ALAMO AREA DEVELOPMENT CORPORATION FORM 990 TAX YEAR 2022





8200 W. Interstate 10, Suite 900 | San Antonio, TX 78230-3806 | 210.341.9400

ALAMO AREA DEVELOPMENT CORPORATION 2700 NE LOOP 410, SUITE 101 SAN ANTONIO, TX 78217

Enclosed are the following income tax returns prepared on behalf of ALAMO AREA DEVELOPMENT CORPORATION for the year ended December 31, 2022.

2022 990 - Return of Organization Exempt from Income Tax

2022 8879-TE - IRS E-file Signature Authorization Form

2022 Schedule A - Public Charity Status and Public Support

2022 Schedule B - Schedule of Contributors

2022 Schedule D - Supplemental Financial Statements

2022 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.

2022 Schedule J - Compensation Information

2022 Schedule O - Supplemental Information to Form 990 or 990EZ

2022 Schedule R - Related Organizations and Unrelated Partnerships

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

Upon an audit of the return(s), requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules as filed with the IRS, except that the names and addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of \$20 for each day that inspection is not permitted, up to a maximum of \$10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of \$5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them. We recommend that you retain all pertinent records that support the information reported on your return.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U.S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Roberto Ulloa, CPA FORVIS, LLP

Enclosures





8200 W. Interstate 10, Suite 900 | San Antonio, TX 78230-3806 | 210.341.9400

ALAMO AREA DEVELOPMENT CORPORATION

Instructions for Filing
Form 8879-TE
IRS e-file Signature Authorization for Form 990
For the year ended December 31, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

FORVIS, LLP 8200 W. Interstate 10, Suite 900 San Antonio TX 78230-3806

There is no tax due with the filing of this return.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Two Year Comparison Schedule 2022 to 2021									
Description	2022	2021	Difference						
Revenue									
Contributions and grants	663,525.	646,957.	16,568.						
Program service revenue	NONE	NONE	NONE						
Investment income	116.	181.	-65.						
Other revenue	NONE	NONE	NONE						
Total revenue	663,641.	647,138.	16,503.						
Expenses									
Grants and similar amounts paid	679,052.	658,621.	20,431.						
Benefits paid to or for members	NONE	NONE	NONE						
Salaries, other compensation, employee benefits	NONE	NONE	NONE						
Professional fundraising fees	NONE	NONE	NONE						
Other expenses	NONE	NONE	NONE						
Total expenses	679,052.	658,621.	20,431.						
Net Assets or Fund Balances									
Total assets	88,947.	163,408.	-74,461.						
Total liabilities	79,547.	138,597.	-59,050.						
Net assets	9,400.	24,811.	-15,411.						

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 74-2772667 ALAMO AREA DEVELOPMENT CORPORATION Name and title of officer or person subject to tax CLIFF HERBERG, EXECUTIVE DIRECTOR Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 663,641. 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here . . b Tax based on investment income (Form 990-PF, Part V, line 5). . . . 4a Form 990-PF check here 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D). 8b 9a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b 10a Form 8038-CP check here **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or L I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize FORVIS, 5 8 4 5 5 as my signature $_{
m LLP}$ to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11/15/2023 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 7 0 2 3 8 0 4 4 0 1 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A FC	or the	e zuzz cai	endar year, or tax year beginning		and end	aing					
B Che	eck if a	pplicable:	C Name of organization					- [) Em	oloyer	identification number
			ALAMO AREA DEVELOPMEI	NT CORPORATION							
	Addres	s change	Doing business as	22 (12 14 () 11	`						2667
	Name o	change	Number and street (or P.O. box if m		5)	R	oom/su	ite E	= 1ei	pnone	number
\rightarrow	Initial r		2700 NE LOOP 410, SU								32-5087
\vdash		eturn/terminated	City or town, state or province, cour	itry, and ZIP or foreign postal code				ľ	G Gro	ss rece	eipts \$
\perp		ed return	SAN ANTONIO, TX 7821								663,641.
	Applica	ation pending	F Name and address of principal office	r: CLIFF HERBERG				H(a) Is this a subordir		return for	Yes X No
			2700 NE LOOP 410 SUIT	ΓΕ 101, SAN ANTONI	O, TX	78217		H(b) Are all		nates incl	luded? Yes No
<u> </u>	ax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 494	7(a)(1) or	527	7	If "N	lo," att	ach a lis	st. See instructions.
Jν	Vebsi	ite: WV	W.AACOG.COM					H(c) Group	exemp	tion nu	mber
K F	orm o	of organization	on: X Corporation Trust	Association Other		L Year of	f format	ion: 1995	M S	State o	of legal domicile: TX
Pa	rt I	Summ	nary								
	1	Briefly des	scribe the organization's mission o	r most significant activities: I	DEVELOF	MENT (OF A	REGION	IAL	NET	WORK WHOSE
e l		MISSIC	N INCLUDES PROVIDING	SERVICES AND SUPPO	ORT TO	VETER	ANS.				
and											
Governance	2	Check this	s box if the organization of	discontinued its operations	or dispos	sed of m	nore t	han 25%	of i	ts ne	et assets.
90			f voting members of the governing							3	7
<u>«</u>	4		f independent voting members of t							4	7
ies	5		ber of individuals employed in cale							5	NONE
Ĭ₹	-								1	6	7
Activities &	6		ber of volunteers (estimate if neces	,,							
1			elated business revenue from Part V						-	7a	NONE
\rightarrow	D	Net unrela	ated business taxable income from	Form 990-1, Part I, line 11						7b	NONE
	_							Prior Yea		_	Current Year
e l	8		ons and grants (Part VIII, line 1h)					646			663,525.
Revenue	9		service revenue (Part VIII, line 2g)							DNE	NONE
	10		nt income (Part VIII, column (A), line							31.	116.
_ [11		enue (Part VIII, column (A), lines 5,						NC	NE	NONE
	12	Total reve	nue - add lines 8 through 11 (must	equal Part VIII, column (A), lin	ne 12)			647			663,641.
	13		d similar amounts paid (Part IX, colu					658	,62	1.	679,052.
	14	Benefits p	aid to or for members (Part IX, colu				NONE		NONE		
တ္တု ်	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							NC	NONE	
Expenses	16 a	Profession	nal fundraising fees (Part IX, column	(A), line 11e)					NC	NE	NONE
×be			Iraising expenses (Part IX, column (NONE						
ш.	17	Other exp	enses (Part IX, column (A), lines 11	a-11d, 11f-24e)					NC	NE	NONE
	18		enses. Add lines 13-17 (must equal					658	,62	1.	679,052.
	19		ess expenses. Subtract line 18 fron					-11			-15,411.
e s							Begin	ning of Curr	-	-	End of Year
lanc	20	Total asse	ets (Part X, line 16)					163	. 40	8.	88,947.
20.00	21		lities (Part X, line 26)					138			79,547.
L de			s or fund balances. Subtract line 21						, 81		9,400.
Par			ture Block	Holli lille 20,	· · · · · ·			21	, 01		7,400.
			rjury, I declare that I have examined th	is return including accompanying	n schedules	and statem	nents s	and to the he	est of	my kr	nowledge and helief it is
true,	corre	ect, and com	plete. Declaration of preparer (other than	officer) is based on all information	n of which p	reparer ha	s any kr	nowledge.	J31 OI	illy Ki	
								-	- /-	F / O	000
Sign	, l	Signature of	of officer					Date	1/1	.5/2	023
Here		•									
	_		HERBERG	EΣ	KECUTIV	E DIRI	ECTO	R			
			nt name and title	Duan anada si aa si aa	1	Det-		<u> </u>	_	1	FINI
Paid		Print/Type	preparer's name	Preparer's signature		Date		Check		"	ΠN
Prepa	arer	ROBERT	O ULLOA			11/14	/202	3 self-em	nploye		01953132
Use (Firm's nam	ne FORVIS, LLP					Firm's EIN		44	-0160260
	y	Firm's add	ress 8200 W. INTERSTATE	lo, suite 900 san antonio,	TX 78230	-3806		Phone no.		21	0-341-9400
May	the	IRS discu	iss this return with the prepare	shown above? See instruc	ctions					<u></u>	X Yes No
For F	ape	rwork Red	uction Act Notice, see the separat	e instructions.							Form 990 (2022)

Page 2 Form 990 (2022)

Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	🔲
1	Briefly describe the organization's mission:	
	TO ENHANCE THE LIVES OF ALL RESIDENTS IN THE REGION BY DEVELOPING	
	EFFECTIVE STRATEGIES TO MEET THE MANY CHALLENGES THAT CONFRONT THE	
	REGION AND TO COORDINATE REGIONAL STRENGTHS THAT OFFER SOLUTIONS TO	
_	THESE CHALLENGES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	37 N
	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?	X No
	services?	_ A NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	sured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 635,642. including grants of \$ 635,642.) (Revenue \$)
	VETERAN SERVICES TO THE SOUTH TEXAS COUNTIES THAT ARE NOW SERVICED	. ′
	BY OVER ONE HUNDRED COMMUNITY PARTNERS THAT CAN PROVIDE TO OVER 27	
	DIFFERENT NEEDS FOR VETERANS. SAN ANTONIO IS THE CENTRALIZED	
	COORDINATION CENTER FOR CALLS FROM MILITARY SERVICE MEMBERS,	
	VETERANS, AND THEIR DEPENDENTS ARE ANSWERED. OVER 2,100 VETERANS	
	SERVED IN 2022.	
4b	(Code:) (Expenses \$25,910. including grants of \$25,910.) (Revenue \$)
	THE HUMANA HEALTHY HORIZONS FUNDING AIDED PERSONS WITH	
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR CARETAKERS,	
	WITH GYM MEMBERSHIPS TO INCREASE THE HEALTH IN THEIR EVERYDAY	
	LIVES.	
40	(Code:) (Expenses \$ 17,500. including grants of \$ 17,500.) (Revenue \$	\
40		.)
	AMERIGROUP FUNDING AIDED WITH THE PURCHASE OF FANS, BACK-TO-SCHOOL	
	SUPPLIES, AND HEATERS FOR VARIOUS PROGRAMS NOT COVERED BY THE	
	OLDER AMERICANS ACT (OAA) GRANTS.	
<u>4</u> d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
46	Total program service expenses 679, 052	

Form 990 (2022) Page **3**

Part	Checklist of Required Schedules		Vaa	Na
	le the experience described in section E01/a)/2) or 4047/a)/4) (ather there a private foundation)2 If "Vee"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	4	v	
2	complete Schedule A	2	X	
2	Did the organization required to complete <i>Scriedule B, Scriedule of Contributors?</i> See instructions.		X	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			Λ
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		21
Ŭ	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	116		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		Λ.
<u> </u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		37
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	'		X
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	13		<u> </u>
. 5	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX column (A) line 12 If "Vas " complete Schedule I. Parts I and II	21	v	

Form 990 (2022)
Page 4

Checklist of Required Schedules (continued)

r all	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	22	37	
24.5	employees? If "Yes," complete Schedule J	23	X	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		37
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		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	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
05.	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	. No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a NONE		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	l _		
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7-		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ !!		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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			
•	The original control of the control			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	n roo, complete i onii ooos.			

74-2772667 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	<u> </u>		<u> </u>		21
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:			_		
а	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, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	_	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of		-	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to			12b	Х	
	rise to conflicts?			120	- 1	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-		12c	Х	
12	describe on Schedule O how this was done			13	X	
13 14	Did the organization have a written whistleblower policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization		aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website Upon request Other (explain on Sc		<i>∋ O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's by THOAN TORRES 2700 NE LOOP 410 SHITE 101 SAN ANTONIO TX 78217	oooks	and record	s		

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e than construction is both construction. Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
						<u>a</u>				
(1) DIANE RATH	1.50									
EXECUTIVE DIRECTOR	1.50			Х				NONE	254,274.	37,063.
(2) CLIFFORD HERBERG	1.00									
GENERAL COUNSEL	40.00					X		NONE	192,067.	23,292.
(3) ELDA BEST	1.00									
CFO	40.00					X		NONE	171,328.	22,185.
(4) JACOB ULCYZNSKI	1.00									
SENIOR DIRECTOR OF HHS	40.00					X		NONE	143,699.	18,607.
(5) DEEDRA JOHNSON	1.00									
SENIOR DIRECTOR OF HR	40.00					X		NONE	117,440.	12,690.
(6) JIM WOLVERTON	0.50									
COMMISSIONER GUADALUPE COUNTY	0.50	X						NONE	NONE	NONE
(7) ADRIANA ROCHA GARCIA	0.50									
COUNCILWOMAN, CITY OF SA	0.50	X						NONE	NONE	NONE
(8) JAMES BLAKEY	0.50									
COUNCILMAN CITY OF NEW BRAUN.	0.50	X		Х				NONE	NONE	NONE
(9) JAMES JIMMY HASSLOCHER	0.50									
FROTIER ENTERPRISES, INC.	0.50	X						NONE	NONE	NONE
(10) ROB KELLY	0.50									
COUNTY JUDGE KERR. COUNTY	0.50	X						NONE	NONE	NONE
(11) ROBERT L. HURLEY	0.50									
CHAIRMAN	0.50	X		X				NONE	NONE	NONE
(12) SUZANNE DE LEON	0.50									
VICE CHAIR	0.50	X		X		-		NONE	NONE	NONE
<u>(13)</u>		-								
(14)		-								

Pa	rt VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plc	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the organization	Reportal compensation related organizat (W-2/1099-	on from d tions	(F) Estimated amount of other compensation from the organization		
		below dotted line)	Individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and related organizations		
c	Sub-total Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c)	ection A						* * *	NONE NONE NONE		,808. NONE ,808.	113,837. NONE 113,837.		
	Total number of individuals (including but not I reportable compensation from the organization	imited to the			d a		e) who	re						
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes No		
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	0,0	00?) It	"Yes	5," (complete Schedu	le J for	such	4 X		
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5 X		
	ction B. Independent Contractors													
1	Complete this table for your five highest components compensation from the organization. Report converse.													
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompensation		
_														
2	Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos		sted above) who	received				

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Part VIII Statement of Revenue

		Check if Schedule O co	ntains a respor	se or note to ar	y line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns	1a					
ant	b	Membership dues						
يَ ق	С	Fundraising events						
fts,	d	Related organizations						
≘≅	e	Government grants (contribut		633,595.				
ns,	f	All other contributions, gifts,	,					
ë ë		and similar amounts not included	·	29,930.				
ᅙ	g	Noncash contributions includ		.,				
a de la	9	lines 1a-1f		8				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-1f			663,525.			
		Total. Add imed to the series		Business Code				
ė				2401000 0040				
ڲٙ؞	2a							
Se	b							
E S	C							
200	d							
Program Service Revenue	e	All other program comics	20110					
_	f g	All other program service reverse Total. Add lines 2a-2f			NONE			
	3	Investment income (includ			1.0141			
	"	other similar amounts)		116.			116.	
	4	Income from investment of t			NONE			
	5	Royalties		-	NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	NONE	NONE				
	d	Net rental income or (loss).			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a						
Ð	b	Less: cost or other basis						
evenue		and sales expenses 7b						
eve	С	Gain or (loss) 7c						
∝	d	Net gain or (loss)	<u></u>		NONE			
Other	8a	Gross income from fu						
ŏ	oa	events (not including \$	٦					
		of contributions reported						
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from fur			NONE			
	9a	Gross income from	gaming					
	""	activities. See Part IV, line 19	0 0	NONE				
	b	Less: direct expenses		NONE				
	c	Net income or (loss) from ga			NONE			
	10a	Gross sales of invento	ory, less					
		returns and allowances	•	NONE				
	b	Less: cost of goods sold	10b	NONE				
		Net income or (loss) from sale			NONE			
တ္				Business Code				
Miscellaneous Revenue	11a							
and	b		·					
e e	C							
Ais. R	d	All other revenue						
	е	Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instruction			663,641.			116.

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Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4) or	ganizations must complete all columr	ns. All other organizations must con	nplete column (A).	L
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	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	679,052.	679,052.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22	NONE									
3	Grants and other assistance to foreign										
	organizations, foreign governments, and										
	foreign individuals. See Part IV, lines 15 and 16	NONE									
4	Benefits paid to or for members	NONE									
5	Compensation of current officers, directors,										
	trustees, and key employees	NONE									
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	NONE									
7	Other salaries and wages	NONE									
8	Pension plan accruals and contributions (include	NONE									
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	NONE									
10	Payroll taxes	NONE									
	Fees for services (nonemployees):										
а	Management	NONE									
b	Legal	NONE									
	Accounting	NONE									
d	Lobbying	NONE									
	Professional fundraising services. See Part IV, line 17.	NONE									
	Investment management fees	NONE									
g	Other. (If line 11g amount exceeds 10% of line 25, column	NONE									
	(A), amount, list line 11g expenses on Schedule O.)	NONE									
	Advertising and promotion	NONE									
13	Office expenses	NONE									
14	Information technology	NONE NONE									
15	Royalties	NONE									
16	Occupancy	NONE									
17	Travel	NOINE									
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE									
10	Conferences, conventions, and meetings	NONE									
20	*	NONE									
21	Interest Payments to affiliates	NONE									
22	•	NONE									
	Insurance	NONE									
24		-									
	above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A), amount, list line 24e expenses on Schedule O.)										
а											
b											
С											
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	679,052.	679,052.	NONE	NONE						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										
		I			İ						

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	NONE	1	NONE
	2	Savings and temporary cash investments	55,332.	2	45,840.
	3	Pledges and grants receivable, net	38,215.	3	43,107.
	4	Accounts receivable, net	NONE	4	NONE
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ą	9	Prepaid expenses and deferred charges	NONE	9	NONE
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation	NONE	10c	
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	69,861.	15	NONE
	16		163,408.	16	88,947.
_	17	Total assets. Add lines 1 through 15 (must equal line 33)	138,597.	17	78,704.
		Accounts payable and accrued expenses	NONE		NONE
	18	Grants payable	NONE		843.
	19	Deferred revenue			
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%	270275		37037
<u>ia</u>		controlled entity or family member of any of these persons	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	NONE		NONE
	26	Total liabilities. Add lines 17 through 25	138,597.	26	79,547.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	3,944.	27	9,400.
å	28	Net assets with donor restrictions	20,867.	28	NONE
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	.,		
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ت ک	32	Total net assets or fund balances	24,811.	32	0 400
Net	33	Total liabilities and net assets/fund balances	163,408.	33	9,400. 88,947.
	55	Total nashinios and not assets/fund salances,	103,400.	<u> </u>	Form 990 (2022)

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						_
Part 2	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>641</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	79,	<u>052</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>411</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			24,	<u>811</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			9,	<u>400</u>
Part 1	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · ·	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight				
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo t	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits		3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ALA	OMA	AREA DEVELOPMENT CO	ORPORATION				74	-2772667
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruct	ions.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)	(A)(iii). Enter the
		hospital's name, city, and st		•	•		. , , ,	. , ,
5		An organization operated to		a college or universit	v owned	d or ope	rated by a govern	mental unit described ir
		section 170(b)(1)(A)(iv). (C		.	,			
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	_				,,,,,,,	from the general public
-		described in section 170(b)	•	•	PP 0.1	a go		so goa. pao
8		A community trust describe			Part II)			
9	\Box	An agricultural research org				nnerated	Lin conjunction with	a land-grant college
•		or university or a non-land-	=			-	=	
		university:	grant concept or ag	grioditaro (oco motraci	10110). L	11101 1110 1	namo, oky, ana otak	o or the conege of
10		An organization that norma	Illy receives (1) mo	ore than 331/3 % of its	sunnort	from cor	ntributions membe	rehin fees, and aross
. •		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more t	han 331/3 % of its
		support from gross investm						om businesses
11		acquired by the organization An organization organized a						
12	\vdash	An organization organized a	•	•	-			carry out the numbers of
12		one or more publicly suppo		-	-			
		the box on lines 12a through	_					
_	Г	¬		• • • • • • • • • • • • • • • • • • • •			•	· · · · · ·
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
		· · · · · · · · · · · · · · · · · · ·				ajority of	the directors of the	istees of the
h	Г	supporting organization. \ Type II. A supporting org	•	•		with ito	supported organia	ration(c) by baying
b	_	control or management of					· · · -	· · · · · · · · · · · · · · · · · · ·
		organization(s). You must	•	•	ille Salli	e persor	is that control of h	ianage the supported
_		¬ • ` ' '	•	•	tod in a	annaatia	n with and functio	nally intograted with
С		_ Type III functionally integ						many integrated with,
اہ		its supported organization		· ·				ontod organization(s)
d	_							• , ,
		that is not functionally inte			-		· ·	and an attentiveness
_	Г	requirement (see instruct	•	-				a II Tima III
е	_	_ Check this box if the orga						ре п, туре ш
f	En	functionally integrated, or ter the number of supported	• •		porting c	organizai	ion.	
		ovide the following information						
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of moneta	ry (vi) Amount of
	(.,	ame of supported organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					163	NO		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	a i						I	i 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 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.)

1 G m ir	dar year (or fiscal year beginning in) Sifts, grants, contributions, and nembership fees received. (Do not not not lude any "unusual grants.")	(a) 2018 3,272.	(b) 2019 NONE	(c) 2020 529,003.	(d) 2021 646,957.	(e) 2022 663,525.	(f) Total 1,842,757. NONE
2 T 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	nembership fees received. (Do not not not not not not not not not no					663,525.	NONE
3 T ft o o o o o o o o o o o o o o o o o o	rganization's benefit and either paid to r expended on its behalf	3,272.	NONE	529,003.	646 057		
ft o o o o o o o o o o o o o o o o o o o	rnished by a governmental unit to the rganization without charge	3,272.	NONE	529,003.	646 057		NONE
5 T e e g g s s lii s S S S S S S S S S S S S S S S S S S	the portion of total contributions by ach person (other than a overnmental unit or publicly upported organization) included on ne 1 that exceeds 2% of the amount hown on line 11, column (f)	3,272.	NONE	529,003.	646 057		1,01,2
9 Section Calend 7 A 8 G P P R S C I I I I I I I I I I I I I I I I I I	ach person (other than a overnmental unit or publicly upported organization) included on ne 1 that exceeds 2% of the amount hown on line 11, column (f)ublic support. Subtract line 5 from line 4				040,937.	663,525.	1,842,757.
6 P Section Calendary 7 A 8 G 9 N a is 10 C (I) 11 T 12 G 13 F	Public support. Subtract line 5 from line 4						
Section Section	• • • • • • • • • • • • • • • • • • • •						37,832.
7 A B G P F F F F F F F F F F F F F F F F F F	ON B. LOTAL SUNDOFT						1,804,925.
7 A S G P P R S S S S S S S S S S S S S S S S S	•	(=) 2010	(h) 2010	(=) 2020	(4) 2024	(=) 2022	(f) Total
8 G p r r r s s s s s s s s s s s s s s s s	dar year (or fiscal year beginning in)		(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
10 C (I I I I I I I I I I I I I I I I I I	mounts from line 4 Gross income from interest, dividends, ayments received on securities loans, ents, royalties, and income from imilar sources	3,272.	NONE	529,003. 166.	646,957.	663,525.	1,842,757.
11 T 12 G 13 F	let income from unrelated business ctivities, whether or not the business regularly carried on						NONE
12 G 13 F	Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.)						NONE
13 F	otal support. Add lines 7 through 10						1,843,220.
0	Gross receipts from related activities, etc. (see instructions)				12	
Section	irst 5 years. If the Form 990 is forganization, check this box and stop here			, third, fourth,	or fifth tax yea	ır as a section	501(c)(3)
Ocoti	on C. Computation of Public Sup	port Percenta	ge		1		
	Public support percentage for 2022 (I		•			14	97.92 %
	Public support percentage from 2021	•	•			15	99.97 %
	31/3% support test - 2022. If the or						
b 3	box and stop here. The organization qualifies as a publicly supported organization						
17a 1 1	this box and stop here. The organization qualifies as a publicly supported organization						
b 1 1 ir 0		2021. If the orgization meets the state of the facts-and-	ganization did no e facts-and-circu circumstances to	ot check a box umstances test, est. The organi	on line 13, 16, check this box zation qualifies	a, 16b, or 17a, and stop here as a publicly su	and line Explain upported

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(=) 2010	(h) 2040	(a) 2020	(4) 2024	(=) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6. 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	~			•		
	organization, check this box and stop here						
	tion C. Computation of Public Supp		•			1	
15	Public support percentage for 2022 (line 8,		•			15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen					T 1	
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		-	•			
20	Private foundation If the organization of	aid not chack	a hov on line '	ı⊿ 10a or 10h	chack this ho	v and see instri	ictions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
g by			
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id ie			
	3b		
3)	20		
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fit	9c		
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to	10a		
	10b		

Part	Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
3001.	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
ec ii	on C. Type ii Supporting Organizations		Vas	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
'	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the constitution was ide to each of its commented array to the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		r
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
J.	•			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		i .

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type III supporting	g organization
	(see instructions).	=	• • • •	

Schedule A (Form 990) 2022

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	4 Amounts paid to acquire exempt-use assets				
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		•	10	
Sect	ion E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	s	(iii) Distributable

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization		Employer identification number					
ALAMO AREA DEVELOPME		74-2772667					
Organization type (check one	·).						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private found	ation					
	501(c)(3) taxable private foundation						
Check if your organization is	covered by the General Rule or a Special Rule .						
	r), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See					
General Rule							
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instruct ontributions.	_					
Special Rules							
regulations under so 16b, and that receiv	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 ved from any one contributor, during the year, total contributions of the grent on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete F	0), Part II, line 13, 16a, or eater of (1) \$5,000; or					
contributor, during literary, or educatio	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
-	isn't covered by the General Rule and/or the Special Rules doesn't file So, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or o						

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

ALAMO AREA DEVELOPMENT CORPORATION

Employer identification number 74-2772667

Part I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
--------	----------------------------------	------------------------------	----------------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	HUMANA 8119 DATAPOINT DR SAN ANTONIO, TX 78229	\$24,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	TEXAS WORKFORCE COMMISSION 101 E 15TH ST. ST 514 AUSTIN, TX 78778	\$634,658.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(-)	<i>(L)</i>	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization				
	ΔΤ.ΔΜΟ	VBEV	DEVELOPMENT	CORDORATIO

Employer identification number 74-2772667

		/	The Property		. I PC I	1. 1
art II	Noncash Property	(see instructions)	i. Use duplicate co	opies of Part II if	additional space is nee	aea.

(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
		\$	
(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
		\$	
(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
		\$	

Name of organization Employer identification number ALAMO AREA DEVELOPMENT CORPORATION 74-2772667 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Nam	e of the organization	Employer identification number
$\overline{}$	AMO AREA DEVELOPMENT CORPORATION	74-2772667
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	Yes . No
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation Held at the End of the Tax Year
	easement on the last day of the tax year.	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
_	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	ion bondling of
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
6	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing or	onsorvation assements during the year
′	Amount of expenses incurred immonitoring, inspecting, nationing of violations, and emotoring of	onservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are sections.	on 170/h)/4)/B)/i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its re	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's fir	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu	e statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
h	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or res-	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Sched		A DEVELOPMENT			74-2772667	Page 2
Pa	rt III Organizations Maintaining Colle	ections of Art, His	torical Treasure	es, or Other Simil	ar Assets (continued)	
3	Using the organization's acquisition, access	sion, and other red	ords, check any	of the following th	at make significant use	of its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exch	nange program		
b	Scholarly research	е	Other			
С	Preservation for future generations	,				
4	Provide a description of the organization's	collections and ex	plain how they fu	irther the organiza	tion's exempt purpose in	n Part
	XIII.		,	J		
5	During the year, did the organization solicit	or receive donations	s of art. historical t	reasures, or other s	similar	
	assets to be sold to raise funds rather than t					No
Pa	rt IV Escrow and Custodial Arrangen		part or are organia			
	Complete if the organization ans 990, Part X, line 21.		orm 990, Part IV	, line 9, or reporte	ed an amount on Form	
1a	Is the organization an agent, trustee, cust	odian or other inte	rmediary for con-	tributions or other	assets not	
	included on Form 990, Part X?				Yes	No
b	If "Yes," explain the arrangement in Part XI					_
	, 1	•	J		Amount	
С	Beginning balance			1c		
d	Additions during the year					
e	Distributions during the year					
f	Ending balance			1f		
	Did the organization include an amount on I				nt liability? Yes	No
	If "Yes," explain the arrangement in Part XI					
	rt V Endowment Funds.	ii. Oneck here ii the	explanation has be	een provided on rai	(All	
га	Complete if the organization ans	wered "Yes" on F	orm 990 Part IV	line 10		
					nree years back (e) Four year	re hack
_		Tront your (b) i	nor your (-)	(a) 111	(c) i oui your	o baok
	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
	Provide the estimated percentage of the cu Board designated or quasi-endowment	rrent year end bala 	nce (line 1g, colum	n (a)) held as:		
	Permanent endowment %					
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c sh					
3a	Are there endowment funds not in the poss	ession of the organ	ization that are he	eld and administered		
	organization by:				Yes	No
	(i) Unrelated organizations					
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organi			₹?	3b	
4	Describe in Part XIII the intended uses of the		dowment funds.			
Pa	rt VI Land, Buildings, and Equipment. Complete if the organization and	swered "Yes" on F	orm 990, Part IV	/, line 11a. See Fo	orm 990, Part X, line 1	0.
	Description of property	(a) Cost or other basis	(b) Cost or other b	pasis (c) Accumulate		
	Lond	(investment)	(other)	depreciation		
	Land					
	Buildings					
	Leasehold improvements					
d	Equipment					

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

74-2772667

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		"Vaa" on Form 000	Dort IV line 11e Coe Form 000 Dort	V line 12
	Complete if the organization answered			A, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	е
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part	X, line 15.
	(a) Des	scription	(t) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990), Part X,
1.	(a) Descrip	tion of liability	(k	a) Book value
(1) Feder	ral income taxes	•	,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
	or uncertain tax positions. In Part XIII, provide the		the organization's financial statements that rep	orts the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	663,641.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	663,641.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	663,641.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	679,052.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	(70 050
3	Subtract line 2e from line 1	3	679,052.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Carlot (Becombe art art Ann.)	4c	
С 5	Add lines 4a and 4b	5	679,052.
	XIII Supplemental Information.	<u> </u>	075,052.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation.	line 4; Part X, line

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

GUIDANCE IN ASC 740:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer identification number ALAMO AREA DEVELOPMENT CORPORATION 74-2772667 **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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of (a) Description of (b) EIN (h) Purpose of grant (if applicable) noncash assistance or government grant noncash assistance or assistance (1) ALAMO AREA COUNCIL OF GOVERNMENTS 2700 NE LOOP 410, STE 101 74-1557491 501(C)(3) 679,052. VETERANS PROGRAM (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

74-2772667

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

SCHEDULE I, PART I, LINE 2

USE OF FUND BASED ACCOUNTING SYSTEM TO TRACK REVENUES AND EXPENDITURES.

ENSURE THAT EXPENSES ARE ALLOWABLE IN ACCORDANCE WITH 2 CFR 200 AND TEXAS

GRANT MANAGEMENT STANDARDS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

ALAMO AREA DEVELOPMENT CORPORATION

Employer identification number 74-2772667

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 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 a b c	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? 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.	4a 4b 4c		X X X
	Only costion $E04/a/(2)$, $E04/a/(4)$, and $E04/a/(20)$ examinations must complete lines $E.0$			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5				
_	compensation contingent on the revenues of:	E 0		v
a	The organization?	5a 5b		X
b	Any related organization?	30		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 ar	nd/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DIANE RATH (i)	NONE	NONE	NONE	NONE	NONE	NONE	
1 EXECUTIVE DIRECTOR (ii)	254,274.	NONE	NONE	NONE	37,063.	291,337.	
CLIFFORD HERBERG (i)	NONE	NONE	NONE	NONE	NONE	NONE	
2 GENERAL COUNSEL (ii)	192,067.	NONE	NONE	NONE	23,292.	215,359.	
ELDA BEST (i)	NONE	NONE	NONE	NONE	NONE	NONE	
3 CFO (ii)	171,328.	NONE	NONE	NONE	22,185.	193,513.	
JACOB ULCYZNSKI (i)	NONE	NONE	NONE	NONE	NONE	NONE	
4 SENIOR DIRECTOR OF HHS (ii)	143,699.	NONE	NONE	NONE	18,607.	162,306.	
(i)							
(i)							
(i)							
(i)							
8 (ii)							
(i)							
_ 9 (ii)							
(i)							
10 (ii)							
(i)							
11 (ii)							
(i)							
12 (ii)							
(i)							
13 (ii)							
(i)							
14 (ii)							
(i)							
15 (ii)							
(i)							
16 (ii)							

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 3

ESTABLISHING COMPENSATION:

THE ALAMO AREA COUNCIL OF GOVERNMENTS (AACOG) EXECUTIVE COMMITTEE

CONDUCTS THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION ANNUALLY. THE

EXECUTIVE COMMITTEE RECOMMENDS THE PERFORMANCE SALARY INCREASE TO THE

AACOG BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE EXECUTIVE DIRECTOR

CONDUCTS THE ANNUAL PERFORMANCE EVALUATION FOR THE GENERAL COUNSEL AND

THUS MAKES THE SALARY DETERMINATION BASED ON THE OUTCOME OF THE ANNUAL

EVALUATION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 74-2772667

ALAMO AREA DEVELOPMENT CORPORATION

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990:

ALAMO AREA DEVELOPMENT CORPORATION'S CONTROLLER AND CHIEF FINANCIAL

OFFICER REVIEW THE FORM 990 IN DRAFT FORM. IF CHANGES TO THE DRAFT ARE

NECESSARY, THE CHANGES ARE COMPLETED PRIOR TO THE PRINTING OF THE FINAL

FORM 990. THE FINAL FORM 990 IS PROVIDED FOR REVIEW IN ELECTRONIC FORM,

BY THE ORGANIZATION'S GOVERNING BODY PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C

COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

ALAMO AREA DEVELOPMENT CORPORATION'S BYLAWS CONTAIN A CONFLICT OF

INTEREST POLICY, APPROVED BY THE BOARD OF DIRECTORS. THE CONFLICT OF

INTEREST POLICY APPLIES TO THE BOARD OF DIRECTORS, ALL OFFICERS OF THE

ORGANIZATION, AND EMPLOYEES. IN THE EVENT THAT A BOARD MEMBER HAS A

CONFLICT OF INTEREST, HE/SHE IS REQUIRED TO ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION C, LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:

ALAMO AREA DEVELOPMENT CORPORATION MAKES ANY DOCUMENTS SUBJECT TO OPEN RECORD REQUIREMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Primary activity

(c) Legal domicile (state

OMB No. 1545-0047 Open to Public Inspection

(f) Direct controlling

(e) End-of-year assets

Total income

Name of the organization Employer identification number ALAMO AREA DEVELOPMENT CORPORATION 74-2772667

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

(), , ,		, , , ,	or foreign country)		,	enti	ity
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations dur	ons. Complete if the or ing the tax year.	ganization answer	red "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
						Yes	No
(1) ALAMO AREA COUNCIL OF GOVERNMENTS 741557491			505 (5) (0)				
2700 NE LOOP 410, SUITE 101 SAN ANTONIO, TX 78217 (2)	SEE PART VII	TX	501(C)(3)	6	N/A		Х
(3)							
(5)							
(6)							

Name, address, and EIN (if applicable) of disregarded entity

74-2772667

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(i Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k) Percentage ownership
		oodiiiiy)		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
_(3)												
(4)												
(5)												
(6)												
_(7)												

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

			, ,					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Secti 512(b) contro entity	
(1)								_
(2)								_
(3)								_
(4)								
(5)								
(6)								
(7)								

Yes No

Χ

74-2772667

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	•	
Part V		Transac

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

b	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	X	<u> </u>
S	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	ls.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d)	erminir	na
		unt inv		19
(1)				
رم،				
(2)				
(2)				
(3)				
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(6)				
	Schedule R	Form	990)	2022
SA	Contraction in the		,	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
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(15)														
(16)														

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, LINE 2, COLUMN B

PRIMARY ACTIVITY:

ALAMO AREA COUNCIL OF GOVERNMENTS PROVIDES SUPPORT TO ALAMO AREA

DEVELOPMENT CORPORATION.