

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*”;

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

Name/Organization Pamela Bain, President of Los Compadres de San Antonio Missions

Title/Date of Hearing Legislative hearing on **HR 3100** on Thursday, May 17th at 2:00 p.m.

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 Department of the Interior (and /or Department of Agriculture) 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 Department of the Interior (and /or Department of Agriculture) 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)).

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)

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 10/01, 2010, and ending 9/30, 2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C LOS COMPADRES DE SAN ANTONIO MISSIONS
 NATIONAL HISTORIC PARK
 P.O. BOX 12652
 SAN ANTONIO, TX 78212-0652

D Employer identification number 74-2308287

E Telephone number 210-922-3218

G Gross receipts \$ 1,777,150.

F Name and address of principal officer: SUSAN CHANDOHA
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
 H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.LOSCOMPADRES.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1983 **M** State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO AID AND DIRECTLY PROMOTE THE MANAGEMENT PROGRAMS AND OBJECTIVES OF THE NATIONAL PARK SERVICE AT SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK AND TO PROMOTE, PRESERVE AND PROTECT THE SPANISH MISSIONS OF SAN ANTONIO.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 **22**

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 **22**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 **0**

6 Total number of volunteers (estimate if necessary) 6 **80**

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **0.**

7b Net unrelated business taxable income from Form 990-T, line 34 7b **0.**

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	386,260.	1,638,105.
9 Program service revenue (Part VII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,335.	9,027.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,838.	35,901.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	476,433.	1,683,033.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	139,300.	192,640.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	162,068.	132,550.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) <u>106,563.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	138,104.	187,724.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	439,472.	512,914.
19 Revenue less expenses. Subtract line 18 from line 12	36,961.	1,170,119.
20 Total assets (Part X, line 16)	Beginning of Current Year 794,039.	End of Year 1,985,425.
21 Total liabilities (Part X, line 25)	228,140.	262,061.
22 Net assets or fund balances. Subtract line 21 from line 20	565,899.	1,723,364.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: SUSAN CHANDOHA Date: _____
 Type or print name and title: EXECUTIVE DIREC

Preparer Use Only

Print/Type preparer's name: MICHAEL A SCHOTT Preparer's signature: Michael A. Schott Date: 1-26-12
 Firm's name: TSAKOPOULOS BROWN SCHOTT & ANCHORS Check if self-employed PTIN: N/A
 Firm's address: 9901 IH 10 WEST SUITE 900 Firm's EIN: N/A
SAN ANTONIO, TX 78230 Phone no.: (210) 696-5177

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III. []

1 Briefly describe the organization's mission:

TO AID AND DIRECTLY PROMOTE THE MANAGEMENT PROGRAMS AND OBJECTIVES OF THE NATIONAL PARK SERVICE AT SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK AND TO PROMOTE, PRESERVE AND PROTECT THE SPANISH MISSIONS OF SAN ANTONIO.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: []) (Expenses \$ 288,154. including grants of \$ 192,640.) (Revenue \$)

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.

4b (Code: []) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code: []) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 288,154.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
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		
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 I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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		X
15 Did the organization report on Part IX, column (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		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		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1e and 8a? If 'Yes,' complete Schedule G, Part II	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		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 4		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 0		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see Instructions)		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization receive any funds directly or indirectly, to pay premiums on a personal benefit contract? 7 e		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the sponsoring organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? 9 a		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b		
13 c	Enter the amount of reserves on hand. 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b		

Part VI 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.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	1a	22
b Enter the number of voting members included in line 1a, above, who are independent.	1b	22
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	15a	X
b Other officers of key employees of the organization.	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
▶ TSAKOPULOS BROWN SCHOTT & ANCH 9901 IH-10 W, SUITE 900 SAN ANTONIO TX 78230 210-696-5

Part VII 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.

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

- 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 related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EMILIE BAINE BOARD MEMBER	2	X					0.	0.	0.	
(2) AIMEE BROMLEY BOARD MEMBER	2	X					0.	0.	0.	
(3) ROBERT S. DOWNEY BOARD MEMBER	2	X					0.	0.	0.	
(4) CURTIS C. GUNN, JR. TREASURER	2	X		X			0.	0.	0.	
(5) SUE ANN GARCIA CHAIRMAN	2	X		X			0.	0.	0.	
(6) ALBERT HAUSSER BOARD MEMBER	2	X					0.	0.	0.	
(7) CYNTHIA McMURRAY SECRETARY	2	X		X			0.	0.	0.	
(8) FELICIA BALDWIN BOARD MEMBER	2	X					0.	0.	0.	
(9) ROXIE CATTO HAYNE BOARD MEMBER	2	X					0.	0.	0.	
(10) LAURA RICHMOND BOARD MEMBER	2	X					0.	0.	0.	
(11) BECKY CANAVAN BOARD MEMBER	2	X					0.	0.	0.	
(12) JAMES LIFSHUTZ BOARD MEMBER	2	X					0.	0.	0.	
(13) FATHER DAVID GARCIA BOARD MEMBER	2	X					0.	0.	0.	
(14) LOYCE INCE BOARD MEMBER	2	X					0.	0.	0.	
(15) WM. EUGENE POWELL BOARD MEMBER	2	X					0.	0.	0.	
(16) CHRISTOPHER O'CONNELL BOARD MEMBER	2	X					0.	0.	0.	
(17) LESLIE SACHANOWICZ BOARD MEMBER	2	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Residential trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN NORMAN BOARD MEMBER	2	X					0.	0.	0.	
(19) ALICE LYNCH BOARD MEMBER	2	X					0.	0.	0.	
(20) RUTH MEDELLIN BOARD MEMBER	2	X					0.	0.	0.	
(21) LICA PINKSTON BOARD MEMBER	2	X					0.	0.	0.	
(22) WILLIAM GRINNAN, JR BOARD MEMBER	2	X					0.	0.	0.	
(23) PAMELA BAIN VICE CHAIR	2	X		X			0.	0.	0.	
(24) PAUL RINGENBACH BOARD MEMBER	2	X					0.	0.	0.	
(25) MURPHY EMMONS IMMED PAST CHRM	2	X		X			0.	0.	0.	
(26) PAM ROSSER BOARD MEMBER	2	X					0.	0.	0.	
(27) W. JAMES JONAS III BOARD MEMBER	2	X					0.	0.	0.	
(28) ETHEL RUNION BOARD MEMBER	2	X					0.	0.	0.	
(29) WILLIAM SCANLAN, JR. BOARD MEMBER	2	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							110,833.	0.	9,975.	
d Total (add lines 1b and 1c)							110,833.	0.	9,975.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part 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	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.....	1a				
	b Membership dues.....	1b 162,755.				
	c Fundraising events.....	1c 210,350.				
	d Related organizations.....	1d				
	e Government grants (contributions).....	1e				
	f All other contributions, gifts, grants, and similar amounts not included above.....	1f 1,265,000.				
	g Noncash contributions included in lns 1a-1f \$ 1,329,395.					
	h Total. Add lines 1a-1f.....		1,638,105.			
PROGRAM SERVICE REVENUE	Business Code					
	2a					
	b					
	c					
	d					
	e					
	g Total. Add lines 2a-2f.....					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		8,912.		8,912.	
	4 Income from investment of tax-exempt bond proceeds.....					
	5 Royalties.....					
	6a Gross Rents.....	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss).....				
		d Net rental income or (loss).....				
	7a Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses.....				
		c Gain or (loss).....		115.		
		d Net gain or (loss).....		115.	115.	
	8a Gross income from fundraising events (not including \$ 210,350. of contributions reported on line 1c). See Part IV, line 18.....	a	102,029.			
	b Less: direct expenses.....	b	94,117.			
	c Net income or (loss) from fundraising events.....			7,912.		7,912.
9a Gross income from gaming activities. See Part IV, line 19.....	a					
b Less: direct expenses.....	b					
c Net income or (loss) from gaming activities.....						
10a Gross sales of inventory, less returns and allowances.....	a					
b Less: cost of goods sold.....	b					
c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS INCOME		26,229.	26,229.			
b MEMORIALS		1,760.	1,760.			
c						
d All other revenue.....						
e Total. Add lines 11a-11d.....		27,989.				
12 Total revenue. See instructions.....		1,683,033.	28,104.	0.	16,824.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part V, line 21	192,640.	192,640.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 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				
5 Compensation of current officers, directors, trustees, and key employees	124,896.	41,632.	41,632.	41,632.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,654.	2,551.	2,552.	2,551.
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	13,616.		13,616.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,373.	437.	3,936.	
g Other				
12 Advertising and promotion	725.			725.
13 Office expenses	1,214.	405.	405.	404.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	250.	100.		150.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35.		35.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,683.	1,649.	17.	17.
23 Insurance	562.		562.	
24 Other expenses. Itemize expenses not 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.)				
a CONTRACT SERVICES	136,689.	45,563.	45,563.	45,563.
b PRINTING AND PUBLICATIONS	6,313.	1,894.		4,419.
c CENTINELOS EXPENSE	5,833.			5,833.
d BANK CARD DISCOUNTS	3,893.		3,893.	
e TELEPHONE	3,668.	917.	917.	1,834.
f All other expenses	8,870.	366.	5,069.	3,435.
25 Total functional expenses. Add lines 1 through 24f	512,914.	288,154.	118,197.	106,563.
26 Joint costs. Check here <input type="checkbox"/> 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.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash - non-interest-bearing	100.	1	100.	
	2	Savings and temporary cash investments	342,057.	2	271,860.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	210.	9	1,000.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	57,104.		
	b	Less: accumulated depreciation	10b	52,986.	10c	4,118.
	11	Investments - publicly traded securities	448,543.	11	437,304.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	850.	15	1,271,043.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	794,039.	16	1,985,425.		
LIABILITIES	17	Accounts payable and accrued expenses		17		
	18	Grants payable	211,535.	18	261,403.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	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		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D	16,605.	25	658.	
	26	Total liabilities. Add lines 17 through 25	228,140.	26	262,061.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	565,899.	27	458,364.	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29	1,265,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances.	565,899.	33	1,723,364.	
	34	Total liabilities and net assets/fund balances.	794,039.	34	1,985,425.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,683,033.
2	Total expenses (must equal Part IX, column (A), line 25)	2	512,914.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,170,119.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	565,899.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-12,654.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,723,364.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK** Employer identification number **74-2308287**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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.
 - a Type I
 - b Type II
 - c Type III – Functionally Integrated
 - 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) 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?		
(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?		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part III 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 in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include "unusual grants.")	250,520.	325,349.	424,662.	386,260.	373,105.	1,759,896.
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 by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	250,520.	325,349.	424,662.	386,260.	373,105.	1,759,896.
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.						1,759,896.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.	250,520.	325,349.	424,662.	386,260.	373,105.	1,759,896.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	21,482.	19,300.	10,855.	8,680.	8,912.	69,229.
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.
11 Total support. Add lines 7 through 10.						1,829,125.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	96.2 %
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	95.4 %
16a 33-1/3% support test – 2010. 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. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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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 failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add line 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	\$
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	\$

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	\$
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	\$

19a 33-1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

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

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number
74-2308287

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and 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 more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$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, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.
THE NATIONAL PARK SERVICE AT THE SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK
PROVIDES THE BOARD OF DIRECTORS WITH A MONTHLY UPDATE ON THE STATUS OF EACH PROJECT
THAT WAS FUNDED.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number
74-2308287

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
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				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	1	1,265,000.	
18 Collectibles				
19 Food inventory				
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 ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2010

Part III **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue 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

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number
74-2308287

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER REVIEWS THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CHAIRMAN ASKS EACH DIRECTOR ANNUALLY IF THEY PLAN TO DO BUSINESS 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 FOR CEO, EXEC. DIR., OR TOP MG

THE BOARD OF DIRECTORS MEETS ANNUALLY IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION. THE CHAIRMAN OF THE BOARD AND THE TREASURER MAKE THE RECOMMENDATIONS FOR BOARD APPROVAL AFTER THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION PROVIDES THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS UPON REQUEST.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 30760

LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

74-2308267

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORFEITED GRANTS.....	\$	3,197.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS.....		-15,850.
ROUNDING.....		-1.
	TOTAL \$	<u>-12,654.</u>

9/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 30760

EOS COMPANIES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

74-2308237

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REPRCT	DEPR. BASIS	PRICE DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 980/990-PF																
FURNITURE AND FIXTURES																
	1	FULLY DEPR. ASSETS														
	2	6/30/96		10,276							10,276	10,276	S/L	10		0
	4	4/15/97		175							14,720	14,720	S/L	7		0
	14	6/16/06		265							175	175	S/L	7		0
	24	10/01/10		210							265	202	2000B HY	5	.05760	15
											210		2000B HY	5	.20000	42
				25,646		0	0	0	0	0	25,646	25,373				57
MACHINERY AND EQUIPMENT																
	3	7/17/96		546							546	546	S/L	5		0
	6	3/22/01		300							300	300	S/L	3		0
	7	9/30/01		9,421							9,421	9,421	S/L	5		0
	8	2/11/99		1,116							1,116	1,116	S/L	3		0
	9	7/30/97		3,537							3,537	3,537	S/L	5		0
	10	2/15/98		1,307							1,307	1,307	S/L	3		0
	11	11/15/01		800							800	800	S/L	5		0
	12	12/15/97		4,070							4,070	4,070	S/L	5	.20000	0
	13	10/31/03		221							221	221	2000B HY	5		0
	15	11/08/06		171							171	150	2000B MQ	5	.11010	19
	16	8/09/07		1,650							1,650	1,312	2000B MQ	5	.10840	181
	17	2/29/08		259							259	185	2000B HY	5	.11520	30
	18	5/30/08		2,457							2,457	1,749	2000B HY	5	.11520	283
	19	6/30/08		84							84	63	S/L	3		21
	20	10/30/08		485							485	257	2000B HY	5	.19200	95

9/30/11

2010 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

CLIENT 3076H

74-2308287

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR. 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCL.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
21	COMPUTER SERVER	11/12/08		1,528							1,528	795	20008 HY	5	.19200	293
22	TECHSOUP SOFTWARE	11/12/08		35							35	23	S/L	3		12
23	COMPUTER EQUIPMENT	9/30/09		149							149	78	20008 HY	5	.19200	29
25	DATABASE CONVERSION	10/13/10		1,300							1,300		20008 HY	5	.20000	260
26	NEW PHONE SYSTEM	10/22/10		700							700		20008 HY	5	.20000	140
27	WEBHOST	10/29/10		8							8		20008 HY	5	.20000	2
28	LANTICA SOFTWARE	10/29/10		414							414		20008 HY	5	.20000	83
29	WEBHOSTING	10/29/10		440							440		20008 HY	5	.20000	88
30	CONVERSION	11/12/10		450							450		20008 HY	5	.20000	90
TOTAL MACHINERY AND EQUIPME																
TOTAL DEPRECIATION																
GRAND TOTAL DEPRECIATION																

1,626

1,683

1,683

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

Open to Public
Inspection

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, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number
74-2308287

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GALA</u> (event type)	<u>SPANISH COLONI.</u> (event type)	<u>1</u> (total number)	(add column (a) through column (c))	
REVENUE	1	Gross receipts	267,029.	36,350.	7,868.	311,247.
	2	Less: Charitable contributions	188,350.	22,000.		210,350.
	3	Gross income (line 1 minus line 2)	78,679.	14,350.	7,868.	100,897.
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	81,905.	9,191.	3,021.	94,117.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				94,117.
	11	Net income summary. Combine line 3, column (d), and line 10				6,780.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1	Gross revenue			
EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

CMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Open to Public Inspection

Name of the organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer identification number

74-2308287

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (cost, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) NATIONAL PARK SERVICE-S 2202 ROOSEVELT	53-0198094		192,640.	0.			SUPPORT PROGRAMS OFFERED IN THE HISTORICAL PARK AND MISSIONS
(3) SAN ANTONIO, TX 78210							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations. **1**

3 Enter total number of other organizations. **0**

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Name of organization

Employer identification number

LOS COMPADRES DE SAN ANTONIO MISSIONS

74-2308287

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MR. AND MRS. CURTIS G. GUNN JR 213 BROADWAY SAN ANTONIO, TX 78205	\$ 1,280,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer identification number

74-2308287

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	PARCEL OF LAND	\$ 1,265,000.	12/15/10

BAA

Name of organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer identification number

74-2308287

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ N/A

Table with 4 main sections, each containing columns (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, and (e) Transfer of gift (Transferee's name, address, and ZIP + 4; Relationship of transferor to transferee).

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization

LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

Employer identification number

74-2308287

Part I 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)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II 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). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(5)(i)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 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 conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), to not 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 ▶ \$ _____
 - (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 - a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
 - b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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 percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,458.	27,556.	3,902.
e Other		25,646.	25,430.	216.
Total. Add lines 1a through 1c. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,118.

BAA

Part VII Investments—Other Securities. (See Form 990, Part X, line 12.) N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13.) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1) BEXAR COUNTY 11.613 ACRES	1,265,000.
(2) OTHER RECEIVABLE	6,043.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	1,271,043.

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) OTHER PAYABLE	657.
(3) SALES TAX PAYABLE	1.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	658.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part X Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements N/A

1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
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 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

1	Total expenses and losses per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental information (continued)

Area with horizontal dashed lines for supplemental information.

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

For the 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010

Header section containing organization name (LOS COMPADRES DE SAN ANTONIO MISSIONS), EIN (74-2308287), and other identifying information.

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for contributions, program revenue, salaries, and total net assets.

Part II Signature Block

Signature block area with a declaration statement and a signature line for the officer, dated 12-9-10.

Paid Preparer's Use Only section containing preparer's name (Michael A. Achelt), firm name (TSAKOPULOS BROWN SCHOTT & ANCHORS), and contact information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part II Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO AID AND DIRECTLY PROMOTE THE MANAGEMENT PROGRAMS AND OBJECTIVES OF THE NATIONAL PARK SERVICE AT SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK AND TO PROMOTE, PRESERVE AND PROTECT THE SPANISH MISSIONS OF SAN ANTONIO.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ...

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ...

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 229,942. including grants of \$ 139,300.) (Revenue \$ 476,433.)

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.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4c Total program service expenses 229,942.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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 I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
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		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
	• 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? If 'Yes,' complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes 12 A	No X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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, Part I		X
15	Did the organization report on Part IX, column (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, Part II		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, Part III		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
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	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		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and deductible contributions.

BAA

Part V **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

		Yes	No
1a	Enter the number of voting members of the governing body	22	
1b	Enter the number of voting members that are independent	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?		X
8b	b Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
10b		
11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	
12a	X	
12b	X	
12c	X	
13		X
14		X
15		
15a	X	
15b		X
16a		X
16b		

Section 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 to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	SEE SCHEDULE O
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: - TSAKOPOULOS BROWN SCHOTT & ANCH 9901 IH-10 W, STE. 900, SAN ANTONIO, TX 78230 210-69	

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

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. 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** 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EMILIE BAINE BOARD MEMBER	2	X					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. TREASURER	2	X		X			0.	0.	0.	
SUE ANN GARCIA CHAIRMAN	2	X		X			0.	0.	0.	
ALBERT HAUSSER BOARD MEMBER	2	X					0.	0.	0.	
CYNTHIA MCMURRAY BOARD MEMBER	2	X					0.	0.	0.	
FELICIA BALDWIN BOARD MEMBER	2	X					0.	0.	0.	
ROXIE CATTO HAYNE BOARD MEMBER	2	X					0.	0.	0.	
LAURA RICHMOND BOARD MEMBER	2	X					0.	0.	0.	
BECKY CANAVAN BOARD MEMBER	2	X					0.	0.	0.	
JAMES LIFSHUTZ BOARD MEMBER	2	X					0.	0.	0.	
FATHER DAVID GARCIA BOARD MEMBER	2	X					0.	0.	0.	
LOYCE INCE BOARD MEMBER	2	X					0.	0.	0.	
WM. EUGENE POWELL BOARD MEMBER	2	X					0.	0.	0.	
CHRISTOPHER O'CONNELL BOARD MEMBER	2	X					0.	0.	0.	
LESLIE SACHANOWICZ BOARD MEMBER	2	X					0.	0.	0.	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN NORMAN BOARD MEMBER	2	X						0.	0.	0.
ALICE LYNCH BOARD MEMBER	2	X						0.	0.	0.
RUTH MEDELLIN BOARD MEMBER	2	X						0.	0.	0.
LICA PINKSTON BOARD MEMBER	2	X						0.	0.	0.
WILLIAM GRINNAN, JR BOARD MEMBER	2	X						0.	0.	0.
FAMELA BAIN BOARD MEMBER	2	X						0.	0.	0.
PAUL RINGENBACH BOARD MEMBER	2	X						0.	0.	0.
MURPHY EMMONS IMMED PAST CHR	2	X		X				0.	0.	0.
PAM ROSSER BOARD MEMBER	2	X						0.	0.	0.
W. JAMES JONAS III VICE CHAIRMAN	2	X		X				0.	0.	0.
ETHEL RUNION BOARD MEMBER	2	X						0.	0.	0.
WILLIAM SCANLAN, JR BOARD MEMBER	2	X						0.	0.	0.
BILL CROW BOARD MEMBER	2	X						0.	0.	0.
1b Total								140,000.	0.	12,500.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See instructions for Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the Organization
LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer identification number
74-2308287

Part II Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE SHACKELFORD BOARD MEMBER	2	X					0.	0.	0.	
BARBARA HALL BOARD MEMBER	2	X					0.	0.	0.	
TY EDWARDS BOARD MEMBER	2	X					0.	0.	0.	
JIMMIE BALLING BOARD MEMBER	2	X					0.	0.	0.	
SUSAN CHANDOHA EXECUTIVE DIREC	45	X					140,000.	0.	12,600.	
STEVEN HAYS BOARD MEMBER	2	X					0.	0.	0.	
CATHERINE TAYLOR BOARD MEMBER	2	X					0.	0.	0.	
RITA FEIK BOARD MEMBER	2	X					0.	0.	0.	
THERESA MC COMAS BOARD MEMBER	2	X					0.	0.	0.	
STEVE SOUTER BOARD MEMBER	2	X					0.	0.	0.	
DANA POWELL BOARD MEMBER	2	X					0.	0.	0.	
SCOTT BENTLEY BOARD MEMBER	2	X					0.	0.	0.	

Part VII 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.....	1a			
	b Membership dues.....	1b	187,630.		
	c Fundraising events.....	1c	198,630.		
	d Related organizations.....	1d			
	e Government grants (contributions).....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above.....	1f			
	g Noncash contribns included in lns 1a-1f.....		\$ 56,673.		
	h Total. Add lines 1a-1f.....		386,260.		
PROGRAM SERVICE REVENUE	Business Code				
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue.....				
g Total. Add lines 2a-2f.....					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts).....		8,680.		8,680.
	4 Income from investment of tax-exempt bond proceeds.....				
	5 Royalties.....				
	6a Gross Rents.....	(i) Real (ii) Personal			
	b Less: rental expenses.....				
	c Rental income or (loss).....				
	d Net rental income or (loss).....				
	7a Gross amount from sales of assets other than inventory.....	(i) Securities (ii) Other	27,694.		
	b Less: cost or other basis and sales expenses.....		27,039.		
	c Gain or (loss).....		655.		
	d Net gain or (loss).....		655.	655.	
	8a Gross income from fundraising events (not including \$ 198,630. of contributions reported on line 1c). See Part IV, line 18.....	a	125,014.		
	b Less: direct expenses.....	b	97,813.		
	c Net income or (loss) from fundraising events.....		27,201.		27,201.
	9a Gross income from gaming activities. See Part IV, line 19.....	a			
	b Less: direct expenses.....	b			
	c Net income or (loss) from gaming activities.....				
	10a Gross sales of inventory, less returns and allowances.....	a			
b Less: cost of goods sold.....	b				
c Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue		Business Code			
11a MISCELLANEOUS INCOME.....			37,128.	37,128.	
b FORFEITED GRANT.....			14,599.	14,599.	
c MEMORIALS.....			1,910.	1,910.	
d All other revenue.....					
e Total. Add lines 11a-11d.....			53,637.		
12 Total revenue. See instructions.....			476,433.	54,292.	0.
					35,881.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	139,300.	139,300.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 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				
5 Compensation of current officers, directors, trustees, and key employees	158,050.	52,684.	52,683.	52,683.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,018.	1,340.	1,339.	1,339.
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	10,285.		10,285.	
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees	3,811.	381.	3,430.	
g Other				
12 Advertising and promotion	760.			760.
13 Office expenses	1,460.	487.	487.	486.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,444.	578.		866.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100.		100.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,533.	1,503.	15.	15.
23 Insurance	555.		555.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT SERVICES	95,433.	31,811.	31,811.	31,811.
b CENTINELLOS EXPENSE	5,848.			5,848.
c BANK CARD DISCOUNTS	3,976.		3,976.	
d TELEPHONE	3,366.	842.	841.	1,683.
e EQUIPMENT RENT	2,514.		2,514.	
f All other expenses	7,019.	1,016.	1,775.	4,228.
25 Total functional expenses. Add lines 1 through 24	439,472.	229,942.	109,811.	99,719.
26 Joint costs. Check here <input type="checkbox"/> 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.				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	100.	1	100.
	2	Savings and temporary cash investments	308,526.	2	342,057.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,190.	9	210.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	53,582.		
		b Less: accumulated depreciation	51,303.	10c	2,279.
	11	Investments — publicly-traded securities	409,816.	11	448,543.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,030.	15	850.
16	Total assets. Add lines 1 through 15 (must equal line 34)	726,474.	16	794,039.	
LIABILITIES	17	Accounts payable and accrued expenses		17	
	18	Grants payable	206,491.	18	211,535.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	24,368.	25	16,605.
	26	Total liabilities. Add lines 17 through 25	230,859.	26	228,140.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	495,615.	27	565,899.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	495,615.	33	565,899.	
34	Total liabilities and net assets/fund balances.	726,474.	34	794,039.	

BAA

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK

Employer identification number 74-2308287

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I b Type II c Type III - Functionally integrated 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...
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization?
(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?

Table with columns Yes/No and rows 11 g (i), 11 g (ii), 11 g (iii)

h Provide the following information about the supported organizations.

Table with 7 main columns: (i) Name of Supported Organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of Support. Includes a Total row at the bottom.

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning 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.")	308,536.	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.	308,536.	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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	308,536.	250,520.	325,349.	424,662.	386,260.	1,695,327.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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.
11 Total support. Add lines 7 through 10.						1,777,052.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	95.4 %
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	95.5 %
16a 33-1/3 support test — 2009. 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. <input checked="" type="checkbox"/>		
b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2009. 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. <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

BAA

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning 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'.)						
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.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
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 year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add line 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 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.	18	%

19a **33-1/3 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 more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b **33-1/3 support tests — 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Lined area for supplemental information.

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

2009

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number
74-2308287

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Form 990-PF

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and 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 more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

- For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1b or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusive* religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$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, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

Employer identification number

LOS COMPADRES DE SAN ANTONIO MISSIONS

74-2308287

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USAA FOUNDATION 9800 FREDERICKSBURG RD. D-3-E SAN ANTONIO, TX 78288	\$ 21,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MR & MRS J.A. GARCIA P.O. BOX 989 RAYMONDVILLE, TX 78580	\$ 27,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MR & MRS GEORGE C. HIXON 315 EAST COMMERCE, SUITE 300 SAN ANTONIO, TEXAS 78205	\$ 17,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	CH GUENTHER & SON, INC 129 GUENTHER STREET SAN ANTONIO, TX 78201	\$ 23,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MR. AND MRS. WILLIAM GREEHEY 50 HIGH CREST SAN ANTONIO, TX 78257	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	MR. AND MRS. CARLOS CORTES 709 E GUENTHER STREET SAN ANTONIO, TX 78210	\$ 10,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

LOS COMPADRES DE SAN ANTONIO MISSIONS

74-2308287

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	MR. AND MRS. JOHN FEIK 221 GENESEO SAN ANTONIO, TX 78209	\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	NATIONAL PARK FOUNDATION 1201 EYE STREET NW, STE 550B WASHINGTON, DC 20005	\$ 15,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SILVER EAGLE DISTRIBUTORS, LP 4609 NEW HIGHWAY 90 WEST SAN ANTONIO, TX 78237	\$ 10,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MR. AND MRS. MARTIN TOMERLIN 700 WILTSHIRE SAN ANTONIO, TX 78209	\$ 11,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	FELICIA AND TOM BALDWIN 209 MORNINGSIDE DRIVE SAN ANTONIO, TX 78209	\$ 11,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	THE BROWN FOUNDATION, INC P.O. BOX 130646 HOUSTON, TX 77219-0646	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer identification number

74-2308287

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	MR. MIKE TRAUGOTT 9330 HIGHWAY 87 EAST SAN ANTONIO, TX 78263	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ZACHRY CONSTRUCTION COMPANY P.O. BOX 33240 SAN ANTONIO, TX 78265	\$ 11,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

BAA

Name of organization

Employer identification number

LOS COMPADRES DE SAN ANTONIO MISSIONS

74-2308287

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	AUCTION ITEMS, IN-KIND DONATION		
		\$ 22,810.	4/08/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	6	AUCTION ITEMS, IN-KIND DONATION	
			\$ 7,800.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	7	AUCTION ITEMS, IN-KIND DONATION	
			\$ 8,000.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	11	AUCTION ITEMS, IN-KIND DONATION	
			\$ 10,200.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			\$

BAA

Name of organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer identification number

74-2308287

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization

LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

Employer identification number

74-2308287

Part I 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)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 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 conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 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 footnote 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:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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 percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		28,146.	25,930.	2,216.
e Other		25,436.	25,373.	63.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,279.

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15.)	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED REVENUE	16,600.
SALES TAX PAYABLE	5.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	16,605.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part X Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)	
2	Total expenses (Form 990, Part IX, column (A), line 25)	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	
4	Net unrealized gains (losses) on investments	
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 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		N/A
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		N/A
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

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, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization: LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK

Employer identification number: 74-2308287

Part Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
Mail solicitations
Internet and email solicitations
Phone solicitations
In-person solicitations
Solicitation of non-government grants
Solicitation of government grants
Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Total row shows 0.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part III Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		<u>GALA</u> (event type)	<u>ARTESANOS</u> (event type)	<u>1</u> (total number)	(Add col. (a) through col. (c))	
1	Gross receipts	298,175.	16,722.	7,360.	322,257.	
2	Less: Charitable contributions	198,630.			198,630.	
3	Gross income (line 1 minus line 2)	99,545.	16,722.	7,360.	123,627.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	83,710.	12,003.	2,100.	97,813.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				97,813.
11	Net income summary. Combine lines 3, column (d) and line 10.				25,814.	

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
1	Gross revenue				
DIRECT EXPENSES	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Combine lines 1, column (d) and line 7.				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility,

13a	%
13b	%
- b An outside facility,

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a	YES	NO
-----	-----	----

- b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If 'Yes,' enter name and address of the third party:

Name: ▶ -----

Address: ▶ -----

16 Gaming manager information

Name: ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a	YES	NO
-----	-----	----
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PARK SERVICE-SA MISSION 2202 ROOSEVELT SAN ANTONIO, TX 78210	53-0198094	(C)	139,300.	0.			SUPPORT PROGRAMS OFFERED IN THE HISTORICAL PARK AND MISSIONS

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations 0

Part II Grants 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 J-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Valued at valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED
 THE NATIONAL PARK SERVICE AT THE SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK
 PROVIDES THE BOARD OF DIRECTORS WITH A MONTHLY UPDATE ON THE STATUS OF EACH PROJECT
 THAT WAS FUNDED.

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

2009

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

LOS COMPADRES DE SAN ANTONIO MISSIONS

Employer identification number

74-2308287

Part III Questions Regarding Compensation

1 a 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.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account

- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 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.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations

- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If 'Yes' to line 6a or 6b, describe in Part III.

7 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.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		X

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

Schedule J (Form 990) 2009

Part III 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 from 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)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
(i) SUSAN CHANDORA	140,000.	0.	0.	12,500.	0.	152,600.	114,450.
(ii)	0.	0.	0.	0.	0.	0.	0.
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
(x)							
(xi)							
(xii)							
(xiii)							
(xiv)							
(xv)							
(xvi)							
(xvii)							
(xviii)							
(xix)							
(xx)							
(xxi)							
(xxii)							
(xxiii)							
(xxiv)							
(xxv)							
(xxvi)							
(xxvii)							
(xxviii)							
(xxix)							
(xxx)							

Part I Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2009

Open To Public
Inspection

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number
74-2308287

Part I Types of Property

	(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				
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				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	7	56,673.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If 'Yes,' describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If 'Yes,' describe in Part II.		X
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Lined area for supplemental information with horizontal dashed lines and a vertical solid line separator.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

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

Department of the Treasury
Internal Revenue Service

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number
74-2308287

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE TREASURER REVIEWS THE FORM 990 PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CHAIRMAN ASKS EACH DIRECTOR ANNUALLY IF THEY PLAN TO DO BUSINESS 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 FOR CEO, EXEC. DIR., OR TOP MG

THE BOARD OF DIRECTORS MEETS ANNUALLY IN EXECUTIVE SESSION TO DISCUSS THE COMPENSATION. THE CHAIRMAN OF THE BOARD AND THE TREASURER MAKE THE RECOMMENDATIONS FOR BOARD APPROVAL AFTER THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION PROVIDES THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS UPON REQUEST.

Name of the organization: LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

Employer identification number
74-2308287

Area with horizontal dashed lines for supplemental information.

9/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 1

CLIENT 30760

LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

74-23082B

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR. 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
FULLY DEPR'D ASSETS																
2	OFFICE FURNITURE	VARIOUS		10,276							10,276	10,276	S/L	10		0
4	FURNITURE	8/30/96		14,720							14,720	14,720	S/L	7		0
14	SCANNER	4/15/97		175							175	175	S/L	7		0
		5/16/05		265							265	171	200DB HY	5	.11520	31
TOTAL FURNITURE AND FIXTURE																
				25,436		0	0	0	0	0	25,436	25,342				31
MACHINERY AND EQUIPMENT																
3	LABELING MACHINE	7/17/95		546							546	546	S/L	5		0
6	FAX MACHINE	3/22/01		300							300	300	S/L	3		0
7	COMPUTER SYSTEMS (DELL)	9/30/01		9,421							9,421	9,421	S/L	5		0
8	FILE SERVER	2/11/99		1,116							1,116	1,116	S/L	3		0
9	EQUIPMENT	7/30/97		3,537							3,537	3,537	S/L	5		0
10	COMPUTER UPGRADES	2/15/98		1,307							1,307	1,307	S/L	3		0
11	OFFICE EQUIP	11/15/01		800							800	800	S/L	5		0
12	POSTAGE MACHINE	12/15/97		4,070							4,070	4,070	S/L	5	.20000	0
13	HP 2600 LASER PRINTER	10/31/03		221							221	221	200DB HY	5		0
15	DIGITAL CAMERA	11/08/06		171							171	131	200DB M/Q	5	.11010	19
16	TMS COMPUTER SERVICE	8/09/07		1,650							1,650	1,086	200DB M/Q	5	.13690	226
17	PRINTER AND USB CABLE	2/25/08		259							259	135	200DB HY	5	.19200	56
18	DELL COMPUTERS (3)	5/30/08		2,457							2,457	1,277	200DB HY	5	.19200	472
19	COMPUTER SOFTWARE	6/30/08		84							84	35	S/L	3		28
20	SERVER AND INSTALLATION	10/30/08		495							495	99	200DB HY	5	.32000	158
21	COMPUTER SERVER	11/12/08		1,528							1,528	306	200DB HY	5	.32000	499

9/30/10

2009 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT 10760

LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

74-2388287

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	OUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP DEPR.	PRIOR DEC. BAL DEPR.	SALVAGE /BASIS REDEBT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
22	TECHSOUF SOFTWARE	11/12/08		35							35	11	S/L	3		12
23	COMPUTER EQUIPMENT	9/30/09		149							149	30	200DB HY	5	.3200	48
TOTAL MACHINERY AND EQUIPME				28,146		0	0	0	0	0	28,146	24,428				1,502
TOTAL DEPRECIATION				53,582		0	0	0	0	0	53,582	49,770				1,533
GRAND TOTAL DEPRECIATION				53,582		0	0	0	0	0	53,582	49,770				1,533

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK P.O. BOX 12652 SAN ANTONIO, TX 78212-0652	D Employer identification number 74-2308287
		E Telephone number 210-922-3218
		F Group Exemption Number
		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify)
		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: N/A

J Organization type (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 701,669.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21											
REVENUE	1	Contributions, gifts, grants, and similar amounts received																																					
	2	Program service revenue including government fees and contracts																																					
	3	Membership dues and assessments																																					
	4	Investment income																																					
	5a	Gross amount from sale of assets other than inventory					83,757.																																
	5b	Less: cost or other basis and sales expenses					86,502.																																
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (alt sch.)							-2,745.																														
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here.																																					
	6a	Gross revenue (not including \$ reported on line 1)					196,255.																																
	6b	Less: direct expenses other than fundraising expenses					148,276.																																
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										40,752.																												
7a	Gross sales of inventory, less returns and allowances																																						
7b	Less: cost of goods sold																																						
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																						
8	Other revenue (describe: SEE STATEMENT 2)																																						
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)																																						
EXPENSES	10	Grants and similar amounts paid (attach schedule)																																					
	11	Benefits paid to or for members																																					
	12	Salaries, other compensation, and employee benefits																																					
	13	Professional fees and other payments to independent contractors																																					
	14	Occupancy, rent, utilities, and maintenance																																					
	15	Printing, publications, postage, and shipping																																					
	16	Other expenses (describe: SEE STATEMENT 4)																																					
17	Total expenses (add lines 10 through 16)																																						
NET ASSETS OR FUND BALANCES	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																					
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																																					
	20	Other changes in net assets or fund balances (attach explanation)																																					
21	Net assets or fund balances at end of year. Combine lines 18 through 20																																						

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

		(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	757,633.	22	718,442.	
23	Land and buildings		23		
24	Other assets (describe: SEE STATEMENT 6)	8,626.	24	8,032.	
25	Total assets	766,259.	25	726,474.	
26	Total liabilities (describe: SEE STATEMENT 7)	276,299.	26	230,859.	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	489,960.	27	495,615.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? **SEE STATEMENT 8**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	SEE STATEMENT 9		
	(Grants \$ <u>234,982.</u>) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	320,242.
29			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	
30			
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	
31	Other program services (attach schedule) _____		
	(Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) _____	32	320,242.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the Instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 10		105,000.	9,450.	0.

Part V Other Information (Note the statement requirement in General instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	b Did the organization file Form 1120-PO for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39	39 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a	40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.	40b	X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
40d	d Enter amount of tax on line 40c reimbursed by the organization.		0.
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41	41 List the states with which a copy of this return is filed ▶ NONE		
42a	42a The books are in care of ▶ TSAKOPULOS BROWN SCHOTT & ANCH Telephone no. ▶ 210-696-5177 Located at ▶ 9901 IH-10 W, STE. 900, SAN ANTONIO, TX ZIP + 4 ▶ 78230		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: . . . ▶	42b	X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: . . . ▶	42c	X
43	43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here . . . ▶ <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. . . . ▶ 43 N/A		
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44	X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45	X

Part V Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 11**

	Yes	No
46 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.		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____
 Type or print name and title: DIRECTOR

Paid Preparer's Use Only

Preparer's signature: *Michael A. Schott* Date: 2-1-10
 Check if self-employed:
 Preparer's identifying number (See instructions): N/A
 Firm's name (or yours if self-employed), address, and ZIP + 4: TSAKOPULOS BROWN SCHOTT & ANCHORS
 9901 IH 10 WEST SUITE 900
 SAN ANTONIO, TX 78230
 EIN: N/A
 Phone no.: (210) 696-5177

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **LOS COMPADRES DE SAN ANTONIO MISSIONS NATIONAL HISTORIC PARK** Employer identification number **74-2308287**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 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.
 - a Type I b Type II c Type III – Functionally integrated 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).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization?	11 g (i)	
(ii) a family member of a person described in (i) above?	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

Part I 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) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	501,745.	308,536.	250,520.	325,349.	424,662.	1,810,812.
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 1-3.	501,745.	308,536.	250,520.	325,349.	424,662.	1,810,812.
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.						1,810,812.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	501,745.	308,536.	250,520.	325,349.	424,662.	1,810,812.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,967.	21,408.	21,482.	19,300.	10,855.	85,012.
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.
11 Total support. Add lines 7 through 10.						1,895,824.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	95.5%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	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. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test — 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b 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.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

- 19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2008

Department of the Treasury
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

Name of the organization: **LOS COMPADRES DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK**

Employer identification number:
74-2308287

Part Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		GALA (event type)	ARTESANOS (event type)	2 (total number)	(Add col. (a) through col. (c))	
REVENUE	1	Gross receipts	303,242.	18,250.	20,725.	342,217.
	2	Less: Charitable contributions	196,255.			196,255.
	3	Gross revenue (line 1 minus line 2)	106,987.	18,250.	20,725.	145,962.
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	88,405.	13,420.	5,699.	107,524.
	8	Direct expense summary. Add lines 4- through 7 in column (d)				107,524.
	9	Net income summary. Combine lines 3 and 8 in column (d)				38,438.

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

		(a) Bingo	(b) Full tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
					(Add col. (a) through col. (c))	
REVENUE	1	Gross revenue				
	EXPENSES	2	Cash prizes			
		3	Non-cash prizes			
		4	Rent/facility costs			
		5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? _____ b If 'No,' Explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ b If 'Yes,' Explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

		YES	NO
13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility 13a % b An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name: ▶ _____		
	Address: ▶ _____		
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a	
	b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.		
	c If 'Yes,' enter name and address:		
	Name: ▶ _____		
	Address: ▶ _____		
16	Gaming manager information		
	Name: ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided: ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
	b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____		

STATEMENT 1
 FORM 990-EZ, PART I, LINE 5C
 NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 83,757.
 COST OR OTHER BASIS: 86,502.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -2,745.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -2,745.

STATEMENT 2
 FORM 990-EZ, PART I, LINE 8
 OTHER REVENUE

MEMORIALS.....	\$	2,100.
MISCELLANEOUS INCOME.....		22,424.
FORFEITED GRANT.....		9,595.
	TOTAL \$	<u>34,119.</u>

STATEMENT 3
 FORM 990-EZ, PART I, LINE 10
 GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	VIP DOCENT PROGRAM	
DONEE'S NAME:	NATIONAL PARK SERVICE	
DONEE'S ADDRESS:	2202 ROOSEVELT	
	SAN ANTONIO, TX 78210,	
	NONE	
RELATIONSHIP OF DONEE:		\$
CASH AMOUNT GIVEN:		1,219.

CLASS OF ACTIVITY:	LANDSCAPE REPLACEMT PROG	
DONEE'S NAME:	NATIONAL PARK SERVICE	
DONEE'S ADDRESS:	2202 ROOSEVELT	
	SAN ANTONIO, TX 78210,	
	NONE	
RELATIONSHIP OF DONEE:		\$
CASH AMOUNT GIVEN:		3,500.

CLASS OF ACTIVITY:	RACK CARD DISTRIBUTION	
DONEE'S NAME:	NATIONAL PARK SERVICE	
DONEE'S ADDRESS:	2202 ROOSEVELT	
	SAN ANTONIO, TX 78210,	
	NONE	
RELATIONSHIP OF DONEE:		\$
CASH AMOUNT GIVEN:		6,000.

CLASS OF ACTIVITY:	TEACHER TO RANGER PROGRAM	
DONEE'S NAME:	NATIONAL PARK SERVICE	
DONEE'S ADDRESS:	2202 ROOSEVELT	
	SAN ANTONIO, TX 78210,	
	NONE	
RELATIONSHIP OF DONEE:		\$
CASH AMOUNT GIVEN:		2,040.

LOS COMPAÑEROS DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

74-2308287

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

CLASS OF ACTIVITY:	LANDSCAPE MAINTENANCE		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	8,406.
CLASS OF ACTIVITY:	LANDSCAPE MAINTENANCE		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	3,594.
CLASS OF ACTIVITY:	LOS PASTORES		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,004.
CLASS OF ACTIVITY:	WILLOW WAY		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,000.
CLASS OF ACTIVITY:	WILLOW WAY		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	4,506.
CLASS OF ACTIVITY:	SAVE AMER TREAS CONCEPC		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210,		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	71,204.
CLASS OF ACTIVITY:	NPF PARK STEWARD		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TEXAS 78210,		
CASH AMOUNT GIVEN:		\$	4,000.
CLASS OF ACTIVITY:	NPF PARK STEWARD		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TEXAS 78210,		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,000.

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

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	TRUEHART RANCH ARCHAEOLOG NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TEXAS 78210, NONE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	2,500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	TRUEHART RANCH ARCHAEOLOG NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	2,500.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	MASONRY APPRENTICE PROGR NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	10,152.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	MASONRY APPRENTICE PROGR NATIONAL PAARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	4,848.
CLASS OF ACTIVITY: DONEE'S NAME: DNEE'S ADDRESS:	IRRIGATION SYSTM SAN JOSE NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	15,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	ARCHAEOLOGY RANCHO NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	7,000.
CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:	ARCHAEOLOGY RANCHO NATIONAL PARK SERVICE 2202 ROOSEVELT SAN ANTONIO, TX 78210 NONE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:		\$	10,000.

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

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

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

CLASS OF ACTIVITY:	FACES OF THE MISSIONS III		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	12,977.
CLASS OF ACTIVITY:	POOLEY PROPERTY RV HOOKUP		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	15,000.
CLASS OF ACTIVITY:	CELL PHONE AUDIO TOUR		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	9,750.
CLASS OF ACTIVITY:	CELL PHONE AUDIO TOUR		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,250.
CLASS OF ACTIVITY:	LOS PASTORES		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2202 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	496.
CLASS OF ACTIVITY:	VIP DOCENT PROGRAM		
DONEE'S NAME:	NATIONAL PARK SERVICE		
DONEE'S ADDRESS:	2002 ROOSEVELT SAN ANTONIO, TX 78210		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	5,781.

STATEMENT 4
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION.....	\$	983.
BANK CARD DISCOUNTS.....		3,702.
BANK CHARGES.....		32.
CENTINELOS EXPENSE.....		5,075.
CONTRACT SERVICES.....		128,527.
CONTRIBUTIONS.....		125.
DEPRECIATION.....		1,791.
DUES & SUBSCRIPTIONS.....		149.
EQUIPMENT RENT.....		3,040.

STATEMENT 4 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

INSURANCE.....	\$	599.
MAINTENANCE AND REPAIRS.....		1,000.
OFFICE EXPENSES.....		971.
TELEPHONE.....		3,813.
TRAVEL.....		50.
TROPHIES & AWARDS.....		150.
VIP HOSPITALITY.....		1,190.
TOTAL	\$	<u>151,197.</u>

STATEMENT 5
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS ON CHARITABLE TRUST.....	\$	18,220.
TOTAL	\$	<u>18,220.</u>

STATEMENT 6
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES.....	\$ 125.	\$ 94.
MACHINERY AND EQUIPMENT.....	3,271.	3,718.
OTHER RECEIVABLE.....	0.	2,030.
PREPAID EXPENSES AND DEFERRED CHARGES.....	5,230.	2,190.
TOTAL	\$ <u>8,626.</u>	\$ <u>8,032.</u>

STATEMENT 7
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE.....	\$ 15,000.	\$ 22,790.
GRANTS PAYABLE.....	261,296.	206,491.
OTHER PAYABLE.....	0.	1,577.
SALES TAX PAYABLE.....	3.	1.
TOTAL	\$ <u>276,299.</u>	\$ <u>230,859.</u>

STATEMENT 8
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO AID AND DIRECTLY PROMOTE THE MANAGEMENT PROGRAMS AND OBJECTIVES OF THE NATIONAL PARK SERVICE AT SAN ANTONIO MISSIONS NATIONAL HISTORICAL PARK AND TO PROMOTE, PRESERVE AND PROTECT THE SPANISH MISSIONS OF SAN ANTONIO.

**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 I, 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 EBP & DC	EXPENSE ACCOUNT/ OTHER
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 CHRMRN 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.

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
LAURA RICHMOND 4001 N. NEW BRAUNFELS, #500 SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
BECKY CANAVAN 6338 N NEW BRAUNFELS, PMB 167 SAN ANTONIO, TX 78209	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 100 SAN ANTONIO, TX 78218	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.

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
WILLIAM GRINMAN, JR 429 EAST COMMERCE SAN ANTONIO, TX 78205	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
PAMELA BAIN 7073 SAN PEDRO SAN ANTONIO, TX 78216	BOARD MEMBER 2.00	0.	0.	0.
PAUL RINGENBACH 3913 ARROYO SECO SCHERTZ, TX 78154	BOARD MEMBER 2.00	0.	0.	0.
MURPHY EMMONS 13247 SHORECLIFF SAN ANTONIO, TX 78248	CHAIRMAN 2.00	0.	0.	0.
PAM ROSSER 135 EAST MARIPOSA SAN ANTONIO, TX 78212	BOARD MEMBER 2.00	0.	0.	0.
W. JAMES JONAS III 3300 BEE CAVE RIAD, SUITE 650 AUSTIN, TX 78746	VICE CHAIRMAN 2.00	0.	0.	0.
ETHEL RUNION 137 EARL STREET SAN ANTONIO, TX 78212	BOARD MEMBER 2.00	0.	0.	0.
WILLIAM SCANLAN, JR. 241 ARGYLE AVENUE SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	0.	0.	0.
BILL CROW 202 LAUREL HEIGHTS PLACE SAN ANTONIO, TX 78212	BOARD MEMBER 2.00	0.	0.	0.
BRUCE SHACKELFORD POST OFFICE BOX 15707 SAN ANTONIO, TX 78212	BOARD MEMBER 2.00	0.	0.	0.
BARBARA HALL 107 KING WILLIAM SAN ANTONIO, TX 78204	BOARD MEMBER 2.00	0.	0.	0.
JIMMIE BALLING 1020 WILTSHIRE SAN ANTONIO, TX 78209	BOARD MEMBER 2.00	0.	0.	0.

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.	\$ 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
 INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
 INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO

LOS PADRES DE SAN ANTONIO MISIONES
NATIONAL HISTORIC PARK

74-2808287

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS/SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE /BASIS	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
FURNITURE AND FIXTURES																
FULLY DEPR. ASSETS																
2	OFFICE FURNITURE	6/30/96		14,720							14,720	14,720	S/L	7		0
4	FURNITURE	4/15/97		175							175	175	S/L	7		0
14	SCANNER	6/16/06		265							265	140	200DB HY	5	.11520	31
TOTAL FURNITURE AND FIXTURE																
25,436 0 0 0 0 25,436 25,311 31																
MACHINERY AND EQUIPMENT																
3	LABELING MACHINE	7/17/96		546							546	546	S/L	5		0
6	FAX MACHINE	3/22/01		300							300	300	S/L	3		0
7	COMPUTER SYSTEMS (DELL)	9/30/01		9,421							9,421	9,421	S/L	5		0
8	FILE SERVER	2/11/99		1,116							1,116	1,116	S/L	3		0
9	EQUIPMENT	7/30/97		3,537							3,537	3,537	S/L	5		0
10	COMPUTER UPGRADES	2/15/98		1,307							1,307	1,307	S/L	3		0
11	OFFICE EQUIP	11/15/01		800							800	800	S/L	5		0
12	POSTAGE MACHINE	12/15/97		4,070							4,070	4,070	S/L	5	.20000	0
13	HP ZINK LASER PRINTER	10/31/03		221							221	207	200DB HY	5	.05760	14
15	DIGITAL CAMERA	11/08/06		171							171	104	200DB HY	5	.15500	27
16	TMS COMPUTER SERVICE	8/09/07		1,650							1,650	710	200DB HY	5	.22800	376
17	PRINTER AND USB CABLE	2/29/08		259							259	52	200DB HY	5	.32000	83
18	DELL COMPUTERS (3)	5/30/08		2,457							2,457	491	200DB HY	5	.30000	786
19	COMPUTER SOFTWARE	6/30/08		84							84	7	S/L	3		28
20	SERVER AND INSTALLATION	10/30/08		495							495	495	200DB HY	5	.20000	99
21	COMPUTER SERVER	11/12/08		1,528							1,528	1,528	200DB HY	5	.20000	306

LOS COMPAÑEROS DE SAN ANTONIO MISSIONS
NATIONAL HISTORIC PARK

74-2305257

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST / BASIS	BUS. PCT.	CLR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179 BONUS / SP. DEPR.	PRIOR DEC. BAL. DEPR.	SALVAGE / REDUCT.	DEPR. BASIS	PRIOR DEPR.	RETRAD. LIFE	DATE	CURRENT DEPR.
22	TECHSQUIP SOFTWARE	11/12/08		35							35		SVL	3	11
23	COMPUTER EQUIPMENT	9/30/09		149							149		200DB HY	5	30
	TOTAL MACHINERY AND EQUIPME			28,146		0	0	0	0	0	28,146	22,668			1,760
	TOTAL DEPRECIATION			53,582		0	0	0	0	0	53,582	47,979			1,791
	GRAND TOTAL DEPRECIATION			53,582		0	0	0	0	0	53,582	47,979			1,791