

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **FEB 16 2010**

SOUTHSIDE ISD EDUCATION FOUNDATION  
C/O CYNTHIA L MARTINEZ  
1460 MARTINEZ-LOSOYA RD  
SAN ANTONIO, TX 78221-9648

Employer Identification Number:  
80-0241606

DLN:  
17053316320019

Contact Person:  
WINNIE W LEE

ID# 31208

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
August 31

Public Charity Status:  
170(b)(1)(A)(vi)

Form 990 Required:  
Yes

Effective Date of Exemption:  
July 15, 2008

Contribution Deductibility:  
Yes

Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

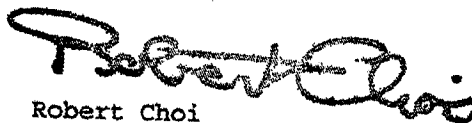
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

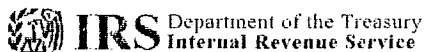
SOUTHSIDE ISD EDUCATION FOUNDATION

Sincerely,

A handwritten signature in cursive script that reads "Robert Choi".

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248360116  
July 10, 2015 LTR 4168C 0  
80-0241606 000000 00

00021337  
BODC: TE

SOUTHSIDE ISD EDUCATION FOUNDATION  
% SYLVIA RINCON  
1460 MARTINEZ LOSOYA RD  
SAN ANTONIO TX 78221

Employer Identification Number: 80-0241606  
Person to Contact: Ms. Harper  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 30, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in February 2010.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



**Exempt Organizations Select Check**

[Exempt Organizations Select Check Home](#)

Organizations Eligible to Receive Tax-Deductible Charitable Contributions (Pub. 78 data) - Search Results

The following list includes tax-exempt organizations that are eligible to receive tax-deductible charitable contributions. Click on the "Deductibility Status" column for an explanation of limitations on the deductibility of contributions made to different types of tax-exempt organizations.

Results are sorted by EIN. To sort results by another category, click on the icon next to the column heading for that category. Clicking on that icon a second time will reverse the sort order. Click on a column heading for an explanation of information in that column.

1-2 of 2 results

Results Per Page 25



« Prev | 1-2 | Next »

EIN	Legal Name (Doing Business As)
74-2938994	Southside Victory Life Ministries
80-0241606	Southside Isd Education Foundation

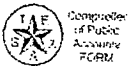
City	State	Country
San Antonio	TX	United States
San Antonio	TX	United States

Deductibility Status
PC
PC

[Return to Search](#)

« Prev | 1-2 | Next »

501(c)3 determination letter



05-102  
(Rev. 1-08/28)  
Code 13196

# TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

Franchise Number: 801004400

(To be filed by Corporations and Limited Liability Companies (LLCS))  
This report **MUST** be filed to satisfy franchise tax requirements

Taxpayer number       Report year  
 3 | 2 | 0 | 3 | 7 | 5 | 2 | 6 | 3 | 5 | 0 | 2 | 0 | 1 | 0

*You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.*

Taxpayer name  
**SOUTHSIDE ISD EDUCATION FOUNDATION**

Mailing address  
**1460 MARTINEZ LOSOYA RD**

City  
**SAN ANTONIO**

State  
**TX**

ZIP Code  
**78221**

Plus 4  
**9648**

Secretary of State file number or  
Comptroller file number

**0801004400**

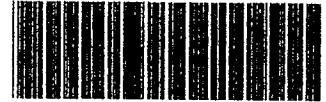
Blacken circle if there are currently no changes or additions to the information displayed in Section A of this report. Then complete Sections B and C.

Entity's principal office  
**1460 MARTINEZ LOSOYA RD; SAN ANTONIO, TX; 78221**

Principal place of business  
**SAN ANTONIO, TX, BEXAR COUNTY**

*Please sign below!*

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



3203752635010

## SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration	m	m	d	d	y	y
<b>PHILIP BERNAL</b>	<b>DIRECTOR</b>	<input checked="" type="radio"/> YES	1   2   3   1   1   1						
Mailing address <b>1460 MARTINEZ-LOSOYA ROAD</b>	City <b>SAN ANTONIO</b>	State <b>TX</b>	ZIP code <b>78221</b>						
<b>MARIA ELENA JASSO</b>	<b>SECRETARY</b>	<input checked="" type="radio"/> YES	1   2   3   1   1   1						
Mailing address <b>1460 MARTINEZ-LOSOYA ROAD</b>	City <b>SAN ANTONIO</b>	State <b>TX</b>	ZIP code <b>78221</b>						
<b>ERICA M BENAVIDES</b>	<b>PRESIDENT</b>	<input checked="" type="radio"/> YES	1   2   3   1   1   1						
Mailing address <b>1460 MARTINEZ-LOSOYA ROAD</b>	City <b>SAN ANTONIO</b>	State <b>TX</b>	ZIP code <b>78221</b>						
Name	Title	Director	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP code						

## SECTION B Enter the information required for each corporation or LLC, if any, in which this reporting entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

## SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this reporting entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

Registered agent and registered office currently on file. (See instructions if you need to make changes)

Agent: **CYNTHIA L MARTINEZ**

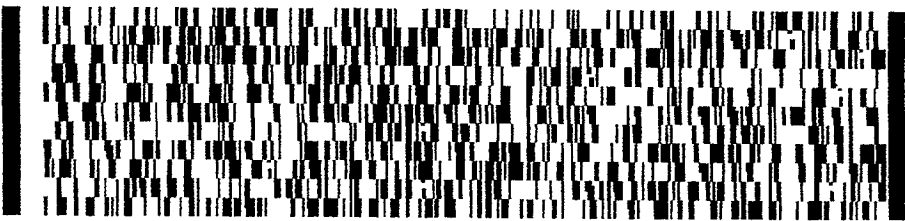
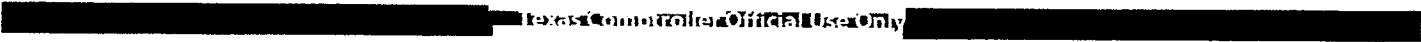
Office: **1460 MARTINEZ-LOSOYA ROAD**

City: **SAN ANTONIO**      State: **TX**      ZIP Code: **78221**

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here      Title: **REG AGENT**      Date: **05/17/2010**      Area code and phone number: **(210) 882 - 1600**



VE/DE  PIR IND

