

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 10/1/2016 and ending 9/30/2017

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Southside ISD Education Foundation
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1460 Martinez Losoya Rd
 City or town State ZIP code
San Antonio TX 78221
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
80-0241606

E Telephone number
210-882-1600

F Name and address of principal officer:
Sylvia Rincon 1460 Martinez Losoya Rd, San Antonio, TX 78221

G Gross receipts \$ 26,434

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

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

J Website: http://southside.org/southsideisd-education-foundation

K Form of organization: Corporation Trust Association Other

L Year of formation: 2008 **M** State of legal domicile: TX

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The Foundatin was created in order to seek, cultivate, and obtain funds to be used for developing and expanding educational opportunities for students of Southside Independent School District.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		221
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101	101
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,273	17,550
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,374	17,872
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,598	16,509
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,200</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,298	2,692
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,896	19,201
19 Revenue less expenses. Subtract line 18 from line 12	3,478	-1,329	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 35,814	End of Year 37,635
	21 Total liabilities (Part X, line 26)	5,000	8,150
	22 Net assets or fund balances. Subtract line 21 from line 20	30,814	29,485

Part II Signature Block

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

Sign Here
 Signature of officer: Sylvia Rincon Date: 4/17/18
 Type or print name and title: Sylvia Rincon, Executive Director

Paid Preparer Use Only

Print/Type preparer's name <u>Reed J Smiley, CPA</u>	Preparer's signature <u>[Signature]</u>	Date <u>4/17/2018</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00268083</u>
Firm's name <u>Reed J Smiley, CPA</u>	Firm's EIN <u>74-2500491</u>	Firm's address <u>1550 N E Loop 410, Suite 207, San Antonio, TX 78209</u>		
Phone no. <u>210-822-6900</u>				

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