

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 2015, and ending 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>SOUTH ALAMO REGIONAL ALLIANCE</u>		D Employer identification number <u>74-3013287</u>
	Doing Business as		E Telephone number <u>210-592-8272</u>
	Number & street (or P.O. box if mail is not delivered to street address) Room/suite <u>PO BOX 7613</u>		G Gross receipts \$ <u>191874.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>SAN ANTONIO TX 78207-0613</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: <u>BILL HUBBARD</u> <u>PO BOX 7613 SAN ANTONIO TX 78207-0613</u>			H(b) Are all subordinates included? if "No," attach a list. (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶
J Website: ▶ <u>WWW.SARAHOMELESS.ORG</u>			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>2001</u> M State of legal domicile: <u>TX</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO CREATE INTEGRATED, COMMUNITY-WIDE STRATEGIES TO PREVENT AND END HOMELESSNESS. TO PROVIDE COORDINATION AMONG ORGANIZATIONS THAT SERVE HOMELESS POPULATION.</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 <u>15</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>15</u>
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 <u>3</u>
	6 Total number of volunteers (estimate if necessary) 6 <u>650</u>
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a _____
b Net unrelated business taxable income from Form 990-T, line 34 7b _____	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8 <u>201236.</u> Prior Year <u>191874.</u> Current Year
	9 Program service revenue (Part VIII, line 2g) 9 _____
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 _____
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 <u>101.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 <u>201337.</u> <u>191874.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 _____
	14 Benefits paid to or for members (Part IX, column (A), line 4) 14 _____
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 <u>69431.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a _____
	b Total fundraising expenses, (Part IX, column (D), line 25) ▶ _____
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 <u>136453.</u> <u>84183.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 <u>136453.</u> <u>153614.</u>	
19 Revenue less expenses. Subtract line 18 from line 12 19 <u>64884.</u> <u>38260.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 20 <u>141413.</u> Beginning of Current Year <u>191847.</u> End of Year
	21 Total liabilities (Part X, line 26) 21 <u>2465.</u> <u>14639.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 22 <u>138948.</u> <u>177208.</u>

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 <u>BILL HUBBARD</u> <i>Bill Hubbard</i> EXECUTIVE DIRECTOR <u>8/29/2016</u> Date
	Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name <u>ADAM DICKREITER</u> Preparer's signature <u>Adam Dickreiter</u> Date <u>08/16/2016</u> Check <input type="checkbox"/> if self-employed PTIN <u>P00574753</u>
	Firm's name ▶ <u>ADAM DICKREITER CPA PLLC</u> Firm's EIN ▶ <u>27-4000725</u> Firm's address ▶ <u>4100 NW LOOP 410 SUITE 200</u> Phone no. <u>210-344-7520</u> <u>SAN ANTONIO TX 78229-4253</u>

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

For Paperwork Reduction Act Notice, see the separate instructions.