

# Return of Organization Exempt From Income Tax

**2017**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

<b>A</b> For the <b>2017</b> calendar year, or tax year beginning , 2017, and ending , 20	
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>South Alamo Regional Alliance for the Homeless</b>
<input type="checkbox"/> Address change	Doing business as
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	<b>PO Box 7613</b>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
<input type="checkbox"/> Amended return	<b>San Antonio, TX 78207-0613</b>
<input type="checkbox"/> Application pending	<b>F</b> Name and address of principal officer: <b>Brenda Mascorro</b>
	<b>Same as C above</b>
<b>I</b> 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	<b>D</b> Employer identification no. <b>74-3013287</b>
<b>J</b> Website: ▶ <b>WWW.SARAHOMELESS.ORG</b>	<b>E</b> Telephone number <b>(210) 876-0720</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>G</b> Gross receipts \$ <b>1,018,825</b>
	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "No," attach a list. (see instructions)
	<b>H(c)</b> Group exemption number ▶
<b>L</b> Year of formation: <b>2001</b>	<b>M</b> State of legal domicile: <b>TX</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>To create integrated, community-wide strategies and plans to prevent and end homelessness. To provide coordination among numerous regional organizations and initiatives that serve homeless populations.</b>		
	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	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	700
	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
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1a)	767,862	963,524
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	767,862	963,524
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	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)	279,871	458,685
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>11,213</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	392,778	561,735
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	672,649	1,020,420	
19	Revenue less expenses. Subtract line 18 from line 12	95,213	(56,896)	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	275,321	213,128
	21	Total liabilities (Part X, line 26)	5,718	421
	22	Net assets or fund balances. Subtract line 21 from line 20	269,603	212,707

**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.

<b>Sign Here</b>	Signature of officer: <b>Brenda Mascorro</b>	Date: <b>11-14-2018</b>
	Type or print name and title: <b>Brenda Mascorro, Executive Director</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MARCO FLORES</b>	Preparer's signature	Date <b>11-14-2018</b>	Check <input type="checkbox"/> if self-employed <input checked="" type="checkbox"/> PTIN <b>P01464496</b>
	Firm's name ▶ <b>MFCPA BUSINESS CONSULTING LLC</b>	Firm's EIN ▶		
	Firm's address ▶ <b>85 NE LOOP 410 SUITE 210 SAN ANTONIO TX 78216</b>	Phone no. <b>210-245-5678</b>		

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

**For Paperwork Reduction Act Notice, see the separate instructions.**