRES DE SAN ANTONIO MISSIONS (c) Amount of cash grant (b) Nurther of recipients (a) Type of grant or assistance THAT WAS FUNDED. Schedule I (Form 990) 2010 N W 4 4 9

BAA

Schedule I (Form 990) 2010

# SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No. 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization LOS COMPADRES I)E SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK

Employer Idontification number 74-2308287

	ttl⊞ Types of Property	<u> </u>	V1751-A.	1,7%	2300207
(US)(4)	ypes of Property	1			
		(a)	(b)	(c)	(d)
		Check if applicable	Number of contributions or items contributed	I Form 990	Method of determining noncash contribution amounts
_			<b></b>	Part VIII, line 1g	
1	ArtWorks of art				
2	Art—I-listorical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods,				
6	Cars and other vehicles				
7	Boals and planes			- ""	
8	Intellectual property,			_	
9	Securities—Publicly traded,			1	
10	Securities-Closely held stock			, , , , , , , , , , , , , , , , , , ,	
11	Securitles-Partnership, LLC, or trust Interests				· · · · · · · · · · · · · · · · · · ·
12	Securities-Miscellaneous.			(* 17,1	
13	Qualified conservation contribution—				
14	Qualified conservation contribution—Other	1-6-4		*************	
	Real estate—Residential				
15					
16	Real estate-Commercial		1.	1 26E 000	
17	Real estate-Other		<u>ь</u>	1,265,000.	1172-1284
18	Collectibles				
19	Food inventory.				<u> </u>
20	Drugs and medical supplies				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
21	Taxidermy			************	
22	Historical artifacts,			-	
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (AUCTION ITEMS)		78	64,395.	
26	Other ► ()				
27	Other ► (),				
28	Other ► ( )	<u> </u>			
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the a Acknowled	e tax year for contributio	ns for which the	29
					Yes No
30 a	During the year, did the organization receive by control for at least three years from the date of the lippurposes for the entire holding period?	ontribution a oltial contribu	ny property reported in tution, and which is not re	Part I, lines 1-28 that it equired to be used for i	must exempt 30a X
E	If 'Yes,' describe the arrangement in Part II.				
	Does the organization have a gift acceptance police	cy that requir	res the review of any no	n-standard contribution	
328	Does the organization hire or use third parties or r				32a X
	If 'Yes,' describe in Part II.				
33	If the organization did not report an arrount in col	umin (c) for a	a type of property for wh	ich column (a) is check	ked,
	describe in Part II				

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

Schedule M (Form 990) 2010

Schedule M (Form 990)	2010	LOS	COM	PADRES	DE	SAN	ANTO	IM OIN	SSIONS	5		74-2	30828	37	Page 2
Schedule M (Form 990) Pattill Suppleme and 33. Al	ntal II	nforma	atior	. Comp	lete	this p	art to	provide	e the inf	ormation	require	d by P	art I,	lines 3	30b, 32b,
and 33. Al	ISO COI	mpiete	this	part fo	r an	y add	itional	inform	ation.	****		· · · · · · · · · · · · · · · · · · ·			
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#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Tmaxury Internal Rovenue Service

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.

Open to Public Inspection

	NATIONAL HISTOR	E SAN ANTONIO MISSIONS IC PARK	T4-2308287
	FORM 990, PART VI. LINE 118	- FORM 990 REVIEW PROCESS	
	THE TREASURER REVIEWS TH	E FORM 990 PRIOR TO FILING WITH THE INT	TERNAL REVENUE
	SERVICE.	<b></b>	
	FORM 990, PART VI, LINE 12C -	EXPLANATION OF MONITORING AND ENFORCEMI	
	THE CHAIRMAN ASKS EACH D	IRECTOR ANNUALLY IF THEY PLAN TO DO BUS	SINESS WITH THE
	NATIONAL PARK SERVICE.	IF SO, THE DIRECTOR MUST PRESENT THEIR	PLAN THROUGH THE
	STANDARD BIDDING PROCESS		
	FORM 990, PART VI, LINE 15A -	COMPENSATION REVIEW & APPROVAL PROCESS	
	THE BOARD OF DIRECTORS M	EETS ANNUALLY IN EXECUTIVE SESSION TO D	ISCUSS THE
	COMPENSATION. THE CHAIR	MAN OF THE BOARD AND THE TREASURER MAKE	THE RECOMMENDATIONS
	FOR BOARD APPROVAL AFTER	THE EXECUTIVE DIRECTOR'S PERFORMANCE E	VALUATION.
	FORM 990, PART VI, LINE 19 - 0	THER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
<b></b>	THE ORGANIZATION PROVIDE	S THE GOVERNING DOCUMENTS, POLICIES, AN	D FINANCIAL
<u>_</u>	STATEMENTS UPON REQUEST.		ہتے ہے۔ سے بندو بہت خند کے بند پہر ہے جہ اللہ اللہ اللہ الباد الباد الباد اللہ اللہ اللہ اللہ اللہ اللہ اللہ ا
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2010 SCHED	ULE O - SUPPLEMENTAL INFORMATION OS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK	PAGE 2 74:2308287
FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET AS:	SETS OR FUND BALANCES	
FORFEITED GRANTS NET UNREALIZED GAINS OR ROUNDING	LOSSES ON INVESTMENTS TOTAL	\$ 3,197. -15,850. -1.
	TOTAL	<u>\$ -12,654.</u>
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2010 FEDERAL BOOK DEPRECIATION SCHEDULE LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK	COST/ B	1,528	32	149	1,300	700	<b>co</b> ,	414	0 <del>7)</del>	450	31,458		52,194	ा । इस्		
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9/30/17 Client 307eu	DESCRIPTION	COMPUTER SERVER	2 TECHSOUP SOFTWARE	3 COMPUTER EQUIPMENT	S DATABASE CONVERSION	6 NEW PHONE SYSTEM	7 WEBHOST	8 LAITICA SOFTWARE	9 WEBHOSTING	D CONVERSION	TOTAL MACHINERY AND EQUIPME		TOTAL DEPRECATION	GRAND TOTAL DEPRECATION		
9/3 GLIE	ସ୍କ 	21	Z	Σ,	25	8	13	83	R	유						

# SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
| Fundraising or Gaming Activities

OMB No. 1545-0047

2010

Department of the Treesury Internal Revenue Service

Complete if the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization LOS COMPADRES NATIONAL HIS	S D	E SAN A	NTONIO	MISSI	ons		Employer Identifica	
Fundraising Activities. Compl Form 990-EZ Illers are not rec	ete i	the organ	ization ans eté this pa	swered 'Ye	s' to Form 990, Part IV	, line 17	'	
1 Indicate whether the organization of a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a writter employees listed in Form 990, Par b if 'Yes,' list the ten highest paid incompensated at least \$5,000 by the	alse or or of t VII)	d funds thr ral agreen or entity in	ough any ( nent with a n connecti	of the folloge f g any individuon with pro	wing activities. Check a Solicitation of non- Solicitation of gove Special fundraising  Jul (including officers, dutessional fundraising si	all that a government events lirectors ervices?	pply. nent grants grants , trustees or key	,,,, ∑Yes XNo er is to be
compensated at least \$5,000 by th (I) Name and address of individual or entity (fundraiser)		) Activity	(III) Did	fundraiser dy or control lbutions?	(iv) Gross receipts from activity	(v) Ai (or fundr	mount paid to retained by) alser listed in	(vi) Amount paid to (or retained by) organization
	ļ		Yes	No			eolumn (i)	-
1			Tes	No				
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Total  S List all states in which the organize or licensing.	ation	<u></u>			is good that have bobs now may have speed done of			<b></b>
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Sche	dule	G (Form 990 or 990-EZ) 2010 LOS COM	PADRES DE SAN	ANTONIO MISSION	S 74-230 orm 990 Part IV	
10.000	3336.0331	Fundraising Events, Complete if reported more than \$15,000 of fu and 6a. List events with gross reconstructions.	indraising event co ceipts greater than	ntributions and gro \$5,000.	ss income on Forr	n 990-EZ, lines 1
			(a) Event #1 GALA	(b) Event #2 SPANISH COLONI	(c) Other events 1	(d) Total events (add column (a) through column (c))
R			(event type)	(nvont type)	(total number)	an ough column (c))
	1	Gross receipts	267,029.	36,350.	7,868.	311,247.
Ē	2	Less; Cheritable contributions	188,350.	22,000.	,	210,350.
	3	Gross Income (line 1 mlnus Ilne 2)	78,679.	14,350.	7,868.	100,897.
	4	Cash prizes				
D	5	Noncash prizes,				
- RECT	6	Rent/facility costs				
	7	Food and beverages				
EXPENSES	8	Entertainment	D1 80°	0.701	3 021	DA 217
S	9	, , , , , , , , , , , , , , , , , , , ,	81,905,	9,191.	3,021.	94,117.
	10	Direct expense summary. Add lines 4- th Net income summary. Combine line 3, co				
0.33	11 4810		ation answered 'Y	es' to Form 990. Pa	irt IV. line 19. or re	
BLOS CA		\$15,000 on Form 990-EZ, line 6a	·			
R E V			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
ENU				bingo/progressive bingo		(add column (a) through column (c))
ENUE	1	Gross revenue,		bingo/progressive bingo		(add column (a)
E NUE		Gross revenue		bingo		(add column (a)
E NUE				bingo/progressive bingo		(add column (a)
E NUE	3	Cash prizes, , , , , , , , , , , , , , , , , , ,		bingo/progressive		(add column (a)
ENUE D-RECT	3	Cash prizes		bingo		(add column (a)
ENUE D-RECT	3 4 5	Cash prizes  Non-cash prizes  Rent/facility costs	Yes\$	Yes %	Yes \{	(add column (a)
ENUE D-RECT	3 4 5	Cash prizes.  Non-cash prizes.  Rent/facility costs.  Other direct expenses.  Volunteer labor.	No	Yes%	No	(add column (a) through column (c))
ENUE D-RECT	3 4 5 6	Cash prizes.  Non-cash prizes.  Rent/facility costs.  Other direct expenses.  Volunteer labor	No ough 5 in column (d),	Yes%	No P	(add column (a) through column (c))
EZUE D-RECT	3 4 5 6 7 8	Cash prizes.  Non-cash prizes.  Rent/facility costs.  Other direct expenses.  Volunteer labor.  Direct expense summary. Add lines 2 through the company of t	No ough 5 in column (d) nes 1, column (d) and	Yes % No	No -	(add column (a) through column (c))
EXCERGES 9	3 4 5 6 7 8 Ent	Cash prizes.  Non-cash prizes.  Rent/facility costs.  Other direct expenses.  Volunteer labor.  Direct expense summary. Add fines 2 throws the gaming income summary. Combine fines the state(s) in which the organization opense organization licensed to operate gaming	No  ough 5 in column (d),  nes 1, column (d) and  erates gaming activities  activities in each of the	Yes % No  Ine 7	No -	(add column (a) through column (c))
EXCERGES 9	3 4 5 6 7 8 Ent	Cash prizes.  Non-cash prizes.  Rent/facility costs.  Other direct expenses.  Volunteer labor.  Direct expense summary. Add lines 2 thrown the gaming income summary. Combine filter the state(s) in which the organization operate gaming No,' explain:	No  ough 5 in column (d),  nes 1, column (d) and  erates gaming activities  activities in each of the	Yes % No  Ine 7	No	(add column (a) through column (c))
EXPERSES 9	3 4 5 6 7 8 Ents to bif 'N	Cash prizes.  Non-cash prizes.  Rent/facility costs.  Other direct expenses.  Volunteer labor.  Direct expense summary. Add lines 2 thrown the gaming income summary. Combine filter the state(s) in which the organization operate gaming No,' explain:	No rugh 5 in column (d), nes 1, column (d) and erates gaming activities activities in each of the	Yes % No  Ine 7	No hand tax year?	(add column (a) through column (c))  Yes No  Yes No

	'		
Schedule G (Form 990 or 990-EZ) 2010 LO	S COMPADRES DE SAN ANTONIO MISSIONS	74-2308287	Page :
• • • • •	activities with nonmembers?		∐No
12 Is the organization a grantor, beneficial administer charitable gaming?,	y or trustee of a trust or a member of a partnership or other entity	/ formed to	No
13 Indicate the percentage of gaming activ	ity operated in:		
	son who prepares the organization's gaming/special events books		<u> </u>
Name -			
Address ►			
	——————————————————————————————————————		∏ No
Name •		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Address ►		-	
16 Gaming manager information:			
Name -			~ <b>-</b>
Gaming manager compensation 🕨 💲	<u> </u>		
Description of services provided		, , , , , , , , , , , , , , , , , , ,	
Director/officer E	mployee Independent contractor		
17 Mandatory distributions			
state gaming license?	law to make charitable distributions from the gaming proceeds to ed under state law to be distributed to other exempt organizations	Yes	No
organization's own exempt activities du	ring the tax year 🕨 \$		
Supplemental Information columns (iii) and (v), and this part to provide any a	on. Complete this part to provide the explanations re if Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as additional information (see instructions).	equired by Part I, line applicable. Also con	e 2b, nplete
			· · · · · · · · · · · · · · · · · · ·
			·····
444		AA-20	
ВАА	TEEA9703), 01/13/11 Sch	edule <b>G</b> (Form 990 or 990	-EZ) 2010
}			

# Complete if the organization answered Yes, to Form 990, Part IV, lines 21 or 22. Attatch to Form 990. Grants and Other Assistance to Organizations, Governments and Individuals in the United States Partil | General Information on Grants and Assistance LOS COMPADRES DE SAN ANTONIO MISSIONS Department of the Treasury Internal Revenue Sarvice Name of the organization SCHEDULE 1 (Form 990)

CAB No. 1545-0047 2010

Open to Publi Hispection

Employer identification number

74-2308287

£ (h) Purpose of grant or assistance OFFERED IN HISTORICAL PARK AND PROGRAMS MISSIONS SUPPORT Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ..... X Yes Ratial Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to (g) Description of non-cash assistance 2 Enter total number of section 501(c)(3) and government organizations. 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? () Nathod of valuation (bock, FAM, appraise), other) SEE PART IV (e) Panount of non-cash essistance 2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 192,640 (d) Amount of cash grant (c) IRC section if applicate Part II can be diplicated if additional space is needed 53-0198094 (c) Enter total number of other organizations. NATIONAL PARK SERVICE-S 2202 ROOSEVELT SAN ANTONIO, IX 78210 1 (a) Mane and address of organization or government ପ୍ 윽 මු e € 6

Schedule I (Form 990) 2010

TEEN3901, 1022/10

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

Schedule Name of arg	B (Form 990, 990-EZ, or 990-PF)	(2010)	Fage 1	of 1 of Part I	
LOS CO	OMPADRES DE SAN ANTONI	O MISSIONS	or panatheration number		
Partil	Contributors (see instructions	١,			
(a) Number	Name,	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
	MR. AND MRS. CURTIS C 213 BROADWAY SAN ANTONIO, TX 78205		\$ <u>1,280,300.</u>	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)	
(a) Number	Name,	(b) address, and ZIP +4	(¢) Aggregate contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	Name,	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
•			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) <b>N</b> umber	Name,	(b) ddress, and ZIP +4	(c) Aggregate contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) Number	Name, a	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)	
(a) Number	Name, :	(b) ddress, and ZIP + 4	(c) Aggregate contribution≤	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Namo of organ	nization	[(2010)	Ра		<u>of</u>	1 of Part II
LOS COMPADRES DE SAN ANTON		O MISSIONS			Employer Iden 74–2308	tification number
	Noncash Property (see in		***		14 2300	<u> </u>
(a) No. from Part I	Descri	(b) ption of noncash property given	FM (se	(c) FMV (or estimate) (see instructions)		(d) Date received
1	PARCEL OF LAND					
			\$\$	1,26	5,000.	12/15/10
(a) No. from Part I	Descri	(b) btion of noncash property given	FM\ (see	(c) (or est instru	timate) ctions)	(d) Date received
<del></del>				•••	,,	
			\$\$			
(a) No. from Part I	Descrip	(b) tion of noncash property given	FM\ (see	(c) / (or est : instruc	imate) tions)	(d) Date received
			\$\$			
(a) No. from Part I	Descriț	(b) tion of noncash property given	FMV (see	(c) (or est instruc	imate) itions)	(d) Date received
		V				
			\$\$			
(a) No. from Part I	Descrip	(b) tion of noncash property given	FMV (see	(c) (or ost instruc	imate) tions)	(d) Date received
	-					
			\$			
(a) No. from Part I	Descrip	(b) tion of noncash property given	FMV (See	(c) (or est) instruc	mate) tions)	(d) Date received
			\$			
BAA			Schedule B (f	orm 99	o, 990-EZ,	or 990-PF) <b>(</b> 2010)

Transferee's name, address, and ZIP + 4  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Schedule E	(Form 990, 990-EZ, or 990-PF)	(2010)			Page 1	of 1	of Part III	
Column   Purpose of gift   P				·*************************************	····	· ·			
Columbia   Exclusively religious, charitable, etc., individual contributions to section 50(c)(7), (3), or (10) organizations aggregating more than \$1,000 for the year. Combinate cols (a) through (e) and the following line entry.  For organizations combeting Pkrt III, sheet fold of exclusively religious, charitable, etc., contributions of \$1,000 for the year. (Enter this information once. See instructions).	LOS CON	IPADRES DE SAN ANTON:	TO MISSIONS				74-2308287		
For organizations completing Per III, onter total of exclusive preligious, charitable, etc.,  (c) (d) (d) (d) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (first etia information once. Sis instructions.) (e) (first etia) (e) (first etia) (e) (first etia)  Mental III	<i>Exclusively</i> religious, clorganizations aggregati	aritable, etc, individual cont ig more than \$1,000 for the	ributio /ear.c	ons to sec omplete cols	t <b>ion 501(c)</b> (a) through (e	(7) (0) (10			
No. from Purpose of gift Use of gift Description of how gift is held  (c) (b) (c) (c) (d) Description of how gift is held  (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	<u> </u>	For organizations completing P contributions of \$1,000 or less f	art III, enter total of exclusively religi br the year. (Enter this information o	ous, cha nce. Se	aritable, etc, e instructions	s.) . , , , , , , , , , , , , ,	.,, ►\$	-	
Part   N/Z		(c)	(c)	(c)		(d)			
(a)  (b)  Transferee's name, address, and ZIP + 4  (c)  Transferee's name, address, and ZIP + 4  (d)  Transferee's name, address, and ZIP + 4  (e)  Transferee's name, address, and ZIP + 4  (f)  Transferee's name, address, and ZIP + 4  (h)  Transferee's name, address, and ZIP + 4  (h)  Transferee's name, address, and ZIP + 4  Transferee's name, address, and ZIP +	Part I		Use of	Use of gift		Description of how glft is held			
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No. from Part I    Calcal									
No. from Part I    Calcal									
No. from Part I    Calcal	(a)	(b)	(5)				<b>7-13</b>	*********	
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	BAA		TEEA07041. 06/23/09		Sched	tule B (Form 9	990, 990 EZ, or 99	90-PF) (2010)	

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK 74-2308287 Partill Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year...... 2 Aggregate contributions to (during year)..... Aggregate grants from (during year), |,,,,,, Aggregate value at end of year..... 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?..... No No Paralle Conservation Easements. Complete if the organization answered 'Yes' to Form 990. 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 ordanization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a b Total acreage restricted by conservation easements..... 2b d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation casements middified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **-**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? In Part XIV, 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 Partille Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to 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 XIV, 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) Revenues included in Form 990, Part VIII, line 1..... 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; **b** Assets included in Form 990, Part X. ▶\$

Schedule D (Form 990) 2010 LOS	COMPADRE	ES DE SA	<u>IN ANTON</u>	<u>IO MISSIONS</u>		74-2308	287	Page
Part III Organizations Maint	amirig Co	llections	of Art, His	torical Treasure	s, or Other S	milar Ass	ets (con	itinued)
3 Using the organization's acquisi items (check all that apply):	tion, accessio	on, and othe	er records, ch	neck any of the follow	/ing that are a siç	inificant use	of its colle	ction
a Public exhibition				or exchange progra				
<b>b</b> Scholarly research			e 🗌 Othe	r				
c Preservation for future gene			<del></del>					
4 Provide a description of the organization of							n	
5 During the year, did the organizassets to be sold to raise funds	ation solicit o	r receive do	nations of ar	t, historical treasures	, or other similar	_	٦	_
Part V Escrow and Custodi	al Arrange	mante (	neu as part	of the organization's	collection?		Yes	No
9, or reported an am	ountion Fo	rm 990 f	Part X line	rorganization an e 21	swered Yes	to Form 9	90, Part	IV, line
		· · · · · · · · · · · · · · · · · · ·						
1 a is the organization an agent, tru included on Form 990, Part X?.	stee, ¢ustodi:	an, or other	intermediary	for contributions or	other assets not	<u>-نم</u>	٦	
b If 'Yes,' explain the arrangemen	tio Dest VIV	and comple		*   *   *   *   *   *   *   *   *   *		· · · · · · · L	Yes	No
bit rea, explain the anangement	I III LEIII VIV	and comple	to the tollowi	ng table;	<del></del>			
c Beginning balance	i					A	mount	
						<del> </del>		
d Additions during the year								
e Distributions during the year								
f Ending balance		***********		• • • • • • • • • • • • • • • • • • • •	<u>  1f </u>	- 100	·	
2a Did the organization include an a	amount on ro	orm 990, Pa	rt X, line 21?	12313212323131313			Yes	∐No
b If 'Yes,' explain the arrangement			_!!		E		<del></del>	
art V Endowment Funds. C							7 1-144	
To Deallast Co. 1	(a) Currer	it year	(b) Prior yea	ar (c) Two years	back (d) Three	years back	(e) Four yo	ars back
1a Baginhing of year balance								
<b>b</b> Contributions,,,,,	<u> </u>		***					
c Net Investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs ,								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the year	end balance	≜ held as:				***************************************	
a Board designated or quasi-endov			<b>&amp;</b>					
b Permanent endowment		<b>}</b>	<del></del>					
c Term endowment >								
3a Are there endowment funds not I organization by:	n the posses:	sion of the c	organization i	that are held and adr	ninistered for the		F-57.	
(i) unrelated organizations	. i					Ţ.	Yes	No
(ii). related organizations						f	3a(i)	<del></del>
b If 'Yes' to 3a(ii), are the related of	rganizations	listed as red	guired on Sci	hodulo E?		·	a(II)	<b></b>
4 Describe in Part XIV the Intended	Lucae of the	nraanization	danen oli oci	nt funda	************		3b	
art VI Land, Buildings, and	Fauinmen	t. See Fo	rm 990 P	Part X line 10	·		<del></del>	
Description of investment		(a) Cost or	other basis	(b) Cost or other	(c) Accumu	lated	(d) Book	value
1-1-5		liuves	trnent)	basis (other)	deprecia	lon		- <del></del>
1a Land , , , , , , , , , , ,	h							
b Buildings.	į.				ļ	<del></del>		··
c Leasehold improvements	I							
d Equipment.,,,,,				31,458		,556.	-	3,902.
o Other.,.,	<u> </u>	<u>l</u>	<u> </u>	25,646	25	,430.		216.
otal. Add lines Ta through 1 <i>c (Column</i>	n (d) njust og	ual Form 99	0, Part X, co	lumn (B), line 10(c).,	)	F		4,118.
AA						Schedule	D (Form 9	
	1							

Schedule D (Form 990) 2010 LOS COMPADRES I	JE SAN ANTONIO MIS	SSIONS 7	4-2308287 Page
Par VIII Investments—Other Securities, Si		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-ye	of valuation: ear market value
(1) Financial derivatives			San Frysk (1887)
(2) Closely-held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
<u>Q</u>			
<u></u>			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments—Program Related. (S		1	
(a) Description of Investment type	(b) Book value	(c) Method of Cost or end-of-ye	of valuation:
(1)		Cost or end-or-ye	ai market value
(2)			· · · · · · · · · · · · · · · · · · ·
(3)			
(4)			
(5)	***************************************		
(6)			
(8)			
(9)		A-10-	
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	<u>, •-                                       </u>		
Part IX Other Assets. (See Form 990, Par			
	) Description		(b) Book value
(1) BEXAR COUNTY 11.613 ACRES	- Harrison -		1,265,000.
(2) OTHER RECEIVABLE			6,043.
(3)			
(4)			
(5)			
(6)			
(8)		-	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	n/R) lloo 15)		b 1 071 042
Part X Other Liabilities. (See Form 990, F	Part X line 25)		► 1,271,043.
(a) Description of liability	(b) Amount		
(1) Federal income taxes	(D) Allicont	$\dashv$	
(2) OTHER PAYABLE	65	7	
(E) SALES TAX PAYABLE		1.	
(4)		<del></del>	
(5)			
(6)			
(7)		$\dashv$	
(8)			
(9)	**************************************		
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	▶ 65		
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the to	ext of the footpote to the or		that reports the
organization's liability for uncertain tax positions under F	IN 48 (ASC 740).		1

Schedule D (Form 990) 2010 LOS COM	PADRES DE SAN ANTONIO MISSIONS 74-	2308287 Page 4
Part XI Reconciliation of Change in N	et Assets from Form 990 to Audited Financial Statements	
1 Total revenue (Form 990, Part Vill,co	umn (A), line 12)	1
2 Total expenses (Form 990, Part IX, co	lumn (A), line 25).	***
3 Excess or (deficit) for the year, Subtra	ct line 2 from line 1,,	
Net unrealized gains (losses) on invest	tments ,	
5 Donated services and use of facilities	****	
6 Investment expenses	**************************************	
7 Prior period adjustments,		• •
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4 th	rough 8	
10 Excess or (deficit) for the year per au	lited financial statements. Combine lines 3 and 9	1.1
Ran Alia Reconciliation of Reven	ue per Audited Financial Statements With Revenue per Ret	urn N/A
<ol> <li>Total revenue, gains, and other support</li> </ol>	t per audited financial statements	7
<ol><li>Amounts included on line 1 but not on</li></ol>	1 P2000	
b Donated services and use of facilities	.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
	Processing and the second seco	2e
	l	3
4 Amounts included on Form 990, Part \	III line 12 but not on line 1	SO
	Form 990, Part VIII, line 7b	
C Add lines 48 and 40.		4c
5 Total revenue. Add lines 5 and 4c. (1/	is must equal Form 990, Part i, line 12.).	5
	s per Audited Financial Statements With Expenses per Return	N/A
	financial statements	1
2 Amounts included on line 1 but not on	10000	
	2b	
c Other losses		
d Other (Describe in Part XIV.)		
e Add Ilnes 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part II		
a investments expenses not included on	Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (7		5
Par XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·
Complete this part to provide the description	e required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this	s 1b and 2b;
any additional Information.	Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this	part to provide
and the state of t		
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BAA	TEEA3304 02/11/11 Sol	bodule D (Ferm 000) cons

TEEA3304L 02/11/11

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 LOS Co	OMPADRES DE SAN ANTONIO MISSIONS ation (continued)	74-2308287 Page 5
Par XIV Supplemental Inform	ation (continued)	
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BAA		Schedule <b>D</b> (Form 990) 2010
DAG	TEEA3305L 07/16/10	achequie D (Form 99H) 2010

TEEA3305L 07/16/10

Schedule **D** (Form 990) 2010

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

OMP No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	For the	2009 calend	ar year, o	<u>ir tax year b</u>	eginning 10/01	, 2009, and ending	9/3			, 2010	
	Check If a	eldeollaci		¢			ļ	D Employe	er Identi	fication Number	
	Janes J	nzo change	Planse use IRS label	LOS COM	PADRES DE SAN ANTONI	O MISSIONS		74-2			
	<b>—</b>	e change	or print or type,	NATION#	L HISTORIC PARK		$\mathbb{W}$	E Telephor	וחטים מר	oet	
	$\vdash$	l return	See specific	P.O. BC	X 12652		' M I	210-	922	-3216	
	$\vdash$	Ination	instruc- tions.	SAN ANI	ONIO, TX 78212-0652			***************************************			
	H		Hatta.					G Gross re	calnta 3	601	,285.
	<del></del> -	nded return	£ N	ad address of a	rincipal officer;	н	(e) le this e	group return			12.1
	Appli	ication panding		AS C ABO	l .		(b) Are all a	iffiliates Inclu	idnel?	Yas	
_						NO 1 607	If 'No,' a	attach a list.	ani ana)	itructions)	<u> </u>
<u>_</u>		xempt status				)(1) or   527				_	
<u>J</u> _				OMPADRE			·	xomption nu			
K		f organization:		stion Trus	t Association Other	L Year of Formation	n: 1983	M S	tete of le	egal domicile: $T \Sigma$	(
P	art I	Summa								<u>.</u>	
					mission or most significant activ						<b>-</b>
0	_///	<b>1ANAGEME</b>	NT_PRO	GRAMS A	ND OBJECTIVES OF THE	<u>_ NATIONAL_PARK</u>	<u> Serv</u>	ICE AT	_SAN	QINQTNA_0	
a di					TORICAL PARK AND TO	PROMOTEL_PRESE	RVE_A	ND_PRO	TEC.	r_the_spai	LH2IN
Ė		<b>AISSIONS</b>	OF SA	IN ANTON	IQ						
õ					zation disconlinued its operation				_ 1		
۵ij					poverning body (Part VI, line 1a)				3		22
S					nbers of the governing body (Pa				4	·	22
Ę					/, (ine 2a)				5		3
Activities & Governance					ite if necessary)enue from Part VIII, column (C),				7a		0
~									7a 7b		0.
	<b>D</b> N	et unrelated	ousiness	(axable inc	ome from Form 990-T, line 34.				70		
							P(	rior Year	60	Current Y	
<u> </u>					line 1h)			424,6	62.	386	,260.
Revenue					, line 2g)		<u> </u>		7.0		~~~~
3					mn (A), lines 3, 4, and 7d)			8,1			, 335.
lele					A), lines 5, 6d, 8c, 9c, 10c, and			74,8			,838.
					h 11 (must equal Part VIII, colu			507,6			,433.
					ert IX, column (A), lines 1-3)			234,9	84.	139	<u>,300.</u>
					art IX, column (A), line 4),						
Ø	15 S	lalaries, othe	r comper	nsation, emp	loyee benefits (Part IX, column	(A), lines 5-10),	114,450.			162	,068,
56											
7.	16a P	rofessional f	iundraisin	ig fees (Part	IX, column (A), line 11e)	***********					
ğ,	16a P			-							
Expenses	16a P	otal fundrais	ing exper	nses (Part I)	i, column (D), (ine 25) 🟲	99,719.		170.7	76.	138	104
Š	17 C	otal fundrais Other expense	ing exper es (Part l	nses (Part I) X, column (	(, column (D), line 25) > A), lines 11a-11d, 1]f-24f),	99,719.		170,7 520.2			,104.
Exp	17 C	otal fundrais Other expensional expense	ing exper es (Part l es, Add III	nses (Part I) X, column ( nes 13•17 (n	(, column (D), line 25) ► A), lines 11a-11d, 11f-24f) just equal Parl IX, column (A), l	99,719. ine 25)		520,2	08.	439	,472.
_	17 C 18 T 19 R	otal fundrais Other expensional expense	ing exper es (Part l es, Add III	nses (Part I) X, column ( nes 13•17 (n	(, column (D), line 25) > A), lines 11a-11d, 1]f-24f),	99,719. ine 25)		520,2 -12,5	08. 65.	439 36	,472. ,961.
-	17 C 18 T 19 R	otal fundrais Other expensional expense Otal expense Levenue less	ing exper es (Part I es, Add III expense	nses (Part I) X, column ( nes 13-17 (r s. <u>Subtract</u>	(, column (D), line 25) A), lines 11a-11d, 11f-24f),	99,719. ine 25)		520, 2 -12, 5 ning of Y	08. 65. ear	439 36 End of Y	,472. ,961. ear
-	17 C 18 T 19 R	otal fundrais Other expense otal expense tevenue less otal assets (	ing exper es (Part I es. Add III expense Part X, III	nses (Part I) X, column ( nes 13•17 (r s. <u>Subtract</u> ne 16)	(, column (D), line 25) > A), lines 11a-11d, 11f-24f), rust equal Part IX, column (A), l ine 18 from line 12	99,719. ine 25).		520, 2 -12, 5 ning of Y 726, 4	08. 65. ear 74.	439 36 End of Y 794	,472. ,961. ear ,039.
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orm	990 (2009) LOS COMPADRES D	E SAN ANTONIO MISSIONS	74-2308287	Page 2
Pár	till Statement of Program 5	ervice Accomplishments		
1				
	TO AID AND DIRECTLY PRO	OTE THE MANAGEMENT PROGRAMS AND OBJECT	<u> </u>	/T
		NIO MISSIONS NATIONAL HISTORICAL PARK	AND TO PROMOTE,	
	PRESERVE AND PROTECT TH	SPANISH MISSIONS OF SAN ANTONIO.		
2	Old the organization undertake any sign	ficant program services during the year which were not listed or	the prior	
	Form 990 or 990.EZ7		Yes 🔀	No
	If 'Yes,' describe these new services on	Schedule O.		
3	Did the organization cease conducting,	r make significant changes in how It conducts, any program sei	rvices?, Yes 🔀	No
	If 'Yes,' describe these changes on Scho	dule O.	,	,
4	Describe the exempt purpose achievem	nts for each of the organization's three largest program service:	s by expenses. Section 501(c)(3)	)
	and 501(a)(4) organizations and section	Ints for each of the organization's three largest program services 4947(a)(1) trusts are required to report the amount of grants an program service reported.	id allocations to others, the total	
	expenses, and revenue, it any, for each	program service reponed,		
4 a	(Cade: ) (Expenses \$	229, 942. including grants of \$ 139, 300.	.) (Revenue \$ 476,	<u>433.</u> )
		MOTE THE MANAGEMENT PROGRAMS AND OBJECT		
		NIO MISSIONS NATIONAL HISTORIC PARK A	ND TO PROMOTE, PRESE	RVE
	AND PROTECT THE SPANISH	MISSIONS OF SAN ANTONIO.	* * * * =	
	<u> </u>			
				<b>-</b>
	icongestickinskih)			
45	(Code:) (Expenses \$	Including grants of \$	_) (Revenue \$	)
		<u></u>		<del>-</del>
		<u> </u>		
			<b></b>	
		<u></u>		
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	PA PAT NA NA 602 602 504 604 604 604			
4 c	(Code; (Code; \$)	including grants of \$	_) (Revenue \$	)
			· · · · · · · · · · · · · · · · · · ·	
			<b></b>	
			<del></del>	
4 d	Other program services. (Describe in Sc	pedule O.)	A CONTRACTOR OF THE CONTRACTOR	*****
	(Expenses \$	including grants of \$ ) (Revenue	\$ \$ )	
4 c	Total program service expenses 🕨	229,942.		

p q	Make and Cliecklist of Fredance of	Circulates			
				Yes	No
1	Is the organization described in section	501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1	х	
2		e Schedule B, Schedule of Contributors?,,,,,	2	X	
3	Did the organization engage in direct of for public office? If 'Yes,' complete Sci	indirect political campaign activities on behalf of or in opposition to candidates	3_		Х
4	Section 501(c)(3) organizations. Did th	e organization engage in lobbying activities? If 'Yes,' complete	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c) reporting requirement and proxy tax?	6) organizations. Is the organization subject to the section 6033(e) notice and 'Yes,' complete Schedulo C, Part III	5_		
6	provide advice on the distribution or in-	r advised funds or any similar funds or accounts where donors have the right to estment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		х
7	Did the organization receive or hold a renvironment, historic land areas or his	onservation easement, Including easements to preserve open space, the oric structures? If 'Yes,' complete Schedule D, Part II	7_		Х
8	Did the organization maintain collection complete Schedule D, Part III	s of works of art, historical treasures, or other similar assets? If 'Yes,'	8_		х
9	Did the organization report an amount or provide credit counseling, debt man	n Part X, line 21; serve as a custodian for amounts not listed in Part X; agement, credit repair, or debt negotiation services? <i>If "Yes," complete</i>	9		v
10	Did the organization, directly or through 'Yes,' complete Schedule D, Part V	a related organization, hold assets in term, permanent, or quasi-endowments? If	10		X
11	is the organization's answer to any of t	he following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or	11	X	
	Did the organization report an amount D, Part VI	for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule			
	<ul> <li>Did the organization report an amount assets reported in Part X, line 16? If ')</li> </ul>	or investments— other securities in Part X, line 12 that is 5% or more of its total es,' complete Schedule D, Part VII			
	assets reported in Part X, line 16? If 1	for investments— program related in Part X. line 13 that Is 5% or more of its total res,' complete Schedule D, Part VIII.			
	Part X, line )6? If 'Yes,' complete Sch	for other assets in Part X, line 15 that is 5% or more of its total assets reported in edule D, Part IX			
	Did the organization's separate or cons	olidated financial statements for the tax year include a footnote that addresses tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			
12	Did the organization obtain separate, in	dependent audited financial statement for the tax year? If 'Yes,' complete	12		X
12	A Was the organization included in consc	lidated, independent audited financial statement for the lax Yes No	, <u> </u>		
12	year? If 'Yes,' completing Schedule D,	Parts XI, XII, and XIII is optional	13		X
		employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate re business, and program service activitie	venues or expenses of more than \$10,000 from grantmaking, fundraising, soutside the United States? If 'Yes,' complete Schedule F, Part t	146		Х
15	Did the organization report on Part IX, or entity located outside the United Sta	column (A), line 3, more than \$5,000 of grants or assistance to any organization tes? If 'Yes,' complete Schedule F, Part II	15_		Х
		column (A), Ilne 3, more than \$5,000 of aggregate grants or assistance to states? If 'Yes,' complete Schedule F, Part III	16		Х
		ore than \$15,000 of expenses for professional fundraising services on Part IX, complete Schedule G, Part I	17		X
		\$15,000 total of fundralsing event gross income and contributions on Part VIII, bedule G, Part II.	18	<u> x</u>	
19	Did the organization report more than a complete Schedule G, Part III	\$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		x
20	Did the organization operate one or mo	re hospitals? If 'Yes,' complete Schedule H	20		Х

				Yes	No
21	Did the organization report more than \$5 United States on Part IX, column (A), In	5,000 of grants and other assistance to governments and organizations in the ne 1? If 'Yes,' complete Schedule I, Parts I and II	21	<u>x</u>	_
22	Did the organization report more than \$E IX, column (A), line 2? If 'Yes,' complete	5,000 of grants and other assistance to individuals in the United States on Part  a Schedule I, Parts I and III	22_		X
23	and former officers, directors, trustees, I	rt VII, Section A, line 3, 4, or 5 about compensation of the organization's current key employees, and highest compensated employees? If 'Yes,' complete	23	х	
24	1	1			74-
	complete Schedule K. If 'No,'go to line 2	bond issue with an outstanding principal amount of more than \$100,000 was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 25	<b>24</b> a		Х
	b Did the organization invest any proceeds	s of tax-exampt bonds beyond a temporary period exception?	2 <u>4</u> b		
	any lax-exempt bonds?, ,		24 c		
	d Did the organization act as an 'on behali	f of issuer for bonds outstanding at any time during the year?	24d		_
25	a Section 501(c)(3) and 501(c)(4) organized disqualified person during the year? If ()	tions. Did the organization engage in an excess benefit transaction with a Yes,' complete Schedule L, Part I	25a	-	_ X
	b Is the organization aware that it engage that the transaction has not been repulte Schedule L., Part I.	d in an excess benefit transaction with a disqualified person in a prior year, and ed on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete	25b		Х
-	, i		,		
26	disqualified person outstanding as of the	officer, director, trustee, key employee, highly compensated employee, or e end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or contributor, or a grant selection comittee Schedule L, Part III	other assistance to an officer, director, trustee, key employee, substantial e member, or to a person related to such an individual? It "Yes," complete	27		Х
28	· ·	ess transation with one of the following parties (see Schedule L, Part IV			
		stee, or key employee? If 'Yes,' complete Schedule L, Part IV	28 a		Х
	b A family member of a current or former Schedule L, Part IV	officer, director, trustee, or key employee? If 'Yes,' complete	28b		х
	c An entity of which a current or former of was an officer, director, trustee, or director.	fficer, director, trustee, or key employee of the organization (or a family member) of or indirect owner? If 'Yes,' complete Schedule L, Part IV	28 c		Х
29		\$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contribution contributions? If 'Yes,' complete Schedu	ns of art, historical treasures, or other similar assets, or qualified conservation uie M	30		Х
31		, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, disp Schedule N, Part II.	pose of, or transfer more than 25% of its net assets? If 'Yes,' complete	32		Х
33	Did the organization own 100% of an ent	tity disregarded as separate from the organization under Regulations sections mplete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-	exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,	34		Х
35	Is any related organization a controlled	entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,	35		х
36	Section 501(c)(3) organizations, Did the	organization make any transfers to an exempt non-charitable related	36		Х
37	Did the organization conduct more than	5% of its activities through an entity that is not a related organization and that is me tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule	O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	

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ar	Statements Regarding wi	Her IKS Finings and Tax Compitance				
					Yes	No
1 a	Enter the number reported in Box 3 of for	rm 1096, Annual Summary and Transmittal of U.S.				
	Information Returns. Enter -U- it not appli	(Caple, . ,	1a 6			
		d in line 1a. Enter -0- if not applicable				
	(gambling) winnings to prize winners?.		and reportable gaming	1 c		**************************************
2a	Enter the number of employees reported on Form \$ calendar year ending with or within the year covered	3, Transmittal of Wago and Tax Statements, filed for the by this return				
26		the organization file all required federal employment		2b	X	acest Married
		ater than 250, you may be required to e-file this retur				
	this return?	ness gross income of \$1,000 or more during the year		3 <u>a</u>		X
b	If 'Yes' has It filed a Form 990-T for this y	year? If 'No,' provide an explanation in Schedule O		3b		
<b>4</b> a	At any time during the calendar year, gid	the organization have an interest in, or a signature of the as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4a		х
	If 'Yes," enter the name of the foreign co					
		ling requirements for Form TD F 90-22.1, Report of F	oreign Bank and			
5 a		ted tax shelter transaction at any time during the tax	year?	5a		Χ
		tion that it was or is a party to a prohibited tax shelter		5b		Х
	: If 'Yes,' to line 5a or 5b, did the organiza	tion file Form BB86-T, Disclosure by Tax-Exempt Enti		5c		
	i					
		receipts that are normally greater than \$100,000, an deductible?, , , ,		6a		Х
Ŀ	If 'Yes,' did the organization include with deductible?	every solicitation an express statement that such con	ntributions or gifts were not	6b		
7	Organizations that may receive deductible	le contributions under section 170(c).				
а	Did the organization receive a payment in	n excess of \$75 made partly as a contribution and pa	artly for goods and services	7 a	Х	
t		onor of the value of the goods or services provided?		7b	Х	
	Did the organization sell, exchange, or ot	therwise dispose of tangible personal property for wh				
	Form 8282? ,	82 filed during the year		<u>7c</u>		X
6	Did the organization, during the year, rec	selve any funds, directly or indirectly, to pay premium		.1869,000,000	000000000	2020000
	benefit contract?	**************************		7e		<u> X</u>
		y premiums, directly or indirectly, on a.personal bene		71		X
		al properly, did the organization file Form 8899 as re		79		
		s, and other vehicles, did the organization file a Form		7h	***************************************	************
8	Sponsoring organizations maintaining de supporting organization, or a donor ad /is holdings at any time during the year?	onor advised funds and section 509(a)(3) supporting sed fund maintained by a sponsoring organization, ha	organizations. Did the ove excess business	В		
9	Sponsoring organizations maintaining de			5000000000		
		istributions under section 4966?		9 a	******	3968989889  -
		n to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:	THE GOLDS, COUNTY SERVICES OF TOTAL PRISORS				
		iciuded on Part VIII, line 12	10a			
		Part VIII, line 12, for public use of club facilities	100			
	Section 501(c)(12) organizations. Enter:	are viriginate 18, for paone and of blad inclined				
	,	areholders	[ 11 a			
	Gross income from other sources (Do no	t net amounts due or paid to other sources against	11 6			
10-		trusts. Is the organization filing Form 990 in lieu of I		12a	0.80038999	)15346833 <del>8</del> 6
		interest received or accrued during the year.	126	12.0		
1	יון יוסאן סוונסו נוים מווטטוונ טו (מאיסאטווויטרו	miles out service of econopi during the hearth services	144	10000000000		788 SR 2

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

Section A. Governing Body and Management

Sec	ion A. Governing Body and t	nanagement				
	_	1	. 1	- 800mm	Yes	No
		the governing body		<u> 2</u>  2		
		at are Independent		<u>.                                    </u>		
	officer, director, trustee of key employe	employee have a family relationship or a business related.		2	9 30 30	<u>X</u>
3	Did the organization delegate control of officers, directors or trustees, or key	ver management duties customarily performed by or un employees to a management company or other person	der the direct supervision	, з		X
4		nt changes to its organizational documents		4		Х
	since the prior Form 990 was filed?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	· ·	ing the year of a material diversion of the organization				<u> </u>
	•	r stockholders?		, <u>6</u>	<u> </u>	X
7 a	Ones the organization have members, governing body?	stockholders, or other persons who may elect one or m	ore members of the	. 7a		X
Ь	Are any decisions of the governing boo	y subject to approval by members, stockholders, or oth	er persons?	. 7b		X
	the following:	y document the meetings held or written actions undert				
				. <u>8a</u>	<del>-</del>	<u>X</u>
	-	h behalf of the governing body?		, 86		X
		or key employee listed in Part VII, Section A, who can provide the names and addresses in Schedule O		. 9		Х
	•	n B requests information about policies not	required by the Inter	nal		
Reve	nue Code,)					
10-	Dana tha again that have been shown	ara bronchos as attitishes?		. 10a	Yes	No X
		ers, branches, or affiliates?		. Iva		
Þ	and branches to ensure their operation	tten policies and procedures governing the activities of sare consistent with those of the organization?	such chapters, amiliates,	. 10b		
		f this Form 990 to all members of its governing body be		, 11		Х
11.4	Describe in Schedule O the process, if	any, used by the organization to review this Form 990.	SEE SCHEDULE C			
		onflict of interest policy? If 'No,' go to line 13		. 12a	Х	
Ь	Are officers, directors or trustees, and to conflicts?	key employees required to disclose annually interests the	hat could give rise	. 126	Х	
c	Does the organization regularly and co- Schedule O how this is doneSE	nsistently monitor and enforce compliance with the police. SCHEDULE .0	cy? If 'Yes,' describe in	. 12c	х	·
		histleblower policy?				X
14	Does the organization have a written d	ocument retention and destruction policy?		. 14		X
15	persons, comparability data, and conte	nsation of the following persons include a review and a mporaneous substantiation of the deliberation and deci	sion?			
		ector, or top management officialSEESCHEDULE		15a	X	<del></del>
b		organization	**************	. 15b	00000000000	X
		process in Schedule O. (See Instructions.)				
16a	Did the organization invest in, contributed the during the year?	e assets to, or participate in a joint venture or similar a		. 16a	*********	X
Ŀ	in joint venture arrangements under ap	a written policy or procedure requiring the organization of plicable federal tax law, and taken steps to safeguard this?	he organization's exempt	(380) (386)		
Sec	tion C. Disclosures					
17	List the states with which a copy of this	Form 990 is required to be filed NONE				
18	Section 6104 requires an organization inspection. Indicate how you make the	o make its Forms 1023 (or 1024 if applicable), 990, and se available. Check all that apply.	1 990-T (501(c)(3)s only) a	vailabje	for put	olle
		's website X Upon request				
		so, how) the organization makes its governing docume SEE SCHEDULE O				lsic
		telephone number of the person who possesses the bo				
,	- TSAKOPULOS BROWN SCHOTT	& ANCH 9901 IH-10 W, STE. 200, SAL	N ANTONIO, TX	78230	210	<u>1-69</u>
				<del></del>	<b>A</b> = -	
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Form 990 (2009)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed, Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former afficers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received. In the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did no		sate ar	ly Ci			fficer,	dire		<b>(E)</b>	<u> </u>
(A)	(B) Average	Ford	tion (	- 1	:) (all 1	hat appl	M	(D)	(É)	(F)
Name and Title	hours per week	Individual trustee	institutional trustee	Officer	Key employee	Highest compensated employee	Fermer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation forth related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organization
EMILIE BAINE	_									
BOARD MEMBER	2	X					<u> </u>	0.	0,	0.
AIMEE BROMLEY BOARD MEMBER	2	X						0.	0.	0.
ROBERT S. DOWNEY										
BOARD MEMBER	2	X						0.	0.	0.
CURTIS C. GUNN, JR.		1						,,,,,		-
TREASURER	2	Х		X			<u></u>	0.	0.	0.
SUE ANN GARCIA	_									
CHAIRMAN	2	X		<u>X</u>			<u> </u>	0.	0.	0.
ALBERT HAUSSER	_			!				_		
BOARD MEMBER	2	X	<u> </u>		<u> </u>		<u></u>	0.	0.	0.
CYNTHIA MCMURRAY					Ì			_		_
BOARD MEMBER	2	X						0.	0.	<u> </u>
FELICIA BALDWIN	-	١.,						_		^
BOARD MEMBER	2	X				ļ		0,	0.	0.
ROXIE CATTO HAYNE	-							0.	0,	0
BOARD MEMBER	2	Х				ļ <del></del> —	ļ	<u> </u>	U,	0.
LAURA RICHMOND	2	x			İ			0.	0.	0
BOARD MEMBER	4					-		U.,		0.
BECKY CANAVAN BOARD MEMBER	2	X				ļ		σ.	0.	0.
JAMES LIFSHUTZ	<del>                                     </del>	<u> </u>			<del> </del>	_	<del> </del>			
BOARD MEMBER	2	X						o.	0.	0.
FATHER DAVID GARCIA	<del>                                     </del>	<del>  -1}</del> -	┢	<del> </del>	<del>                                     </del>	╁╌				
BOARD MEMBER	2	X						0.	0.	0.
LOYCE INCE	1	1		<b> </b> -	t		├─			
BOARD MEMBER	1 2	X	İ					0.	0.	0.
WM. EUGENE POWELL	<u> </u>	T			T		~=-			
BOARD MEMBER	2	X	l					0.	0.	0,
CHRISTOPHER O'CONNELL										
BOARD MEMBER	2	X			L	<u></u> .		0.	0.	0.
LESLIE SACHANOWICZ	<u> </u>									
BOARD MEMBER	2	<u> </u>	<u>L</u>		<u> </u>	<u> </u>		0,	0.	<u>0.</u>

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Form 990 (2009) LOS COMPADRES DE	SAN ANTO	DNTO D	TT2	ST	<u> </u>					/4-230828	
Part VI Section A. Officers, Dire	ctors, Trus	tees, I	<u>Key</u>	Ēη	<u>npl</u>	oye	<b>es</b>	, an	<u>id Highest Co</u>	mpensated Em	ployees (cont.)
(A)		(日)			((	c)			(D)	(E)	(F)
Name and Title	İ	Avorage			check	( all )	hat a	pply)	Reportable	Roportable compensation from	Estlinaled
		hours per week	3 3	Sul-	R	<u>\$</u>	3 5	Fa	compensation from the organization	related organizations (W-2/1099-MISC)	amount of other compensation
		ľ	캶	Institutional irustes	Cifficer	E.	Highest compensied	Former	the organization (W-2/1093-MISC)	(W-2/1099-MISC)	from the
				TOO!		emphyee	18 克	"			organization and related
	1		<u> </u>	ЫÚ		7	Ę. I				urganizations •
			<u>\$</u>	ž			1 2				
				λħ			Ě				
	l		l			L	L . :				
KAREN NORMAN											
BOARD MEMBER		2	X				1		0.	0.	0.
	_ <del></del>						<del>                                     </del>				
ALICE LYNCH	-	2	v				l l		ا م	0.	٠ .
BOARD MEMBER		2	Х		<b>.</b>		<u> </u>	<u> </u>	0.		0,
RUTH MEDELLIN	<u> </u>				•						_
BOARD MEMBER		2	X			<u></u>	<u>,</u>	<u> </u>	0.	0.	0.
LICA PINKSTON					ł	Į	ļ	ļ			
BOARD MEMBER		2	X			ĺ	l	ľ	l 0.	0.	] , 0.
WILLIAM GRINNAN, JR							<u> </u>	<u> </u>			
		ا م	v						0.	0.	0.
BOARD MEMBER	<u> </u>	2	Х			├—		<del> </del> -		<u>U.</u>	<u> </u>
PAMELA BAIN					1	1		ŀ		_	
BOARD MEMBER		2	X	_					0.	0.	0.
PAUL RINGENBACH	İ					ļ					
BOARD MEMBER	<b></b>	2	X						0.	0.	0.
MURPHY EMMONS	-	<del></del>			1	<del>                                     </del>		-		<u> </u>	
	- <b> </b>	۱ ۾	l .		x	1			0.	o.	
IMMED PAST CHRM		2	X			<del> </del> —	├		<u> </u>	<u> </u>	0.
PAM ROSSER					1		ĺ		_	_	
BOARD MEMBER	<u> </u>	2	X				<u> </u>		0.	0,	0.
W. JAMES JONAS III	.}				l			ĺ			
VICE CHAIRMAN		2	X		X			1	0.	l c.	0,
ETHEL RUNION					<del> </del>						<del></del>
	- <b></b>	2	х						0.	٥.	_
BOARD MEMBER		-		_	—	├	<del> </del>	<b></b> -	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.
WILLIAM SCANLAN, JR.		_	l								_
BOARD MEMBER		2	X				↓		0.	0.	0.
BILL CROW	 -  <del></del>	.]	1			ļ					
BOARD MEMBER	1	2	X		1				0.	0.	0.
1 b Total								▶	140,000.	0.	12,600.
2 Total number of individuals (including		l lo lhoe	a liei	had	abo	الدر	who	rec	**************************************	100 000 in reportab	V———
, –	tout not mantee	4 10 0105	11 II I	(CII	auo.	¥ <del>©</del> /	MAI ID	160	eraed thole divil d	roo,ooo iii reportab	de combenzadon
from the organization 🕒 1								***	~		
	}										Yes No
3 Did the organization list any former of	licer, director	or truste	e. k	ev e	emol	ove	e. o	r hic	nhest compensate	d employee	
on line 1a? If 'Yes,' complete Schedu	J for such in	ndividua	l,						· · · · · · · · · · · · · · · · · · ·	. , , , , , , , , , , , , , , , , , , ,	. з Х
4 For any individual listed on line 1a, is the organization and related organization.	ions greater t	nan \$15	0,000	7 /	î Ye	33'0	omp	lete	Schedule J for si	uch	
individual									• , • • • • • • • • • • • • • • • •		4 X
5 Did any person listed on line 1a receiv	o or accrue o	റത്തെന്ന	allaa	fro	m ai	PSSZ 11	ınral	ممادا	d organization for	carvinac	
5 Did any person fisted on line 1a receivered to the organization? If 'Yes,	lcomplete Sch	nedule J	for s	sucl	ם ל	rsor	) .		organization to	30; * GE3	. 5 X
Section B. Independent Contractors		· · · · · · · · · · · · · · · · · · ·						***		The state of the s	<u> </u>
Complete this table for your five higher	st compensati	ed Inder	nend	ent	cont	rac	<b>ന്</b> ദ	that	received more th	an \$100,000 of	
compensation from the organization.		I					,				
									40	`	(C)
Name and bu	(A) Isineas addres	5							(B Description		Compensation
TRAING WING P	Inness dadice	, o							23331,041011	01.001.11000	Compensation
The state of the s											
The state of the s									ļ		
									ļ		
2 Total number of independent contract	rs (including	but not	limite	ed to	o the	ose	liste	d at	ooye) who receive	d more than	
\$100,000 in compensation from the or				~ ·					. ,		
A LOGISCO UL COMPONIGITATION LINO OL	Section of the state of the sta	<del></del>							A 444 A 444		

### SCHEDULE J-2 (Form 990)

## **Continuation Sheet for Form 990**

OMB No. 1545-0047

2009

Open to Public

Department of the Treasury Internal Revenue Service Name of the Organization ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Employing Identification number

LOS COMPADRES DE SAN ANTONIO MISSIONS 74-2308287

Page Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees (A)		(B)	P	elan 1	)) 		L_1 -=-	l.A	(D)	(E)	<b>(F)</b>
Name ลกơ Tiflo	Aver pe	ge hours rweek	or director	institutional trustee		Key employee	Highest compensates	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related ungenizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations.
BRUCE SHACKELFORD BOARD MEMBER		2	Х						0.	0.	
BARBARA HALL BOARD MEMBER		2 .	х					<u>-</u>	0.	0.	
TY EDWARDS BOARD MEMBER		2	Х						0.	0.	
JIMMIE BALLING BOARD MEMBER		2	Х						0.	0,	(
SUSAN CHANDOHA EXECUTIVE DIREC		45	Х						140,000.	0.	12,600
STEVEN HAYS BOARD MEMBER		2	х						0.	0.	(
CATHERINE TAYLOR BOARD MEMBER		2	Х						0.	0.	(
RITA FEIK BOARD MEMBER		2	х						0.	0.	
THERESA MC COMAS BOARD MEMBER		2	Х		•				0.	0.	
STEVE SOUTER BOARD MEMBER		2	Х						0.	0.	
DANA POWELL BOARD MEMBER		2	X						0.	0.	
SCOTT BENTLEY BOARD MEMBER		2	X						0.	0.	
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	-		"				•			,	
	-								Alexandre Annual Property		AAJy-
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Par	M	Statement of Revenue				*******		
		3000 000 000 000 000 000 000 000 000 00			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GFTS, GRANTS AND OTHER SIMILAR ANOUNTS		Federated campaigns	1 a	187,630.				
83		Fundraising events	1 c	198,630.				
S A		Related organizations	1 d					
S, G	ę	Government grants (contributions)	1 e					
500	f	All other contributions, gifts, grants, and						
		All other contributions, gifts, grants, and similar amounts not included above.	11	E.C. (572				
6 5	_	Noncash contribus included in Ins 1a-1f	\$		386,260.			
_	<u>h</u>	Total. Add lines 1a-1f	<u> </u>	Business Code	The second secon			
PROGRAM SERVICE REVENUE	22					120000 (0000 (400) (4000 (4000 (400) (4000 (4000 (400) (4000 (4000 (400) (4000 (400) (4000 (400) (4000 (400) (4000 (400) (4000 (400) (4000	10000000000000000000000000000000000000	70.00.000 (0.00.000.000.000.000.000.000.0
Æ	-« b							
빌	c		į.					
Ĕ,	d							
8	e							
8		All other program service revenue	1					
- AL	ġ	Total. Add lines 2a-2f						
	Ξ	Investment income (including divident other similar amounts)	enda	s, interest and	8,680.			8,680.
ļ	4	Income from investment of tax-exe		* * * * * * . * * * * * * * * * * * * *	3,034,	· · · · · · · · · · · · · · · · · · ·		-, -, -, -, -, -, -, -, -, -, -, -, -, -
,	5	Royaltles			· **			
		(I) Rea		(II) Personal				
	6a	Gross Rents	ļ					
	b	Less: rental expenses	<u> </u>					
		Rental income or (less).	<u> </u>					
	d	Net rental income or (loss)		(ii) Other				
ļ	7 a	Gross amount from sales of assets other than inventory.						
			<u> </u>					
	b	Less: cost or other basis and sales expenses	∮з9					
	c		555					
	c	Net gain or (loss)	,		65 <u>5</u> .	655 <i>.</i>		
	6a	Gross Income from fundraising eve (not including: \$ 198, 63	nts					
NOE				.	3140134			
OTHER REVE		of contributions reported on line 10	1	a 125,014.				
JE.R		See Part IV, line 18		ь 97,813.				
6		: Net income or (loss) from fundrals			27,201.	200000000000000000000000000000000000000		27,201.
		Gross income from gaming activiti	!		-			
		See Part IV, line 19						
	k	Less: direct expenses,	. , ,	b				
	•	: Net income or (loss) from gaming	activ	riti <u>es </u>				
	102	Gross sales of inventory, less retu						
		and allowances and allowances	1					
		b Less! cost of goods sold						
		Miscellaneous Revenue	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Business Code				
	118	MISCELLANEOUS INCOME	L_		37,128.	37,128.		
		FORFEITED GRANT	ĹĪ		14,599.	14,599.		,
		MEMORIALS	<u>_</u> _		1,910.	<u>1,910.</u>		ļ
		d All other revenue	ļ	***************************************				
		e Total. Add lines 11a-11d			53,637.	E4 202	-	25 001
	12	Total revenue. See instructions	<u> </u>		476,433.	54,292.	0.	35,881.

Page 10

Form 990 (2009) LOS COMPADRES DE SAN AB

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising Management and general expenses Program service Do not include amounts reported on lines Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 139,300 139,300. . . . . . . . . . . . . . . . . Grants and other assistance to individuals in the U.S. See Part IV, line 22..... Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Ilnes 15 and 16..... 4 Benefits paid to or for members . . . . . . Compensation of current officers, directors, 158,050 52.684 52,683 52.683*.* trustees, and key employees..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)..... Ō 0. 0 0. Pension plan contributions (include section 401(k) and section 403(b) employer 1,340 1,339. 1,339. 4,018. contributions)..... Other employee benefits..... 11 Fees for services (non-employees)..... a Management. 10,285 10,285. c Accounting ..... e Prof fundraising sycs, See Part IV, in 17 3,811 381 3,430 f Investment management fees...... 760 760. 12 Advertising and promotion..... 487 487 1.460 486. 13 Office expenses..... 14 Royalties, .... 15 Occupancy..... 578 1,444 866. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 100 100. Conferences, conventions, and meetings, . . . . 19 20 Interest ..... Payments to affiliates..... 21 533 Ĩ.503 15. 15. Depreciation, depletion, and amortization..... 22 555 555 23 Insurance ..... 24 Other expenses, Itemizo expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 a CONTRACT SERVICES 95,433 31,811 31,811 31,811 5,848. **b** CENTINELOS EXPENSE 5,848 3,976. 3,976 c BANK CARD DISCOUNTS 842. 841 1,683. d TELEPHONE 3,366. 2,514 2.514. e EQUIPMENT RENT 7,019. 1,775 4,228. 1.016. f All other expenses...., 439,472. 229,942. 109,811 99,719. 25 Total functional expenses. Add lines 1 through 24 Joint costs. Check here 🟲 🔲 if following SOP 98-2, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Farm 990 (2009) PAA

Part X Balance Sheet (A) Beginning of year (B) End of year 1.00 1 100. Cash - non-interest-bearing.... 342,057. 2 308,526 Savings and temporary cash investments..... 3 Pledges and grants receivable, net 4 Accounts receivable, net, ...... Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L......... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L... 6 7 Notes and loans receivable, net ...... 8 8 Inventories for sale or use...... 210. 2,190. 9 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis.. | 10a 53,582. Complete Part VI of Schedule D 2,279. b Less: accumulated depreciation... | 10b 51,303. 3,812. 10 c 448,543. 11 Investments - publicly-traded seculities..... 409,816. 11 12 12 Investments - other securities. See Part IV, line 11..... 13 Investments - program-related. See Part IV, line 11..... 13 14 Intangible assets..... 14 850. 2,030. 15 Other assets, See Part IV, line 11. 794,039. 726,474. 16 Total assets. Add lines 1 through 15 (must equal line 34)..... 17 Accounts payable and accrued expenses ..... 17 206,491 211,535 Grants payable.... 18 Deferred revenue ..... 19 19 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.... 22 23 Secured mortgages and notes payable to unrelated third parties ..... Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities. Complete Part X of Schedule D...... 24,368. 25 16,605. 230,859 228,140. Total liabilities, Add lines 17 through 25 ..... Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 565,899. 495,615 27 Unrestricted net assets ...... Temporarily restricted net assets. 28 29 Permanently restricted net assets. ò Organizations that do not follow SFAS 117, check here - and complete lines 30 through 34. 30 Capital slock or trust principal, or current funds..... Paid-in or capital surplus, or land, building, and equipment fund..... 31 32 Retained earnings, endowment, adjournalisted income, or other funds ...... 495,615 565,899. 33 Total net assets or fund balances................. 794,039. 726,474. 34 Total liabilities and net assets/func balances..... Form 990 (2009) BAA

form 990 (2009) LOS COMPADRES D	E SAN ANTONIO MISSIONS	74-2308287	Pe	ge 12
Part XI Financial Statements an				
			Yes	No
1 Accounting method used to prepare th				
in Schedule Q.	of accounting from a prior year or checked 'Other,' explain			
2a Were the organization's financial state	ments compiled or reviewed by an independent accountant?		2 <u>a</u>	<u>X</u>
b Were the organization's financial state	nents audited by an independent accountant?		2b	<u>X</u>
- it illust is live to an the door the order	ization have a committee that assumes responsibility for oversight tatements and selection of an Independent accountant?	of the audit.	2c	
in Schedule O.	versight process or selection process during the tax year, explain			
d  f 'Yes' to line 2a or 2b, check a box b consolidated basis, separate basis, or	low to Indicate whether the financial statements for the year were both:	issued on a		
	dated basis Both consolidated and separate basis	2		
3a As a result of a federal award, was the Audit Act and OMB Circular A-133?	organization required to undergo an audit or audits as set forth in	the Single	3 B	x
b If 'Yes,' did the organization undergo to or audits, explain why in Schedule O a	he required audit or audits? If the organization did not undergo the hd describe any steps taken to undergo such audits	required audit	36	

Form 990 (2009)

## 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.

Employer identification number

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Informal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ, ► See separate instructions.

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3									zation desc			n 170(b)	(1YAYII	<b>)</b> .					
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7	<u>ا بتا</u>	n secti	on 170(	b)(1)	(A)(vi)	). (Compl	փ lo Pa	irt II.)					ernmeni	al unit (	or from t	ne gene	ral public o	lescrib	ed
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9	i -	nvestn June 30	ient inc ), 1975.	omo See	and u secti-	nrejalad t on 509(a)(	usine: 2). (Co	ss taxat implete	ole Income Part III.)	(less s	ection b	ii tax) i	rom bus	ineszes	a acquire	ship fèè: 3 % of it ed by the	s, and gros s support f e organizat	s rece rom gr ion afti	ipts oss er
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11		An orga more p describ	anizatio ublicty s es the l	n org suppo	anize orted of su	d and ope organizat pporting o	ated ions d ganiz	exclusiv escribed allon ar	rely for the I in section Id complet	: benefi n 509(a e lines	it of, to p i)(1) or s 11e thro	erform s ection 5 ugh 111	the func 09(a)(2) 1,	tions of See se	, or carr ection 51	y out the 19(a)(3). —	purposes Check the	of one box th	or hat
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g	9	Since A	kugust i	7, 20	006, h	as the org	anizai	tion acc	epted any	gift or	contribu	tion from	n any o	the fol	lowing p	ersons?			,
							İ											Yes	No
	(	(i) a	person	who	direc	tly or indir	ectly o	controls	, either alo d organiza	ne or b	ogether	with per	sons de	scribed	in (ii) ar	ıd (iil)	11 # (1)		
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<u> </u>		Provide	the fol	lowir	ig info	rmation a	bout t	he supp	orted orga	nizatio	ns.		<u>r</u>						
	(i)	Name of Orgeni	Supporter zation	d i		(ii) EIN		T (lii) esb) ods (se)	ype of organic orlbad on line ove or IRC soc se instruction	zation s. 1.9 :figh s))	organizat	s the lon in cal. I in your raing nent?	(v) Did y the organ col, your m	ization in (i) of	organizat (i) organi:	e the ion in col. ced in the S.?	(vii) Amou	nt of Sup	port .
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Page 2

Schedule A (Form 990 or 990-EZ) 2009 LDS COMPADRES DE SAN ANTONIO MISSIONS 74-2308287

Partil Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the	ox on line	5, 7, or 8 of Parl	.)			
<u>Sec</u>	tion A. Public Support							
 Cale oegi	ndar year (or fiscal year nning in)	(a)	2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	30	8,536.	250,520.	325,349.	424,662.	386,260.	1,695,327.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					·		0.
4	Total. Add lines 1-through 3	30	8,536.	250,520.	325,349.	424,662.	386,260.	1,695,327.
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.
6	Public support, Subtract line 5 from line 4							1,695,327.
Sec	tion B. Total Support	<u> </u>					· · · · · · · · · · · · · · · · · · ·	
Cale begi	ndar year (or fiscal year nning in) ►	ا`ــــا	) 2005	(ь) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4. , , , ,	3	18,536.	250,520.	325,349.	424,662.	386,260.	1,695,32 <u>7</u> .
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	 	21,408.	21,482.	19,300.	10,855.	8,680.	81,725.
9	Net Income from unrelated business activities, whether or not the business is regularly carried on	     						0.
10	Other income, Do not include gain or loss from the sale of capital assets (Explain In Part IV.)							0.
	Total support, Add Ilnes 7 through 10,							1,777,052.
12	Gross receipts from related activition	tles, þi	tc. (see ins	tructions)			,	0.
	First five years. If the Form 990 is organization, check this box and	stop he	ere <u> </u>		l, third, fourth, or	fifth tax year as a	section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
	tion C. Computation of Pul						<del> </del>	
	Public support percentage for 200 Public support percentage from 2							95.4 % 95.5 %
168	a 33-1/3 support test — 2009. If the and stop here. The organization o	organi qualifie	izalion did i s as a pub	not check the box licly supported org	on line 13, and t panization	he line 14 ls 33-1/	3 % or more, che	ck this box
ı	33-1/3 support test — 2008. If the and stop here, The organization o	organi ualifie	izatlon did i s as a publ	not check a box o licly supported orç	n line 13, or 16a, panization	and line 15 is 33-1	1/3% or more, che	ck this box
	a 10%-facts-and-circumstances tes or more, and if the organization of the organization meets the 'facts-	neels I and-ci	ihe 'facts-ai rcumstance	nd-circumstances' es' test. The orga	test, check this b nization qualifies	oox and stop here. as a publicly supp	. Explain in Part IV orted organization	7 how 5 ►
	b 10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neels l -circur	ine 'facts-ai nstances'	nd-circumstances' test. The organiz	test, check this b ation qualifies as	oox and stop here, a publicly support	. Explain in Part I\ ed organization	/ how the
18 BAA	Private foundation. If the organization	ation c	lid not chec	k a box on line, 1	3, 16a, 16b, 17a,			90 or 990-EZ) 2009

Partitle Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (b) 2006(c) 2007 (d) 2008 (c) 2009 (f) Total Calendar year (or fiscal yr beginning in) Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 514 . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf........ The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 6 Total, Add lines ? through 5... 7a Amounts included on lines 1, 2, 3 received from disqualified b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b,..... Public support (Subtract line 7c from line 6.) . . . . . . . . Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 Calendar year (or fiscal yr beginning in) (e) 2009 (f) Total 9 Amounts from line 6...... 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form b Unrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . s Add lines 10a and 10b..... 11 Not income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on . . . , . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add Ino 5, 10s, 1), and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (lirle 8, column (f) divided by line 13, column (f))......... 15 % 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).... 17 % 18 Investment Income percentage from 2008 Schedule A, Part III, line 17....... % 19a 33-7/3 support tests - 2009. 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 

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

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Schedule A Part IV	(Form 990	or 990	EZ) 200	9 L	os	COM	PADR	ΞŞ	DΕ	SAN	ANT	OIKO	MIS	SION	S	74-2	3082	87	F	age 4
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# Schedule B (Form 990, 990-EZ, or 990-PF)

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service		► Attach to Form 990, 990-EZ, or 990-	PF	
Name of the organization LOS	COMPADRES DI	E SAN ANTONIO MISSIONS	Employer ic 74-230	entification number )8287
Organization type (check o	ne):			
Filers of:		Section:		
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organiz 4947(a)(1) nonexempt charitable trust 527 political organization		ndation
Form 990-PF		501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust 501(c)(3) taxable private foundation	trealed as a private foundat	lon
Check if your organization Note: Only a section 501(c)	Is covered by the (7), (B), or (10) or	<b>General Rule</b> or a <b>Special Rul</b> e, ganization can check boxes for both the Gene	eral Rule and a Special Rule	. See instructions.
General Rule — For an organization fillr contributor. (Complete	ng Form 990, 990- Parts I and II.)	EZ, or 990-PF that received, during the year, !	\$5,000 or more (in money or	property) from any one
Special Rules —				
- '' 509/a\/1\/170/b\/1\/A\/\	الر and received ir:	Form 990 or 990-EZ, that met the 33-1/3% sum any one contributor, during the year, a coror (ii) Form 990-EZ, line 1, Complete Parts I	ntribution of the areater of (	under sections 1) \$5,000 or (2) 2% of the
aggregate contributions prevention of cruelty to	s of more than \$1, children or anima	Ization filing Form 990 or 990-EZ, that receive 000 for use <i>exclusively</i> for religious, charitable is. Complete Parts I, II, and III.	e, scientific, literary, or educ	ational purposes, of the
contributions for use ex this box is checked, en purpose. Do not compli	colusively for religit ter here the total ete any of the par	ization filing Form 990 or 990-EZ, that receive ous, charitable, etc. purposes, but these contr contributions that were received during the yea s unless the General Rule applies to this orga	ributions did not aggregate t ar for an <i>exclusively</i> religiou anization because it received	o more than \$1,000. If s, charifable, etc, I nonexclusively
religious, charitable, et	c, contributions of	\$5,000 or more during the year		<b>►</b> 5
Caution: An organization to 990-PF) but it must answer 990-PF, to certify that it do	nat is not covered r 'No' on Part IV, I es not meet the fi	by the General Rule and/or the Special Rules ne 2 of their Form 990, or check the box on li ing requirements of Schedule B (Form 990, 99	does not file Schedule B (Fine H of its Form 990-EZ, or 990-PF).	orm 990, 990-EZ, or on line 2 of its Form
BAA For Privacy Act and	Paperwork Reduc	tion Act Notice, see the Instructions	Schedule B (Form 990	, 990-EZ, or 990-PF) (2009)

Schedule	В	(Form	990.	990-EZ.	or	990-PF)	(	2009)
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Page 1

of Part I

age 1 of 3 Employer Identification number

COMPADRES	2AM	WINTOWY	MITOSIONS

74-2308287

Patti	Contributors (see instructions.			
(a) Number	Name, a	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USAA FOUNDATION 9800 FREDERICKSBURG RU SAN ANTONIO, TX 78288	). D-3-E	\$21,350.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, a	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	[	2/	\$ 27,885.	Person X Payrotl X Noncash X (Complete Part II If there is a noncash contribution.)
(a) Number	Name, s	(b) ddress, and ZJP + 4	(c) Aggregate contributions	(d) Type of contribution
3		KON	\$ <u>17,350</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, a	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	129 GUENTHER STREET		\$ <u>23,700</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, a	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	MR. AND MRS. WILLIAM 50 HIGH CREST SAN ANTONIO, TX 78257		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part I) If there is a noncash contribution.)
(a) Number	Name, a	(h) iddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	MR. AND MRS. CARLOS C 709 E GUENTHER STREET SAN ANTONIO, TX 78210		\$ <u>10,110.</u>	Person X Payroll X Noncash X  (Complete Part II if there is a noncash contribution.)

Note that I'M (Form 606, 600 FZ, 55, 600 DE)	2009) P	age 2	2	Λf
Schadule B (Form 990, 990-EZ, or 990-PF) (	2009)			_
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of Part I 74-2308287\_ LOS COMPADRES DE SAN ANTONIO MISSIONS

PartI	Contributors (see Instructions.	1		
(a) Number	Name, s	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MR. AND MRS. JOHN FEI 221 GENESEO SAN ANTONIO, TX 78209		\$8,0 <u>00</u> .	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	Name, a	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	NATIONAL PARK FOUNDAT 1201 EYE STREET NW, S WASHINGTON, DC 20005		\$ <u>15,550.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, a	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	SILVER EAGLE DISTRIBU 4609 NEW HIGHWAY 90 W SAN ANTONIO, TX 78237	EST	\$ <u>10,450</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name,	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10_	MR. AND MRS. MARTIN TOO WILTSHIRE SAN ANTONIO, TX 78209			Person X Payroll Noncash (Complete Part II If there is a noncash contribution.)
(a) Number	Nama	(b)	(c)	(d)
	Name,	ddress, and ZIP + 4	Aggregate contributions	Type of contribution
_11	FELICIA AND TOM BALDW 209 MORNINGSIDE DRIVE SAN ANTONIO, TX 78209	IN	Aggregate contributions	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) Number	FELICIA AND TOM BALDW 209 MORNINGSIDE DRIVE SAN ANTONIO, TX 78209	IN		Person X Payroll   Noncash X (Complete Part II if there

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF)	(2009)	Page 3	of 3 of Part I
	OMPADRES DE SAN ANTONI	o Missions	' '	308287
Part	Contributors (see instructions	)	-	
(a) Number	Name,	(b) address, and ZJP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MR. MIKE TRAUGOTT 9330 HIGHWAY-87 EAST SAN ANTONIO, TX 78263		\$10,000.	Person X Payroll Concash Complete Parl II if there is a noncash contribution.)
(a) Number	Name,	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		OMPANY	\$11,650.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	Name, i	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbor	Name, a	(b) address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
Personal			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, ;	(b) iddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	Name, i	(b) ddress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA		TEEA0702L 06/23/09	Schedule B (Form 99)	0, 990-EZ, or 990-PF) (2009)

	1 (Form 990, 990-EZ, or 990-PF) (	2009)		Page	1 of	
Name of organ LOS COM	MPADRES DE SAN ANTONI.	MISSIONS			74-2308	tification number 287
	Noncash Property (see ins					
(a) No. from Part I	Descrip	(b) tion of noncash property given		FMV (or (see ins	(c) r estimate) structions)	(d) Date received
2	AUCTION ITEMS, IN-KI	ND DONATION		4		
				3	22,810.	4/08/10
(a) No. from Part I	Descrip	(b) tion of noncash property given		FMV (or	(c) r estimate) structions)	(d) Date received
6	AUCTION ITEMS, IN-KI	ND DONATION	MI F 7			
				<b></b>	7,800.	4/08/10
(a) No. from Part !	Descrip	(b) tion of noncash property given		FMV (or	(c) r estimate) tructions)	(d) Date received
7	AUCTION ITEMS, IN-KI	ND DONATION				
				3	8,000.	4/08/10
(a) No. from Part I	Descrip	(b) tion of noncash property given		FMV (or (see ins	(c) estimate) tructions)	(d) Date received
1.1	AUCTION ITEMS, IN-KI	ND DONATION	<b>44</b>		**************************************	
		A		S	10,200.	4/08/10
(a) No. Irom Part I	Descrip	(b) ion of noncash property given		FMV (or (see ins	(c) estimate) tructions)	(d) Date received
		***************************************				
(a) No, from Part I	Descrip	(b) ion of noncash property given		FMV (or (see ins	(c) estimate) tructions)	(d) Date received
<del></del>		7.54				
					1	

Schedule B (Form 990, 990-EZ, or 990-FF) (2009)

BAA

	For organizations completing Pa contributions of \$1,000 or less to	t III, enter total of <i>exclusively</i> religious, charter the year. (Enter this information once — s	aritable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is hold
	N/A		
		(9)	
	Transferee's na	Transfer of gift me, address, and ZIP + 4	Relationship of transferor to transferee
<b>Mah</b> Mah 4 may 1			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's na	(e) Transfer of gift me, address, and ZIP + 4	Relationship of transferor to transferee
	13774	The state of the s	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
	A 440.	(e)	
	Transferee's na	Transfer of gift me, address, and ZIP + 4	Relationship of transferor to transferee
	manual state / no		
(a) No. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		447	
	Transferee's na	(e) Transfer of gift me, address, and ZIP + 4	Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the propriention Employer Identification number LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK 74-2308287 Pair Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered (Yes' to Form 990, Part IV, line 6, (a) Donor advised funds (b) Funds and other accounts Total number at end of year.....i..... Aggregate contributions to (during year)..... 3 Aggregate grants from (during year) .. i ..... Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and hot for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? No Rate Conservation Easements Complete if the organization answered 'Yes' to 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 pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution to the form of a conservation easement on the last day of the lax year. Held at the End of the Year a Total number of conservation easements...... 2 a b Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included in (a),..... 2¢ d Number of conservation easements included in (c) acquired after 8/17/06..... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located > Does the organization have a written pullcy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?..... No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🟲 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(li)?... In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the foctnote to the organization's financial statements that describes the organization's accounting for conservation easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the foolnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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: (ii) Assets included in Form 990, Part ¼...... ▶\$ 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1...... ►\$ b Assets included In Form 990, Part X .. | .....

Schedule D (Form 990) 2009 LOS COME				74-230		**	Page 2
Part III Organizations Maintainin	g Collection	ns of Art, Histo	orical Treasures, c	<u>or Other Similar As</u>	sets (	<u>contin</u>	iued)
3 Using the organization's acquisition ac items (check all that apply):	cession and of	her records, check	any of the following th	nat are a significant use	of its co	ilection	1
a Public exhibition	i	d 🔲 Loan o	r exchange programs				
<b>b</b> Scholarly research	i	e 🔙 Other					
c Preservation for future generations	I						
4 Provide a description of the organization Part XIV.			•				
5 During the year, did the organization s assets to be sold to raise funds rather							No
Part IV Escrow and Custodial Art 9, or reported an amount	rangements on Form 99	Complete if c 0, Part X, line	rganization answe 21.	ered 'Yes' to Form S	990, P	art IV	, line ——
1a is the organization an agent, trustee, of included on Form 990, Part X?				er assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Pa	irl XIV and con	iplete the following	g table:				
					Amount	<u> </u>	
c Beginning balance							
d Additions during the year							
e Distributions during the year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
f Ending balance							
2a Did the organization include an amoun	t bo Form 990,	Part X, line 21?.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes		_]No
b if 'Yes,' explain the arrangement in Pa	rt XIV,	· · ·					
Pan V Endowment Funds Comple		zation answer	ed 'Yes' to Form 9		) <u>.                                    </u>		
(1)	a) Current year	(b) Prior year	(c) Two years back	( (d) Three years back	(e) [	our year	s back
1a Beginning of year balance							
b Contributions			4-1				
c Net Investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance					1000 1001 1000	39380 3940 seed	
2 Provide the estimated percentage of the	year end ba	lance held as:	<del></del> ,				
a Board designated or quasi-endowment	t 🛌	<u>*</u>					
b Permanent endowment ►	%						
c Term endowment	14						
3a Are there endowment funds not in the	rossession of	the organization ti	nat are held and admin	istered for the	Γ	Yes	No
organization by:  (i) unrelated organizations	-				. 3a(î)	****	140
(ii). related organizations							<del></del>
b If 'Yes' to 3a(ii), are the related organi							
					_ 50		<u> </u>
4 Describe in Part XIV the intended uses  Part XI Investments—Land, Build	ings and F	nuinment Se	e Form 990. Part	K line 10.			
Description of investment		st or other basis	(b) Cost or other	(c) Accumulated	(4)	Book Va	alue
peacifuoti of investifiant		investment)	basis (other)	Depreciation	(0)		
1 a l.and,							
<b>b</b> Buildings							
c Leasehold improvements							A
d Equipment			2B,146.	25,930.		2	,216.
e Olher.,			25,436.	25,3 <u>7</u> 3.			63.
Total. Add lines 1a through 1e (Column (d)		m 990, Part X, co	lumn (B), line 10(c).)			2	,279.
RAA		******	, , , , , , , , , , , , , , , , , , ,		dule D (I	orm 99	90) 2009

Schedule <b>D</b> (Form 990) 2009	LOS COMPADRES DE	SAN ANTONIO MI	SSIONS ine 12. N/A	74-2308287	Page 3
Part VII Investments—	equily or category	(b) Book value	(c)	Method of valuation	<del></del>
(a) Description of s (including nam			Cost or e	end-of-year market value	
Financial derivatives			<u></u>	11-4-1	
Closely-held equity interests.	!				
Other	- <b></b>			,	
<b></b>			100		
<u> </u>					
* M					
Total. (Column (b) must equal Form	990 Part X, col. (B) line 12.)				
Part VIII Investments-	Program Related (Se	e Form 990, Part X,	line 13) N/A		
	f investment lype	(b) Book value	(c)	Method of valuation	
			Cost or	end-of-year market value	
ALEXAN					
The state of the s					
				· · · · · · · · · · · · · · · · · · ·	1
				***************************************	
		<del> </del>			··-·
Total. (Column (b) must equal Form	000 Part V (2) (R) (Inc. 12)	<u> </u>			
Part X Other Assets	(See Form 990, Part				***************************************
33 D. 10 J.		Description		(b) Boo	k value
- Wilder gard	3-7		A CONTRACTOR OF THE PARTY OF TH		<u> </u>
		· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·
100					
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N. In A Albania				4.	
Total. (Column (b) must equa	al Form 990, Part X, col.(B)	, line 15)		<u> </u>	
Part X Other Liabilit	ies (See Form 990, Pa	art X, line 25)	) The state of the		
(a) Descrip	otion of Liability	(b) Amount			
Federal Income Taxes					
DEFERRED REVENUE		16,6			
SALES TAX PAYABLE			5.		
		<u></u> ,			
	i				
			poscono/86868686868680000000000000000000000000	0.000.000.0000000000000000000000000000	99655 (1986) 1886 (1886) 1886 (1886) 1886 (1886) 1886 (1886) 1886 (1886) 1886 (1886) 1886 (1886) 1886 (1886)
Leaves					
Total. (Column (b) must equal Form	990 Part X col. (B) line 25)	16,6			

Saha	dule D. (Form 990) 2009 T.O.S. COMPA	DRES DE SAN ANTONIO MISSIONS 74-230	)8287 Page 4
Par	Reconciliation of Change	in Net Assets from Form 990 to Financial Statements	N/A
1	Total revenue (Form 990, Part VIII.colui	nn (A), line 12)	
2	Total expenses (Form 990 Part IX cold	mn (A), line 25)	
3	Evenes or (definit) for the year Subtract	line 2 from line 1	/
	Net was all and spine (loogue) on invest	nents,	
4	Dented condens and use of footbles		
5	Donated services and use of lacitimes		)
6	investment expenses.		
7	Prior period adjustments	 	
8	Other (Describe in Part XIV)		
9	Total adjustments (net), Add lines 4 thr	ugh 8 ,	
10 ####	Excess or (deficit) for the year per audi	ed financial statements. Combine lines 3 and 9	n NI / 7
	Reconciliation of Revenu	per Audited Financial Statements With Revenue per Retur	II N/A
1		per audited financial statements	
2	Amounts included on line 1 but not on f	orm 990, Part VIII, line 12:	
5	i Net unrealized gains on investments,	2a	
		,2b	
•	Recoveries of prior year grants		
	l Other (Describe in Part XIV)		
(	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part V	II, line 12, but not on line 1:	
2	Investments expenses not included on I	form 990, Part VIII, line 7b 4a	
ŧ	Other (Describe in Part XIV)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Add lines 4a and 4b	4c	
5	Total revenue, Add lines 3 and 4c. (Thi	s must equal Form 990, Part I, line 12.)5	
Par	Reconciliation of Expense	per Audited Financial Statements With Expenses per Return	N/A
		financial statements	
	Amounts included on line 1 but not on f	P2r265sta	
		2a	
		2b	
		2c	
ì	Other (Decaribe in Part YIV)	2d	
•	Add the a 2a through 2d		3
		3	
3			
	Amounts Included on Form 990, Part IX		
	·	Form 990, Part VIII, line 7b	
	,		
_ (		40	
5		is must equal Form 990, Part I, Ilne 18.)	
Fa	XIV Supplemental Information		
Corr line infor	plete this part to provide the description: 4; Part X, line 2; Part XI, line 8; Part XII mation.	s required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1 lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pr	lb and 2b; Part V, ovide any additionat
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Schedule D (Form 990) 2009 LOS CO	MPADRES DE SAN ANTONIO MISSIONS	74-2308287 Page 5
Part XIV Supplemental Informa	MPADRES DE SAN ANTONIO MISSIONS tion (continued)	
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BAA	TEEA3305L 07/10/09	Schedule D (Form 990) 2009

## SCHEDULE G (Form 990 or 990-E2)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete If the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, fine 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization LOS COMPADRE	SI	E SAN	NTONIC	MISSI	ons	Employer Identific	
NATIONAL HIS	TOF	IC PARI	X			74-230828	7
Part Fundraising Activities. Comp	zuirei	i to comple	e unis pa	rt.			
1 Indicate whether the organization	raise	d funds the	rough any	of the follo	wing activities. Check	all that apply,	
Mail solicitations		Ì				government grants	
internet and email solicitation.	s	!			Solicitation of gove		
Phone solicitations					Special fundraising	<del>-</del>	
In-person solicitations		!			,		
2a Did the organization have written employees listed in Form 990, Par	or or	al agreeme	nt with an	y Individua	l (including officers, dir	ectors, trustees or key	
employees listed in Form 990, Pai	rt VII	or entity i	n connect	ion with pro	ofèssional fundralsing s	ervices?	Yes X No
b if 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	idivid 1e or	uals or ent panization.	llles (fund	raisers) pu	rsuant to agreements u	inder which the fundrals	er is to be
						(v) Amount paid to	
<ul><li>(i) Name of individual or entity (fundraiser)</li></ul>	(	) Activity	hous austa	fundraiser dy or control	(iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entry (runaraiser)	1	! !	of contr	ibutions?	from activity	fundraiser listed in col.(i)	(or retained by) organization
A SECOND	1	<u> </u>	Yes	No			organization
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Total							
Total  3 List all states in which the organiza or licensing.	tion	s registere	d or licens	ad to solio	if funds as has been as	Alfical It In Alfanya Language	0.
or licensing.	u O I I	S rogistore	a or ilegis	ed to solic	at lunds of has been no	tilled it is exempt from	registration
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- Address							<b></b>

	8 Net gaming income summary. Col	mbine lines 1, column (d) and line /			
				YES	NO
	Enter the state(s) in which the organiza	tion operates gaming activilles: gaming activities in each of these states?	9a		
	o If 'No,' explain:				
10.		licenses revoked, suspended or terminated during the tax year?	10 a		
	a vvere any or the organization's garilling of 'Yes,' explain:	Highest Leadned, Suspended of remilliples down for the Asia			
11	Does the organization operate gaming	activities with nonmembers?,	11	Populación (Const.)	3000 4000
12		ry or trustee of a trust or a member of a partnership or other entity formed to	12		804.88
		TECATON MICELA SCHOOL SCHOOL & (Form 90	ነበ ላላ ወ	90.F7	ι σπλα

Schedule <b>G</b> (Form 990 or <u>990-EZ) 2009 _LO</u>	& COMPADRES DE SAN ANTONIO MISSIONS	74-2308	287	P	age 3
		1		YES	NO
13 Indicate the percentage of gaming activ		}			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>}                                    </u>		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>}                                    </u>		
14 Enter the name and address of the per	son who prepares the organization's gaming/special events	books and records:			
Name:	 	·	_		
Address: 💆	: 		-		
	ith a third party from whom the organization receives gamin		15a	********	1002210000000
	venue received by the organization \$	and the amount			
of gaming revenue retained by the third					
c If 'Yes,' enter name and address of the	third party;				
	<u> </u>				
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Address: 🛌 💆 🚾 🕳 🕳 🕳 🕳 🕳 💆			- 888		
16 Gaming manager information	į				
<b>A</b> 1 <b>b</b>					
Name: F			-		
Complete management and the Complete management of the Complete management					
Gaming manager compensation 🛌 💲					
Description of services provided:	 				
Description of services provided.			-		
Olrector/officer E	mployee Independent contractor				
17 Mandatory distributions					
·	; law to make charitable distributions from the gaming proce	ada ta ratala iba			
	Isw to make cuantable distributions than the damind bloce		17a	e i estado de la la	
	ed under state law to be distributed to other exempt organiz				8.0
organization's own exempt activities du					
ВАА	TEEA3703L 02/05/10	Schedule G (Form	990 or 99	0-EZ)	2009

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# SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OVB No. 1545-0047 2009

Oppariment of the Treasury . Internal Povenie Service		Complet	e if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ➤ Attatch to Form 990.	rm 990, Part IV, lines 2) 1,	l or 22.		Open to Public Inspection
Nexus of the organization	is so	SNOT33TM OTROBINE					Employer identification number   74-2308287	ation number 17
Rate General Information on Grants and Assistance	formation on Gr	ants and Assista	эпсе					
1 Does the organiza	Nion maintain records	bees the organization maintain records to substantiate the amount of	r of	the grants or assistance, the grantees' etigibility for the grants or assistance, and	tees' eligibility for the g	rznis or assistance, a		XYes No
ne seracción di Red IV	Hauseu in awate u:∈ V the oroanization's p	procedures for menitor	ring the use of gran	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ates. SEE PART IV	RT IV		]
	d Other Assistar IV, line 21 for and Aschedule 1-1 0	Grants and Other Assistance to Governments are 990, Part IV, line 21 for any recipient that receive Part IV and Schedule I-1 (Form 990) if additional	eceived more the tional space is	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to F 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV, and Schedule I-1 (Form 990) if additional space is needed.	ted States. Complitus box if no one	ete if the organiz recipient receive	ation answered ' d more than \$5,(	Yes' to Form 300. Use
(g) Name and address of organization or government	ss of organization mank	NE(4)	(c) RC section if applicable	(d) Amunt of cash grant	(a) Amount of non-cash assistance	(f) Method of valuation (book, FM*, appraisal, other)	(g) Description of non-cests assistance	(h) Purpose of grant or assistance
								SUPPORT
NATIONAL PARK SERVICE-SA MISSION	VICE-SA MISSION	<b>-</b>	,					OFFERED IN THE
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1	er of section 501 (c) (3)	Enter total number of section 501(c)(3) and government organization	anizations					
3 Enter total number of other organizations	Enter total number of other organizations	Afor Art Motive cos	the Instructions fo	Form 990	OLUDINO ILEMANDIO (SOLIDINO)	ezmana	Sche	Schedute J (Form 990) 2009
BAA FOR FINACY ACT	alla rapel work incom	מספו שבו ומסובה זבר						

Schedule J (Form 990) 2009 Page 2 Par Cants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (j) Description of non-cash assistance Ramit Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 74-2308287 (a) Yethod of valuation (book, FWV, appreisal, other) PROVIDES THE BOARD OF DIRECTORS WITH A MONTHLY UPDATE ON THE STATUS OF EACH PROJECT THE NATIONAL PARK SERVICE AT THE SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK (d) Amount of non-cash assistance PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED LOS COMPADRES DE SAN ANTONIO MISSIONS (c) Arrount es casii grant (9) Number of received services (a) Type of grant or assistance THAT WAS FUNDED. Schedule 1 (Form 990) 2009 BAA

#### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990, ► See separate instructions.

74-2308287 LOS COMPADRES DE SAN ANTONIO MISSIONS Part Questions Regarding Compensation Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these Items. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up playments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account bif 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..... 1 h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the Items checked in line 1a?..... Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Compensation survey or study independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed In Form 990, Part VII, Section A, line 1a with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment?..... Aa b Participate In, or receive payment from a supplemental nonqualified retirement plan?..... Х If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VI), Section A, line 1a, did the organization pay or accrue any compensation conlingent on the revenues of: X 5 8 a The organization?..... X b Any related organization?..... If 'Yes' to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VIII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization?..... Х 66 **b** Any related organization?.... If 'Yes' to line 6a or 6b, describe in Pait III. For person listed in Form 990, Part VII Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III..... Х В If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53.4958-6(c)?, ....

X

74-2308287

Page 2

Schedule J (Form 990) 2009 LOS COMPADRES DE SAN ANTONIO MISSIONS

接動師 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

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(A) Name	(b) or canado () Bese compensation	(ii) 300us ard Incertive compansation	(ii) Other reportable ocmpensation	(C) Ketirement and other deferred compensation	(D) Nonlaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Enum 990, Enum 990, Enum 990, E7
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Schedule J (Form 990) 2009

### SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered 'Yes'

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK

on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open To Public Inspection Employer identification number

74-2308287

PX	Types of Property	10 1111	<u> </u>			2308287
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		   	(a) Check if applicable	(b)  Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art					
2	Art—Historical treasures					
3	Art—Fractional interests	1				
4	Books and publications	•				
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes	!				
8	Intellectual property	!				
9	Securities-Publicly traded	1		7		
10	Securities—Closely held stock				4. 70 70 70	
11	Securities—Partnership, LLC, or trust in	1				
12	Securities—Miscellaneous			PER STATE OF MANAGEMENT		
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13	Qualified conservation contribution— Historic structures	ļ ,,.,.,				·
14	Qualified conservation contribution—Ot	þег				
15	Real estate-Residential					
16	Real estate—Commercial					
17	Real estate-Other					
18	Collectibles	I .		4444		
19	Food inventory	ļ	~~~			
20	Drugs and medical supplies	ļ.,				
21	Taxidermy,	ļ.,,,,,				
22	Historical artifacts	ļ,.,,				
23	Scientific specimens					10.4
24	Archeological artifacts	ļ				
25	Other - (AUCTION ITEMS	<u>                                     </u>	Х	7	56,673.	
26	Other ► (	[ <u>_</u> ,)				
27	Other ► (	[				
28	Other ► (	)				
29	Number of Forms 8283 received by the organization completed Form 8283, Pa	organizatio t IV, Donee	n during the Acknowled	lax year for contribution gement	ns for which the	29 Yes No
	During the year, did the organization re hold for at least three years from the d purposes for the entire holding period?	,	ntribution ar	ny property reported in P ition, and which is not re	Parl I, lines 1-28 that it equired to be used for e	must exempt 30a X
	If 'Yes,' describe the arrangement in P					
	Does the organization have a gift accep			•		s? <u>31 X</u>
32 a	Does the organization hire or use third noncash contributions?	parties or re	elated organ	izations to solicit, proces	ss, or sell	32a X
þ	If 'Yes,' describe in Part II.					
33	If the organization dld not report revenue	les in colum	ın (c) for a t	ype of property for which	h column (a) is checke	d,
	describe in Part II.					
BAA	For Privacy Act and Paperwork Reduc	tion Act Not	ice, see the	Instructions for Form 95	<b>9</b> 0,	Schedule M (Form 990) 2009

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Schedule M (Form 990) 2009 LOS COMPADRES  Part III Supplemental Information Compand 33. Also complete this part for	lete this part to provide the information any additional information.	on required by Part I, lines 30b, 32b,
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TEEA4602L 07/21/09

Schedule M (Form 990) 2009

Schedule M (Form 990) 2009 LOS COMPADRES DE SAN ANTONIO MISSIONS

#### SCHEDULE O (Form 990)

### \$upplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Name of the organization LOS COMPADRES D NATIONAL HISTOR	E SAN ANTONIO MISSIONS IC PARK	Employer identification number 74-2308287
FORM 990, PART VI. LINE 11 -	FORM 990 REVIEW PROCESS	
THE TREASURER REVIEWS TH	E FORM 990 PRIOR TO FILING WITH THE INT	ERNAL REVENUE
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FORM 990, PART VI, LINE 12C ·	EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS
THE CHAIRMAN ASKS EACH D	TRECTOR ANNUALLY IF THEY PLAN TO DO BUS	INESS WITH THE
NATIONAL PARK SERVICE.	IF SO, THE DIRECTOR MUST PRESENT THEIR	PLAN THROUGH THE
STANDARD BIDDING PROCESS	<b>-</b>	
FORM 990, PART VI, LINE 15A -	COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, EXEC. DIR., OR TOP MG
THE BOARD OF DIRECTORS M	EETS ANNUALLY IN EXECUTIVE SESSION TO D	ISCUSS THE
COMPENSATION. THE CHAIR	MAN OF THE BOARD AND THE TREASURER MAKE	THE RECOMMENDATIONS
FOR BOARD APPROVAL AFTER	THE EXECUTIVE DIRECTOR'S PERFORMANCE E	VALUATION.
FORM 990, PART VI, LINE 19 - 0	THER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
THE ORGANIZATION PROVIDE	THE GOVERNING DOCUMENTS, POLICIES, AN	D FINANCIAL
STATEMENTS UPON REQUEST.	~ ~ W W W M M M A W W W W W W W W W W W W W	
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Schedule 0 (Form 990) 2009		Page 2
Name of the organization LOS COMPADRES D NATIONAL HISTOR	E SAN ANTONIO MISSIONS IC PARK	Employer Identification number 74–2308287
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PAGE 2	CURRENT DFPR.	12	<b>St</b> 1.502	1,533	1,83	
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## Form 990-EZ

2008

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form

990. All other org. enizations with gross monipts loss than \$1,000,000 and total assets loss than \$2,500,000 at the end of the
year may use a copy of the return to satisfy state reporting requirements.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2008 calendar year, or tax year be	  ginning 10/01 , 2008, and e	nding 9/30	*	2009
В	Check if applicable; C		D	Employarid	entification number
	Address thange use IRS LOS COMPADE	ES DE SAN ANTONIO MISSIONS		74-230	78287
	Name charge   label or   NATIONAL HI	STORIC PARK	Ē	Telephone n	umber
<u>_</u>	Initial return byph. P.O. BOX 12	[652]		210-92	22-3218
-	Cormination   Specific   SAN ANTONIC	, TX 78212-0652	_	·	· · · · · · · · · · · · · · · · · · ·
-	Amended return instruc- tions. Application pending		F	Group Ex Number	emption
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	ש פרטוס אניוס אין אין אין אין אין אין אין אין אין אין	d 4947(a)(1) nonexempt charitable trusts chedule A (Form 990 or 990-EZ).	Other (specify)		7,311
			H Check ►	if the orga	anization is not
	Website: ► N/A		required to atte	sch Sched	ule B (Form 990,
	Organization type (check only one) - X 501(	b) $(3) \prec (lnsert no.) = 1947(a)(1) or = 527$			
ĸ	Check - if the organization is not a s	ection 509(a)(3) supporting organization and its g e organization chooses to file a return, be sure to	iross receipts are no o file a complete reti	rmaliy not im.	more than
L	• •	rmine gross receipts; if \$1,000,000 or more, file f			· Andrews · · · · · · · · · · · · · · · · · · ·
L	instead of Form 990-EZ			►\$	701,669.
Pe	Revenue, Expenses, and	Changes in Net Assets or Fund Balar	ices (See the in	struction	
	<ol> <li>Contributions, gifts, grants, and sire</li> </ol>	ilar amounts received		., 1	424,662.
		government fees and contracts			
i					10 055
	4 Investment income,,,,	House Manage Service States	83,757	· - <del></del> -	10,855.
		ther than inventory	86,502		
ь	D Less; cost or other basis and sales	expenses	TATEMENT ?		-2,745.
Ë	6 Special events and activities (complete applic	able parts of Schedule G). If any amount is from gaming, chec	sk here	' <u></u>	<u> </u>
RCZB<	a Gross revenue (not including \$	196 255 of contributions			
Ö	a Gross revenue (not manamy ?	6a	148,276		
5		draising expenses	107,524		
		activities (Subtract line 6b from line 6a)		***************************************	40,752.
		s and allowances			
	b Less; cost of goods sold				
.	c Gross profit or (loss) from sales of i	nventory (Subtract line 7b from line 7a)		. 7c	
ı	8 Other revenue (describe - SEE STA	PEMENT 2	).	. 8	34,119.
	9 Total revenue (add lines 1, 2, 3, 4, 5	δς, 6ς, 7ς, and 8) . , , , , ,		<b>►</b>   9	507,643.
	10 Grants and similar amounts paid (at	tach schedule)SEES	CATEMENT.3	10	234,982.
	11 Benefits paid to or for members			. 11	
ž i	12 Salaries, other compensation, and a	mployee benefits	. , , , , , , , , , , , , , , , , , , ,	. 12	114,450.
Ē	13 Professional fees and other paymer	ts to independent contractors		13	14,020.
EXPENSE 5		enance			E EEO
5	15 Printing, publications, postage, and	shipping,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	5,559. 151,197.
	16 Other expenses (describe - SEE STAT	EPENT 4	), , ,		520, 208.
	17 Total expenses (add lines 10 through	h 16),h 16),h 16),h 16),h 16),h 17 from line 9),		. 18	-12,565.
A					12,000.
197 11988	19 Not assets or fund balances at begin	nning of year (from line 27, column (A)) (must agr	ree with end-or-year		489,960.
투투	20 Other changes in net assets or fund	balances (attach explanation),SEESI	CATEMENT.5	20	18,220.
s	21 Net assets or fund balances at end	of year. Combine lines 18 through 20		21	495,615.
153	Balance Sheets. If Total ags	ets on line 25, column (B) are \$2,500,000 or mor	e, file Form 990 inst	ead of For	
	(See the Instru	ctions for Part II.)	(A) Beginning of y	/ear	(B) End of year
22	Cash, savings, and investments	***************************************	757,63	<del></del>	718,442.
23	Land and bulidings			23	A A 4 A
24	Other assets (describe - SEE STAT	EMENT 6	8,62		8,032.
25	Total assets		766,25		726,474.
26		olumn (B) must agree with line 21),	276,29 489,96		230,859. 495,615.
4/	Net assets of junctionances (IPPO 27 OF C	ORDING (D) TOUSE AGICC WITH INF & D	±00,00	× 1 = /	2007 YAV.

Forr	n 990-EZ (2008) LOS COMPA	dres t	DE SAN ANTONIO MISS	SIONS	74	-231	08287	Page 2
			rvice Accomplishment				Expenses	
Whal	is the organization's primary exempt purp	0007 S	E STATEMENT 0			(Req	uired for 501(c)	(3)
Desc	cribe what was achieved in carryl cribe the services provided, the n gram title.	ing out th number di	e organization's exempt purp f persons benefited, or other	oses. In a clear and cor relevant informalion for	noise manner, each	and 4947	(4) organization (a)(1) trusts; op thers.)	s and otional
*******			,					
		-	·	<b></b>				
						-00	320	242
29	(Grants \$ 234, 98	2.) jt jr	is amount includes foreign g	rants, check here	111111111	28 a	320	,242.
29								
	*************	·						
	(Grants \$	- 5 <u>C</u>	is amount includes foreign gr	anls, check here		29 a		
30		,[						
		+						
	(Grants \$		ls amount includes foreign gr	rants chack here	<del>-</del> [_	30 a		
31	Other program services (attach	schedule	)	Willian Countries				
	(Grants \$	) If th	is amount includes foreign gr	ants, check here		31 a		
32	Total program service expenses	s (add lin	es 28a through 31a)	***************		32		,242.
F 30	List of Officers, Di	rectors					sated. See the I  (e) Expense a	
	(a) Name and address	· · · · · · · · · · · · · · · · · · ·	(b) Title and average hours per week devoted to position	not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	s and	and other allow	wances
		- <i></i> -		105,000.	9,4	<sub>ห</sub> ก		0.
SEE	STATEMENT 10			105,000.	9,4	<del>50.</del>		0.
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- <b></b>								
BAA			TEEA0812L 0	1/(4/09	**************************************		Form 990-EZ	(2008)

Pā	rt V Other Information (Note	the statement requirement in General Instruction V.)			
			,	Yes	Νo
33	Did the organization engage in any act	vity not previously reported to the IRS? If 'Yes,' attach a detailed description of	33		X
34		ning documents but not reported to the IRS7 (f 'Yes,' attach a conformed copy of the changes	34	(5/2	Х
35	If the organization had income from business act attach a statement explaining your reason for not	vitles, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, reporting the income on Form 990-T.			
1	Did the organization have unrelated but proxy tax requirements?	siness gross income of \$1,000 or more or 6033(a) notice, reporting, and	35a		Х
J		n 990-7 for this year?	35 b		
36	Was there a liquidation, dissolution, for if 'Yes,' complete applicable parts of S	mination, or substantial contraction during the year?	36	Ī	Х
37 a	Enter amount of political expenditures, direct or i	direct, as described in the instructions	hamman		V.
t	Did the organization file Form 1120-PO	for this year?	37b	30000	X
38 á	Did the organization borrow from, or m any such loans made in a prior year an	ake any loans to, any officer, director, trustee, or key employee or were distill unpaid at the start of the period covered by this return?	38 a		X
t	If 'Yes,' complete Schedule L, Part II a	nd enter the total N/A			
	501(c)(7) organizations, Enter:				
	•	ncluded on line 9,			
		ublic use of club facilities			
<b>40</b> a		f tax imposed on the organization during the year under:			
		section 4912 - 0.; section 4955 - 0.			
Ь	501(c)(3) and (4) organizations. Did the year or did it become aware of an excel f 'Yes, complete Schedule L, Part I	organization engage in any section 4958 excess benefit transaction during the se benefit transaction from a prior year?	40 b		x
		ration managers or disqualified persons during the 58			
d	Enter amount of tax on line 40c reimbur	sed by the organization			
	All organizations. At any time during the shelter transaction? If 'Yes,' complete F List the states with which a copy of this return is f	tax year, was the organization a party to a prohibited tax orm 8886-T.	40 e		X
42a	The books are in care of FTSAKOPULOS Located at F 9901 IH-10 W, STE	BROWN SCHOTT & ANCH Telephone no. ► 210-69 . 900, SAN ANTONIO, TX 2 P+4 ► 78230	<u>6-51</u>	<u>77</u> _	
		·	_	/es	No
ь	At any time during the calendar year, di financial account in a foreign country (se	s the organization have an interest in or a algnature or other authority over a just as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign countr	y; •			
c		ements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  If the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
				_	
		trusts filing Form 990-EZ in iteu of Form 1041 — Check here	🏲		I/A
	and anter the amount of tax-exempt inte	rest received or accrued during the tax year		<u> </u>	<u>1/A</u>
		 		/es	No
44	Did the organization maintain any donor of Form 990-EZ	advised funds? If 'Yes,' Form 990 must be completed instead	44		<u>X</u> _
45	Is any related organization a controlled	ntity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990-EZ	45		х
BAA	romn 990 must be completed instead of	TEEA0812L 01/14/09 Fore	n 990-l		

	-EZ (2008) LOS COMPADRES					74-230			<sup>2</sup> age <b>4</b>
Part V	Section 501(c)(3) organi	ization	is only. All section	501(c)(3) org	ganizatio				
	and complete the tables	tor un	es 50 and 51.	,	A	SEE S	TATEMEN		~
46 Did	the organization engage in direct opublic office? If 'Yes,' complete Sci	indire	t political campaign ac	livities on behalf	of or in opp	position to candidate:	5	Yes	
									X
	the organization engage in lobbyin								X
	he organization operating a school								Х
	the organization make any transfer			•					X
	es,' was the related organization(s	1	<u>*</u>				-		<u> </u>
50 Con rece	nplete this table for the five highest eived more than \$100,000 of compe	comper ensation	nsated employees (othe from the organization.				oyees) who	each	1
(	(a) Name and address of sech amployee paid more than \$100,000		(b) Title and average hours per week devoted to position	(c) Compensat	1	Contributions to employee benefit plans and lefarred compensation	(a) Exp accour other allo	nt and	r
NONE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.	-			1			
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	<b></b>								
otal numbe	r of other employees paid over \$100,000,	<u>p</u>							
51 Con	plete this table for the five highest the organization. If there is none,	compen	sated independent con-	tractors who eac	h received	more than \$100,000	of compens	sation	İ
11011	Armyn - v - b - c - c - c - c - c - c - c - c - c	<b>_</b>				<del>,</del>		- "	
	(a) Name and addrage of much indepen	lent contri	actor pald morn than \$100,000		(b) T	Abs of service	(c) Compe	nsallor	1
NONE _		h							
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otal num	ber of other independent contractor	rs receiv	ing over \$100,000						
	Under penalties of porjury, I declare that I he true, correct, and complete. Declaration of				and statements	, and to the best of my kno	ad bac agbalwa	slief, It	ls
	inde, correct, and complete, postaration of t	hahatat (o	auce this atomics is public out t	PR BREITHOUSING BY WING	··· headquai 1185	ent vinoucettur			
Sign	,								
lere	Signature of officer	` <u> </u>		Add American	Ţ,	Pate			
					DIF	RECTOR			
	Type or print name and title.								
	Preparer's L. V 4 5 X			Date		Chack if Pren	parer's identifyi	ng Nun	nber
Paid Pre-	signature Muhacl Us /tr	ntt_			1-10	solf- employed > N/			
arer's	Firm's riams (or TSAKOPULOS	BROWN	SCHOTT & ANCH	ORS					
lse	yours if solf > 9901 TH 10		SUITE 900			- <del></del>	/A		
only	address, and SAN ANTONIO		78230			Phono no (210	··	<u> 177</u>	
	S discuss this return with the prepa	rer show	wn above? See instruct	ions	<u></u>		►X Yes		No
AA		1					Form 990-	T. C.	1008)

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

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Tressury Internal Revenue Service Name of the organization

Total

Attach to Form 990 or Form 990-EZ. ► See separate instructions. LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer Identification number

NATIONAL HISTORIC PARK 74-2308287 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(bX1)(AXI). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the binefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part ii.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see Instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h. 13 Type II b Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... (i) 11g(f) 11 g (ii) a family member of a person described in (i) above?..... (iii) a 35% controlled entity of a person described in (i) or (ii) above?...... 11 g (iii) Provide the following information at out the organizations the organization supports (iii) Type of organization (departing on lines 1-9 above of IRC section (see instructions)) (v) Did you notify the organization in col. (i) of (I) Name of Supported Organization (ID EIN (VII) Amount of Support organization in col. (i) listed in your organization in col. (i) organized in the U.S.7 your support? governing document? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

NOS COMPADRES DE SAN ANTONIO MISSIONS 74-2308287 Schedule A (Form 990 or 990-EZ) 2008 Partill 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (e) 2008 (a) 2004 (d) 2007 (f) Total (b) 2005 (c) 2006 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... 501,745 325,349 424,662 1,810,812. 308,536 250.520 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf....... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . 424.662 1.810.812. 501.745 308.536 250.520 325,349 4 Total, Add lines 1-3 . . . . . 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 0. shown on line 11, column (f) ... Public support, Subtract line 5 1,810,812. from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (z) 2004 (d) 2007 (e) 2009 (b) 2005 (c) 2006(f) Total 501,745 308,536 250.520 325,349. 424,662 810,812. Amounts from line 4. . . Gross income from Interest, dividends, payments received on securities loans, rents, rovalties and income form 10,855 21.482 19,300 85,012. .1.967 21,408 Net income form unrelated business activities, whether or not the business is regularly ٥, carried on. . . . . . . Other Income, Do not include gain or loss form the sale of capital assets (Explain in 0. Part (V.) Total support, Add lines 7 1.895.824. through 10 ....... 12 Gross receipts from related activities, etc. (see instructions)..... 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .... Section C. Computation of Public Support Percentage 95.5% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)..... 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f...... 95.4% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test — 2007. If the organization dld 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...... 17 a 10%-facts-and-circumstances test — 2008. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization...... 

Schedule A (Form 990 or 990 EZ) 2008

Page 3

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal yr beginning in) 🗠		2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 200	)8	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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								
	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 1-5 , . ,								
7≢	Amounts included on lines 1, 2, 3 received from disqualified persons								
Ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
c	Add lines 7a and 7b								
	Public support (Subtract line								
	7c from line 6.)								
Sec	tion B. Total Support	****************	1000.00000.00000.00000.000			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		×20000000111	
	ndar year (or fiscal yr boginning in)	(2	2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total
	Amounts from line 6		<u>v ==== :</u> 	3-7	\ - / =				
	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						W.L. (Mark)		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				uporte de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya del companya del companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de				
	Add fines 10a and 10b								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13 14	Total support. (add los 9, 10c, 11, and 12.) First five years. If the Form 990 is organization, check this box and s	for th	e organiza	tion's first, second	, third, fourth, or	fifth tax year as a	section 50	1(c)(3)	<b>_</b>
20.04	organization, check this box and stion C. Computation of Pul	hlic S	unnad l	Percentage	· · <u>· · · · · · · · · · · · · · · · · </u>			/ ( / / / /	• • • • • • • • • • • • • • • • • • • •
) 본 () 4 P	Public support percentage for 200	د ماالات ماالات	0 actions	W diriged by the	12 column (A)			15	%
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	Public support percentage from 20						,	10	70
	ion D. Computation of Inv					(4)		17	Δ/
	Investment income percentage for								
18-	Investment income-percentage fro	m 200	z Schedul	e.A. Hart IV-A, line	9-2/N 14	ine 16 is many	. ,	18   and 6	%_
h	33-1/3 support tests — 2008. If the more than 33-1/3%, check this bo. 33-1/3 support tests — 2007. If the	APASP	lization did	Loot check a boy o	on line 14 or 19a.	and line 16 is mor	e than 33-1	/3%. a	nd line 18
	is not more than 33-1/3%, check t	his bo	k and stop	here. The organiz	ation qualifies as	a publicly support	ed organiza	mon.,	🟲 🔲
20	Private foundation. If the organiza	ation d	ld not chad	k a box on line 14	, 19a, or 19b, chi	eck this box and so	ee instructio	ns	►

Schedule A	(Form S	90 or 9	90-EZ	) 2008	3 I	OS (	COMP	ADR.	ES I	DE S	AN A	ANTO	NTO	MT	STO	NS NS	<u></u>	14-2	3082	8/		Page 4
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### SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

2008

Department of the Treesury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Marn	o of the organization LOS COMPADRE	5 I	E SAN A	NTONIC	MISSI	ons		Employer identifica	
<b>975</b> 2	NATIONAL HIS	ISTORIC PARK 74-2308287							
	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.  Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
7	_	raise	a tunas (nr	funds through any of the following activities. Check all that apply.  Solicitation of non-government grants					
	Mail solicitations					n-under	-	_	
	Email solicitations					Solicitation of gove	•	rants	
	Phone solicitations					Special fundralsing	events		
	in-person solicitations								•
2	a Did the organization have written o employees listed in Form 990, Par	r or	al agreeme	nt with an	y individua	il (including officers, dire	ectors, tru	uslees or key	(T)., [T].,
	b if 'Yes,' list the ten highest paid in compensated at least \$5,000 by th	bivib	uals or enti	tles (funda	ralsers) pu	rsuant to agreements u	nder which	th the fundrals	er is to be
	compensated at least \$5,000 by th	e or	janization.	rom 990	EZ mers a	te uot tedriten to comb		ount paid to	
	(i) Name of individual	la	i) Activity	(iii) Did	fundraiser	(iv) Gross receipts	l (or re	etained by)	(vi) Amount paid to
	or entity (fundraiser)	`	7.140-19	have custor	dy or control ibutions?	from activity	fundra	iser listed in	(or retained by) organization
,,,,,,,,,					T		<u> </u>	col.(i)	បាជូណាខេតហោ
				Yes	No				
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	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR								
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	Total		* * * * * * * * * * * * * * * * * * * *					}	
3	List all states in which the organization licensing.	ion	ls ragistere	d or licens	sed to soll	cit funds or has been no	otified it is	s exempt from	registration
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Sch	edule	G (Form 990 or 990-EZ) 2008 L(	S COM	MPADRES DE SAN	ANTONIO MISSION	NS 74-23	
Pa	rt II	Fundraising Events. Com reported more than \$15,00	blete it	f the organization a	answered 'Yes' to F Sa. List events with	Form 990, Part IV, Laross receipts are	line 18, or eater than \$5,000
		reported more than \$15,00	VO 011 1	(a) Event #1 GALA	(b) Event #2 ARTESANOS	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
R		•		(equ) (ype)	(event type)	(total number)	
S E V S S S S	1	Gross receipts		303,242.	18,250.	20,725.	342,217.
Ē	2	Less: Charitable contributions		196,255.			196,255.
, <del></del>	3	Gross revenue (line 1 minus line :	2)	106,987.	18,250.	20,725.	145,962.
n	4	Cash prizes	1	***************************************			
D-REGT	5	Non-cash prizes,					
	.6	Rent/facility costs		шева руч			
м жа т т м т	7	Other direct expenses		88,405.	13,420.	5,699.	107,524.
Š	8 9	Direct expense summary. Add lin Net Income summary. Combine in	es 4- thi nes 3 an	rough 7 in column (d) id 8 in column (d)		,,,,. ,,,,,,,,,,,,	107,524. 38,438.
Fa		Gaming, Complete if the o	rganiza	ation answered 'Ye	s' to Form 990, Pa	ort IV, line 19, or re	
		\$15,000 on Form 990-EZ, I	ine 6a	·			
# WY WY				(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
E N	1	Gross revenue		)			
Б	2	Cash prizes	.,,,,				
D-RECT	3	Non-cash prizes,				14 1 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
C S T E S	A	Rent/facility costs				······································	the transfer of
	5	Other direct expenses					• • • • • • • • • • • • • • • • • • •
		Volunteer labor,		Yes 8	Yes%	Yes %	
	7	Direct expense summary. Add line	s 2 thro	ugh 5 In column (d)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
	8	Nat gaming income summary. Cor	nbine IIn	es 1 and 7 in column (o	<u>1) </u>		
9	Enter	r the state(s) in which the organize	tion ope	rates gaming activities;			YES NO
		e organization licensed to operate o, Explain:			se states?	•	9a
b	lf 'Ye	any of the organization's gaming es,' Explain:	<b>-</b>	<b> </b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		the organization operate gaming a					
12	ls the admi	e organization a grantor, beneficiar nister charitable gaming?	y or trus	stee of a trust or a mam	ber of a partnership or	<u> </u>	12 200 et 990 E7) 2009

Page 2

Schedule G (Form 990 or 990 EZ) 2008 L	S COMPADRES DE SAN ANTONIO MISSIONS	74-2308287	Page 3
13 Indicate the percentage of gaming act a The organization's facility	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13a - 8	YES NO
b An outside facility	person who prepares the organization's gaming/special event	130	
		i i i i i i i i i i i i i i i i i i i	
	with a third party from whom the organization receives gamin evenue received by the organization \$  If party \$		15 a
16 Gaming manager information			
Gaming manager compensation > \$		<b></b>	
_	imployee Independent contractor	~~~~~	
17 Mandatory distributions	e law to make charitable distributions from the gaming procee	eds to relain the	
state gaming license?	rad under state law distributed to other exempt organizations	.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7a
BAA	TEEA3703L 07/18/06	Schedule G (Form 990 c	эг 990-EZ) 2008

2008 L	FEDERAL STATEMENTS AS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK		PAGE 1
STATEMENT 1 FORM 990-EZ, PART I, LINE 5 NET GAIN (LOSS) FROM NON	NVENTORY SALES		
PUBLICLY TRADED SECURITI			
GROSS SALES PRICE: COST OR OTHER BASIS:	83,757. 86,502.		
	TOTAL GAIN (LOSS) PUBLICLY TRADED SECURIT TOTAL NET GAIN (LOSS) FROM NONINVENTORY SA		-2,745. -2,745.
STATEMENT 2 FORM 990-EZ, PART I, LINE 8 OTHER REVENUE			
MISCELLANEOUS INCOME	TOT	, , , ,	2,100. 22,424. 9,595. 34,119.
STATEMENT 3 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOU	NTS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	VIP DOCENT PROGRAM NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	1,219.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	LANDSCAPE REPLACEMT PROG NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	3,500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	RACK CARD DISTRIBUTION NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	6,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	TEACHER TO RANGER PROGRAM NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210,		<u></u>
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	2,040.

2008	FEDERAL STATEMENTS DE COMPAGRES DE SAN ANTONIOMISSIONS NATIONAL HISTORIC PARK	en j	PAGE 2
STATEMENT 3 (CONTINUED) FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOU			
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	LANDSCAPE MAINTENANCE NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210, NONE	\$	8,406.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	LANDSCAPE MAINTENANCE NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210, NONE	\$	3,594.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	LOS PASTORES NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210, NONE	ş	1,004.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	WILLOW WAY NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210, NONE	\$	5,000.
CLASS OF ACTIVITY; DONEE'S NAME: DONEE'S ADDRESS; RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	WILLOW WAY NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210, NONE	\$	4,506.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	SAVE AMER TREAS CONCEPC NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210, NONE	\$	71,204.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: CASH AMOUNT GIVEN:	NPF PARK STEWARD NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TEXAS 78210,	\$	4,000.

NPF PARK STEWARD
NATIONAL PARK SERVICE
2202 ROOSEVELT
SAN ANTONIO, TEXAS 78210,
NONE

CASH AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:

5,000.

2008	FEDERAL STATEMENTS		PAGES
E.	OS COMPAGRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK		74-2308287
STATEMENT 3 (CONTINUED) FORM 990-EZ, PART I, LINE 10			
GRANTS AND SIMILAR AMOU	NTS PAID		
CLASS OF ACTIVITY:	TRUEHART RANCH ARCHAEOLOG NATIONAL PARK SERVICE		
DONEE'S NAME: DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TEXAS 78210,		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE NONE	\$	2,500.
	MDWENNER DANGE ADGUAROLOG	,	2,300.
CLASS OF ACTIVITY: DONEE'S NAME:	TRUEHART RANCH ARCHAEOLOG NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	2,500.
CLASS OF ACTIVITY:	MASONRY APPRENTICE PROGR		
DONEE'S NAME: DONEE'S ADDRESS:	NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210		•
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE NONE	\$	10,152.
	MASONRY APPRENTICE PROGR	•	20,2021
CLASS OF ACTIVITY: DONEE'S NAME:	NATIONAL PAARK SERVICE 2202 ROOSEVELT		
DONEE'S ADDRESS: RELATIONSHIP OF DONEE:	SAN ANTONIO, TX 78210 NONE		
CASH AMOUNT GIVEN:	NONE	\$	4,848.
CLASS OF ACTIVITY:	IRRIGATION SYSTM SAN JOSE NATIONAL PARK SERVICE		
DONEE'S NAME: DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE NONE	ş	15,000.
CLASS OF ACTIVITY:	ARCHAEOLOGY RANCHO	·	-, ,
DONEE'S NAME: DONEE'S ADDRESS:	NATIONAL PARK SERVICE 2202 ROOSEVELT		
RELATIONSHIP OF DONEE:	SAN ANTONIO, TX 78210 NONE		i
CASH AMOUNT GIVEN:		\$	7,000.
CLASS OF ACTIVITY: DONEE'S NAME:	ARCHAEOLOGY RANCHO NATIONAL PARK SERVICE		· Ì
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	10,000.

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FEDERAL STATEMENTS
LOS COMPADRES DE SAN ANTONIO NISSIONS
NATIONAL HISTORIC PARK

74-2308287

PAGE 4

STATEMENT 3 (CONTINUED)
FORM 990-EZ. PART I. LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	GAME CAMERAS NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE .	٠\$	4,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	TEACHER TO RANGER PROGRAM NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210		·
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	4,060.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	BIKE PATROL PROGRAM NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210	٠	
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	1,500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	THE FUND/PARK OPERATIONS NATIONAL PARK SERVICE 2202 ROOSEVELT SAN_ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	2,172.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	TRANSPORTATION/SCHOOL PRG NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	1,737.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	TRANSPORTATION/SCHOOL PRG NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	1,263.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	FACES OF THE MISSIONS III NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	3,523.

2008	FEDERAL STATEMENTS OS COMPADRES DE SAN ANTONIO MISSIGNS NATIONAL HISTORIC PARK	10 G	PAĞE 5 74/2308287
STATEMENT 3 (CONTINUED) FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOU	0		
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS; RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	FACES OF THE MISSIONS III NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE	\$	12,977.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE:	POOLEY PROPERTY RV HOOKUP NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE		15.000
CASH AMOUNT GIVEN:  CLASS OF ACTIVITY:  DONEE'S NAME:  DONEE'S ADDRESS:	CELL PHONE AUDIO TOUR NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210	\$	15,000.
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	CELL PHONE AUDIO TOUR NATIONAL PARK SERVICE 2202 ROOSEVELT	\$	9,750.
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN: CLASS OF ACTIVITY:	LOS PASTORES	\$	5,250.
DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE	\$	496 <i>.</i>
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: RELATIONSHIP OF DONEE:	VIP DOCENT PROGRAM NATIONAL PARK SERVICE 2002 ROOSEVELT SAN ANTONIO, TX 78210 NONE	•	. 701
CASH AMOUNT GIVEN: STATEMENT 4		\$	5,781.
FORM 990-EZ, PART I, LINE 10 OTHER EXPENSES  ADVERTISING AND PROMOTIC BANK CARD DISCOUNTS	N		983. 3,702.
BANK_CHARGES. CENTINELOS EXPENSE. CONTRACT SERVICES. CONTRIBUTIONS. DEPRECIATION. DUES & SUBSCRIPTIONS.			32. 5,075. 128,527. 125. 1,791. 149. 3,040.

2008	FEDERAL STATEMENTS PAGE 6 DS COMPABRES DE SAN ANTONIQ MISSIONS NATIONAL HISTORIC PARK 74:2308287
MAINTENANCE AND REPAIRS. OFFICE EXPENSES. TELEPHONE TRAVEL TROPHIES & AWARDS.	\$ 599. 1,000. 971. 3,813. 50. 150. 1,190. \$ 151,197.
STATEMENT 5 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASS UNREALIZED GAINS ON CHARI	ETS OR FUND BALANCES TABLE TRUST \$ 18,220. TOTAL \$ 18,220.
OTHER RECEIVABLE	BEGINNING ENDING  \$ 125. \$ 94.  3,271. 3,718.  0. 2,030.  RRED CHARGES 5,230. 2,190.  TOTAL \$ 8,626. \$ 8,032.
GRANTS PAYABLE	BEGINNING ENDING  \$ 15,000. \$ 22,790. 261,296. 206,491. 0. 1,577. 3. 1. TOTAL \$ 276,299. \$ 230,859.
PARK SERVICE AT SAN ANTON	TE THE MANAGEMENT PROGRAMS AND OBJECTIVES OF THE NATIONAL IO MISSIONS NATIONAL HISTORICAL PARK AND TO PROMOTE, SPANISH MISSIONS OF SAN ANTONIO.

## FEDERAL STATEMENTS

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LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIO PARK

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STATEMENT 9
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

TO AID AND DIRECTLY PROMOTE THE MANAGEMENT PROGRAMS AND OBJECTIVES OF THE NATIONAL PARK SERVICE AT SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK AND TO PROMOTE, PRESERVE AND PROTECT THE SPANISH MISSIONS OF SAN ANTONIO. SEE THE SUPPORTING STATEMENT FOR PART 1, LINE 10 FOR A COMPLETE LIST OF GRANTS PAID TO THE NATIONAL PARK SERVICE.

# STATEMENT 10 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME_AND_ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO FBP & DC	
EMILIE BAINE 317 ARCADIA PLACE SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
AIMEE BROMLEY 104 EAST ELSMERE SAN ANTONIO, TX 78212	BOARD MEMBER 2.00	0.	0.	0.
ROBERT S. DOWNEY 3206 BELKNAP PLACE SAN ANTONIO, TX 78212	IMM PAST CHRMN 2.00	0.	0.	0.
CURTIS C. GUNN, JR. 213 BROADWAY SAN ANTONIO, TX 78205	TREASURER 2.00	0.	0.	0.
SUE ANN GARCIA P.O. BOX 989 RAYMONDVILLE, TX 78580	SECRETARY 2.00	0.	0.	0.
ALBERT HAUSSER 263 GENESEO ROAD SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	0,	0.	0.
CYNTHIA MCMURRAY 236 STANFORD SAN ANTONIO, TX 78212	BOARD MEMBER 2.00	0.	0.	0.
FELICIA BALDWIN 209 MORNINGSIDE SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	0.	0.	0
ROXIE CATTO HAYNE 110 PASEO ENCINAL -SAN-ANTONIO, TX 78212	BOARD MEMBER 2.00	0.	0.	0.

## FEDERAL STATEMENTS

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LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK

STATEMENT 10 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS		TITLE AVERAGE PER WEEK I	HOURS	 COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
LAURA RICHMOND 4001 N. NEW BRAUNFELS, # SAN ANTONIO, TX 78209		BOARD	MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
BECKY CANAVAN 6338 N NEW BRAUNFELS, PM SAN ANTONIO, TX 78209	<b>1</b> 67	BOARD	MEMBER 2.00	0.	0.	0.
JAMES LIFSHUTZ 215 WEST TRAVIS SAN ANTONIO, TX 78205		BOARD	MEMBER 2.00	0.	0.	0.
FATHER DAVID GARCIA 7711 MADONNA SAN ANTONIO, TX 78216		BOARD	MEMBER 2.00	0.	0.	0.
LOYCE INCE 10 REGENCY ROW DR SAN ANTONIO, TX 78248		BOARD	MEMBER 2.00	0.	0.	0.
WM. EUGENE POWELL 11 LYNN BATTS LANE, STE SAN ANTONIO, TX 78218	00	BOARD	MEMBER 2.00	0.	0.	0.
CHRISTOPHER O'CONNELL 334 NORTH PARK SAN ANTONIO, TX 78216		BOARD	MEMBER 2.00	0.	0.	0.
LESLIE SACHANOWICZ 508 CANTERBURY HILL SAN ANTONIO, TX 78209		BOARD	MEMBER 2.00	0.	0.	0.
KAREN NORMAN 200 PATTERSON, #110 SAN ANTONIO, TX 78209		BOARD	MEMBER 2.00	0.	0.	0.
ALICE LYNCH 110 KENNEDY, #7 SAN ANTONIO, TX 78209		BOARD	MEMBER 2.00	0.	0.	0.
RUTH MEDELLIN 112 REDWOOD STREET SAN ANTONIO, TX 78209		BOARD	MEMBER 2.00	0.	0.	0.
LICA PINKSTON POST OFFICE BOX 1277 ALICE, TX 78233		BOARD	MEMBER 2.00	0.	0.	0.

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## FEDERAL STATEMENTS

LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIO PARK

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STATEMENT 10 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

. NAME AND ADDRESS	TITLE A AVERAGE HO PER WEEK DE	OURS	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
WILLIAM GRINNAN, JR 429 EAST COMMERCE SAN ANTONIO, TX 78205	BOARD I	MEMBER \$ 2.00	0.	\$ 0.	\$ 0.
PAMELA BAIN 7073 SAN PEDRO SAN ANTONIO, TX 78216	BOARD 1	MEMBER 2.00	0.	0.	0.
PAUL RINGENBACH 3913 ARROYO SECO SCHERTZ, TX 78154	BOARD 1	MEMBER 2.00	0.	0.	0.
MURPHY EMMONS 13247 SHORECLIFF SAN ANTONIO, TX 78248	CHI	AIRMAN 2.00	0.	0.	0.
PAM ROSSER 135 EAST MARIPOSA SAN ANTONIO, TX 78212	BOARD 1	MEMBER 2.00	0.	0.	0.
W. JAMES JONAS III 3300 BEE CAVE RIAD, SUITE AUSTIN, TX 78746	VICE CHA	AIRMAN 2.00	0.	0.	0.
ETHEL RUNION 137 EARL STREET SAN ANTONIO, TX 78212	BOARD N	MEMBER 2.00	0.	0.	0.
WILLIAM SCANLAN, JR. 241 ARGYLE AVENUE SAN ANTONIO, TX 78209	BOARD N	MEMBER 2.00	0.	0.	0.
BILL CROW 202 LAUREL HEIGHTS PLACE SAN ANTONIO, TX 78212	BOARD N	MEMBER 2.00	0.	0.	0.
BRUCE SHACKELFORD POST OFFICE BOX 15707 SAN ANTONIO, TX 78212	BOARD N	MEMBER 2.00	0.	0.	, O.
BARBARA HALL 107 KING WILLIAM SAN ANTONIO, TX 78204	BOARD M	MEMBER 2.00	0.	0.	0.
JIMMIE BALLING 1020 WILTSHIRE SAN ANTONIO, TX 78209	BOARD A	MEMBER 2.00	0.	0.	0.

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### **FEDERAL STATEMENTS**

### LOS COMPADRES DE SAN ANTONIO MISSIONS ... NATIONAL HISTORIG PARK

PAGE 10

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STATEMENT 10 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME_AND_ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
RUTH BOWMAN RUSSELL POST OFFICE BOX 12199 SAN ANTONIO, TX 78212	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
SUSAN CHANDOHA 6701 SAN JOSE DRIVE SAN ANTONIO, TX 78214	EXECUTIVE DIREC 45.00	105,000.	9,450.	0.
STEVEN HAYS 306 TERRELL ROAD SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	0.	0.	0.
CATHERINE TAYLOR 403 ARCADIA SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	0.	0.	0.
	TOTAL	\$ 105,000.	\$ 9,450.	<u>\$</u> 0.

# STATEMENT 11 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
TNDTRECTLY TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	ИО
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	***
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

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	PRICK DEPR			10,276	14,720	175		25,311		35	300	9.42	1,116	3,537	1,307	908 900	4,070	2017	ξį	710	25	(6)*	2				
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9/30/09	MO. DESCRIPTION	FORM 960/960.7F	Furniure and fixtures	T FOLLY DEPKID ASSETS	2 OFFICE FURNITURE	4 FURNITURE	14 SCANNER	TOTAL FURNITURE AND FIXTURE	MACHINERY AND EQUIPMENT	3 LABELING MACHENE	6 FAX MACHINE	7 COMPUTER SYSTEMS (DELL)	8 FILE SERVER	9 EQUIPMENT	10 COMPUTER UPGRADES	11 GFFICE EQUIP	12 POSTAGE MACHINE	13 HP 2000 LASER PRINTER	15 DIGITAL CAMERA	16 TAS COMPUTER SERVICE	17 PRINTER AND USB CABLE	IS DELL COMPUTERS (3)	19 CONPUTER SCFTWARE	20 SERVER AND INSTALLATION	23 COMPUTER SERVER		
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