** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

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 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning and ending

B Check if applicable: Address change; Name change; Initial return; Final return/ termin-ated; Amended return; Applica-tion pending

C Name of organization
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
241 EARL GARRETT ST

City or town, state or province, country, and ZIP or foreign postal code
KERRVILLE, TX 78028

F Name and address of principal officer: AUSTIN DICKSON
SAME AS C ABOVE

D Employer identification number
74-2225369

E Telephone number
(830) 896-8811

G Gross receipts $ 219,052,118.

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: COMMUNITYFOUNDATION.NET

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1982

M State of legal domicile: TX

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE PHILANTHROPIC ENDOWMENT FOR THE TEXAS HILL COUNTRY REGION.		
2	Check this box 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	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,429,005.	159,249,388.
9	Program service revenue (Part VIII, line 2g)	0.	111,494.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,923,047.	3,604,098.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-8,423.	3,788.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,343,629.	162,968,768.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,327,709.	60,584,514.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	526,540.	731,736.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,203,825.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	417,247.	2,444,287.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,271,496.	63,760,537.
19	Revenue less expenses. Subtract line 18 from line 12	11,072,133.	99,208,231.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	56,589,479.	173,195,099.
21	Total liabilities (Part X, line 26)	10,758,943.	24,416,364.
22	Net assets or fund balances. Subtract line 21 from line 20	45,830,536.	148,778,735.

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 Date

AUSTIN DICKSON, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Preparer's name MELANIE MCPEAK	Preparer's signature Melanie A. McPeak	Date 2026.07.17 13:47:22 -04'00'	Check if self-employed	PTIN P01346034
Firm's name CHERRY BEKAERT ADVISORY LLC			Firm's EIN 88-2730877	
Firm's address 401 EAST JACKSON ST, SUITE 1200 TAMPA, FL 33602			Phone no. 813-251-1010	

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** 532001 12-15-25 Form **990** (2025) Created 4/30/25

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III 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 FOSTER A THRIVING HILL COUNTRY BY RAISING FUNDS, MAKING GRANTS AND STEWARDING CHARITABLE RESOURCES FOR THE REGION. THE FOUNDATION'S SERVICE AREA INCLUDES BANDERA, BLANCO, EDWARDS, GILLESPIE, KENDALL, KERR, KIMBLE, MASON, REAL AND UVALDE COUNTIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 61,683,509. including grants of $ 60,584,514.) (Revenue $ 111,494.)
THE FOUNDATION CONSISTS OF INDIVIDUAL FUNDS CONTRIBUTED BY INDIVIDUAL DONORS, CORPORATIONS AND PUBLIC AGENCIES TO BENEFIT THE SERVICE AREA OF THE FOUNDATION. THE INDIVIDUAL FUNDS MAKE CHARITABLE CONTRIBUTIONS AS SPECIFIED IN THEIR GOVERNING INSTRUMENTS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 61,683,509.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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.			
a	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	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 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 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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	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 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV 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 employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	**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? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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		X
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part 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, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 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 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 V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V 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 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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).**			
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	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 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
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? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" 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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 elect or 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) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	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 be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	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 such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
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 that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	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 similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed TX

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website X Another's website X Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records

AUSTIN DICKSON - (830) 896-8811

241 EARL GARRETT ST, KERRVILLE, TX 78028

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUSTIN DICKSON	40.00									
CHIEF EXECUTIVE OFFICER	0.00			X				236,360.	0.	14,315.
(2) AMY RECTOR	40.00									
BUSINESS MANAGER	0.00					X		125,789.	0.	3,500.
(3) TINA WOODS	0.50									
PRESIDENT	0.00	X		X				0.	0.	0.
(4) PETER LEWIS	0.50									
VICE PRESIDENT	0.00	X		X				0.	0.	0.
(5) JUDY HUTCHERSON	0.50									
SECRETARY	0.00	X		X				0.	0.	0.
(6) GILBERTO PAIZ	0.30									
TREASURER	0.00	X		X				0.	0.	0.
(7) KAROL SCHREINER	0.30									
MEMBER AT LARGE	0.00	X						0.	0.	0.
(8) SONNY BALDWIN	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.
(9) PATTI BERKSTRESSER	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.
(10) CAROLINE EIDSON	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.
(11) RONNIE JUNG	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.
(12) CARL LUCKENBACH	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.
(13) SHERI RUTLEDGE	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.
(14) LISA SANCHEZ	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.
(15) CARLETON TURNER	0.30									
BOARD TRUSTEE	0.00	X						0.	0.	0.

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 below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								362,149.	0.	17,815.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								362,149.	0.	17,815.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 2

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STRIPE INC. 510 TOWNSEND ST., SAN FRANCISCO, CA 94103	DONATION PROCESSING SOFTWARE	1,054,498.
GREGORY A. RICHARDS, P.C. 280 THOMPSON DR., KERRVILLE, TX 78028	LEGAL SERVICES	339,983.
BROADWAY BANK WEALTH MANAGEMENT 1177 NE LOOP 410, SAN ANTONIO, TX 78209	INVESTMENT MANAGEMENT	258,936.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	67,166.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	29,892.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	159,152,330.			
	g	Noncash contributions included in lines 1a-1f	1g	$ 7,463,754.			
	h	**Total.** Add lines 1a-1f			159249388.		
Program Service Revenue			Business Code				
	2a	AGENCY FUNDS ADMIN FEES	900099	111,494.	111,494.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		111,494.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,316,661.			2316661.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		9,849.			9,849.
			(i) Real	(ii) Personal			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a	57,364,726.				
	b	Less: cost or other basis and sales expenses 7b	56,045,487.	31,802.			
	c	Gain or (loss) 7c	1,319,239.	-31,802.			
	d	Net gain or (loss)			1,287,437.		1287437.
	8a	Gross income from fundraising events (not including $ 67,166. of contributions reported on line 1c). See Part IV, line 18	8a	0.			
	b	Less: direct expenses	8b	6,061.			
	c	Net income or (loss) from fundraising events			-6,061.		-6,061.
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions		162968768.	111,494.	0.	3607886.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 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	60,087,418.	60,087,418.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	497,096.	497,096.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	250,675.	112,804.	100,270.	37,601.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	390,262.	175,618.	156,105.	58,539.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	42,863.	14,994.	17,860.	10,009.
10 Payroll taxes	47,936.	21,571.	19,175.	7,190.
11 Fees for services (nonemployees):				
a Management				
b Legal	476,092.	466,011.	10,081.	
c Accounting	32,075.		32,075.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	316,214.		316,214.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	217,926.	213,670.	4,256.	
12 Advertising and promotion	40,940.		40,940.	
13 Office expenses	67,005.	26,386.	28,072.	12,547.
14 Information technology	71,756.	35,878.	35,878.	
15 Royalties				
16 Occupancy	31,941.	12,464.	14,802.	4,675.
17 Travel	14,732.	7,366.	7,366.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,436.	4,218.	4,218.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,988.	7,997.	23,991.	
23 Insurance	2,923.		2,923.	
24 Other expenses. Itemize expenses not covered 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.)				
a BANK SERVICE CHARGES	1,054,288.		10,219.	1,044,069.
b SPECIAL EVENTS	29,195.			29,195.
c DUES AND SUBSCRIPTIONS	15,671.		15,671.	
d PROFESSIONAL DEVELOPMEN	12,091.		12,091.	
e All other expenses	21,014.	18.	20,996.	
25 **Total functional expenses.** Add lines 1 through 24e	63,760,537.	61,683,509.	873,203.	1,203,825.
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)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		0.	1	6,076,618.
	2	Savings and temporary cash investments		1,906,749.	2	19,708,764.
	3	Pledges and grants receivable, net		200,000.	3	0.
	4	Accounts receivable, net		67,574.	4	100,853.
	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			5	
	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)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		56,645.	9	4,151.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,184,821.			
	b	Less: accumulated depreciation	10b 133,047.	696,162.	10c	1,051,774.
	11	Investments - publicly traded securities		49,555,576.	11	141,838,409.
	12	Investments - other securities. See Part IV, line 11		4,088,006.	12	4,400,403.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		18,767.	15	14,127.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		56,589,479.	16	173,195,099.
Liabilities	17	Accounts payable and accrued expenses		7,737.	17	5,281.
	18	Grants payable		537,900.	18	11,618,759.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other 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		355,300.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		9,858,006.	25	12,792,324.
	26	**Total liabilities.** Add lines 17 through 25		10,758,943.	26	24,416,364.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		24,745,816.	27	27,673,867.
	28	Net assets with donor restrictions		21,084,720.	28	121,104,868.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		45,830,536.	32	148,778,735.
	33	Total liabilities and net assets/fund balances		56,589,479.	33	173,195,099.

Part 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	162,968,768.
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,760,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	99,208,231.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,830,536.
5	Net unrealized gains (losses) on investments	5	3,739,968.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	148,778,735.

Part XII Financial Statements and Reporting

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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 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 undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2025

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number 74-2225369

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(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 organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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 supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9327165.	11737162.	6677077.	14429005.	159249388	201419797
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	9327165.	11737162.	6677077.	14429005.	159249388	201419797
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7026711.
6 **Public support.** Subtract line 5 from line 4.						194393086

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	9327165.	11737162.	6677077.	14429005.	159249388	201419797
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	589,562.	797,182.	924,320.	1185816.	2326510.	5823390.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	6,661.					6,661.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			4,478.	250.		4,728.
11 **Total support.** Add lines 7 through 10						207254576

12 Gross receipts from related activities, etc. (see instructions)	12	111,803.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	93.79 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	73.32 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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						
7a 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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a 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						
c 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

			Yes	No
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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
10a	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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting 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.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		

Section D. All Type III Supporting Organizations

		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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have 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		

Section 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 instructions).**

a ☐ 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.*

c ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its upported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
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. **Answer lines 3a, 3b, and 3c below.**		
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	3a		
b	Did the organization direct 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.*	3b		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	3c		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		

Section 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		
e **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		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section 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-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) **Excess Distributions**	(ii) **Underdistributions Pre-2025**	(iii) **Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 15
REVISIONS TO THE PREVIOUSLY REPORTED COLUMNS FOR THE PUBLIC SUPPORT TEST WERE MADE. THEREFORE, THE PERCENTAGE REPORTED ON 2024 FORM 990 IS DIFFERENT THAN WHAT IS REPORTED AS THE 2024 FORM 990 PERCENTAGE ON THE CURRENT YEAR REPORTING.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number
74-2225369

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 foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] 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 ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number
74-2225369

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		$ 5,024,755.	Person Payroll Noncash [X] (Complete Part II for noncash contributions.)
2		$ 4,868,850.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1		$ 5,024,755.	08/14/25

(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: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

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 info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(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 Part I	(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 Part I	(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 Part I	(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

SCHEDULE D (Form 990) (Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number 74-2225369

Part I 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	59	92
2	Aggregate value of contributions to (during year)	3,569,104.	154,543,924.
3	Aggregate value of grants from (during year)	5,103,433.	56,367,230.
4	Aggregate value at end of year	16,894,367.	121,609,720.

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part 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).

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c 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 terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

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 conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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 revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,124,074.	6,740,298.	5,919,187.	6,155,088.	5,391,552.
b Contributions	1,139,956.	131,044.	190,253.	1,052,883.	614,996.
c Net investment earnings, gains, and losses	2,534,368.	750,822.	938,017.	994,779.	655,159.
d Grants or scholarships					
e Other expenditures for facilities and programs	523,750.	498,090.	307,159.	294,005.	506,619.
f Administrative expenses					
g End of year balance	10,274,648.	7,124,074.	6,740,298.	5,919,187.	6,155,088.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 11.8500 %
b Permanent endowment 88.1500 %
c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		148,522.		148,522.
b Buildings		984,112.	80,860.	903,252.
c Leasehold improvements				
d Equipment		52,187.	52,187.	0.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,051,774.

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) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR AGENCIES	12,792,324.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	12,792,324.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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 ... X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	166,398,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,739,968.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	3,739,968.
3	Subtract line 2e from line 1			3	162,658,615.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	316,214.		
b	Other (Describe in Part XIII.)	4b	-6,061.		
c	Add lines 4a and 4b			4c	310,153.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	162,968,768.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	63,450,384.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,061.		
e	Add lines 2a through 2d			2e	6,061.
3	Subtract line 2e from line 1			3	63,444,323.
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	4a	316,214.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	316,214.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	63,760,537.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:
ENDOWMENT FUND GRANTS, RESTRICTED BY THE DONOR TO SPECIFIC CHARITIES, ACCUMULATE INCOME EARNED FROM PRINCIPAL WHICH IS PAID OUT TO THOSE CHARITIES BASED ON A SUSTAINABLE INVESTMENT PLAN.

PART X, LINE 2:
THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). IN ACCORDANCE WITH IRC REGULATIONS, THE COMMUNITY FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF THE COMMUNITY FOUNDATION. THE COMMUNITY FOUNDATION ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE COMMUNITY FOUNDATION BELIEVES THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE COMMUNITY FOUNDATION HAS EVALUATED ALL ITS TAX POSITIONS AND DETERMINED IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF DECEMBER 31, 2025.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES -6,061.

PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES 6,061.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of nongovernment grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SISTERHOOD FOR GOOD (event type)	(b) Event #2 EDUCATIONAL EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	45,457.	21,709.		67,166.
	2 Less: Contributions	45,457.	21,709.		67,166.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	350.			350.
	7 Food and beverages	487.			487.
	8 Entertainment				
	9 Other direct expenses	1,200.	4,024.		5,224.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,061.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-6,061.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number 74-2225369

Part I 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 the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AIRBNB.ORG 888 BRANNAN ST SAN FRANCISCO, CA 94103	83-3135259	501(C)3	1,642,500.	0.			FLOOD RECOVERY
ALAMO PUBLIC TELECOMMUNICATIONS COUNCIL DBA KLRN - PO BOX 9 - SAN ANTONIO, TX 78291	74-2461534	501(C)3	25,500.	0.			GENERAL SUPPORT
ALAMO SPRINGS VOLUNTEER FIRE DEPARTMENT - PO BOX 747 - COMFORT, TX 78013	74-2715521	501(C)3	12,500.	0.			GENERAL SUPPORT
ALLEGHENY COLLEGE 520 NORTH MAIN STREET MEADVILLE, PA 16335	25-0965212	501(C)3	20,000.	0.			GENERAL SUPPORT
ALL HANDS & HEARTS 82 COUNTY RD, PMB 79 MATTAPOISETT, MA 02739	20-3414952	501(C)3	2,036,126.	0.			FLOOD RECOVERY
AMBLESIDE SCHOOL OF FREDERICKSBURG 406 POST OAK RD FREDERICKSBURG, TX 78624	74-2935187	501(C)3	15,500.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 192.

3 Enter total number of other organizations listed in the line 1 table ..... 10.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY PO BOX 6704 HAGERSTOWN, MD 21741	13-1788491	501(C)3	8,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-0839	53-0196605	501(C)3	62,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - HILL COUNTRY CHAPTER - 333 EARL GARRETT ST - KERRVILLE, TX 78028	53-0196605	501(C)3	62,250.	0.			GENERAL SUPPORT
ANIMAL WELFARE SOCIETY OF KERR COUNTY, TEXAS - 515 SPUR 100 - KERRVILLE, TX 78028	74-6105632	501(C)3	175,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
ARCADIA LIVE 717 WATER ST KERRVILLE, TX 78028	45-1143725	501(C)3	295,812.	0.			FLOOD RECOVERY GENERAL SUPPORT
ARMS OF HOPE 21300 STATE HWY 16 N MEDINA, TX 78055	51-0416193	501(C)3	20,500.	0.			GENERAL SUPPORT
ARTHUR NAGEL COMMUNITY CLINIC PO BOX 519 BANDERA, TX 78003	77-0697361	501(C)3	12,000.	0.			GENERAL SUPPORT
ASTROS FOUNDATION PO BOX 288 HOUSTON, TX 77002	74-2793078	501(C)3	300,000.	0.			FLOOD RECOVERY
AUSTIN CHILD GUIDANCE CENTER 810 W. 45TH ST. AUSTIN, TX 78751	74-1166783	501(C)3	196,613.	0.			FLOOD RECOVERY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY LUTHERAN CHURCH 110 W AUSTIN ST FREDERICKSBURG, TX 78624	74-1246245	501(C)3	100,000.	0.			GENERAL SUPPORT
BIENVENIDO USA PO BOX 93403 LUBBOCK, TX 79493	83-4074320	501(C)3	50,000.	0.			GENERAL SUPPORT
BLUEBONNET CHILDREN'S ADVOCACY CENTER - 1901 AVE I - HONDO, TX 78861	74-2999054	501(C)3	30,000.	0.			GENERAL SUPPORT
BO'S PLACE 10050 BUFFALO SPEEDWAY HOUSTON, TX 77054	76-0326979	501(C)3	196,613.	0.			FLOOD RECOVERY
BOYS & GIRLS CLUB OF BANDERA COUNTY & UVALDE - PO BOX 3155 - BANDERA, TX 78003	74-2728659	501(C)3	7,500.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUBS OF THE TEXAS HILL COUNTRY - PO BOX 2307 - FREDERICKSBURG, TX 78624	74-2758055	501(C)3	36,675.	0.			GENERAL SUPPORT
CARITAS FAMILY ASSISTANCE NETWORK PO BOX 2801 FREDERICKSBURG, TX 78624	93-3428346	501(C)3	75,000.	0.			GENERAL SUPPORT
CASTLE LAKE VOLUNTEER FIRE DEPT PO BOX 63742 PIPE CREEK, TX 78063	74-2801743	501(C)3	50,000.	0.			FLOOD RECOVERY
CENTER POINT ALLIANCE FOR PROGRESS 5598 HIGHWAY 27 CENTER POINT, TX 78010	84-1687412	501(C)3	362,000.	0.			FLOOD RECOVERY GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER POINT ISD 215 CHINA ST CENTER POINT, TX 78010	74-6000501	170(C)(1)	175,000.	0.			FLOOD RECOVERY
CENTER POINT VOLUNTEER FIRE DEPARTMENT - PO BOX 494 - CENTER POINT, TX 78010	74-1673689	501(C)3	302,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
CENTERS FOR CHILDREN AND FAMILIES 3701 ANDREWS HWY MIDLAND, TX 79703	75-1005357	501(C)3	98,306.	0.			FLOOD RECOVERY
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN, TX 78744	74-2217350	501(C)3	13,500.	0.			GENERAL SUPPORT
CHILDREN'S ASSOCIATION FOR MAXIMUM POTENTIAL - PO BOX 27086 - SAN ANTONIO, TX 78227	74-2095766	501(C)3	14,000.	0.			GENERAL SUPPORT
CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS - 205 W OLMOS DR - SAN ANTONIO, TX 78212	74-2828178	501(C)3	334,241.	0.			FLOOD RECOVERY
CHRISTIAN ASSISTANCE MINISTRY PO BOX 291352 KERRVILLE, TX 78029	74-2468109	501(C)3	57,840.	0.			GENERAL SUPPORT
CHRISTIAN MEN'S JOB CORPS OF KERR COUNTY - PO BOX 294209 - KERRVILLE, TX 78029	56-2501923	501(C)3	7,500.	0.			GENERAL SUPPORT
CHRISTIAN WOMEN'S JOB CORPS OF KERR COUNTY - 1140 BROADWAY - KERRVILLE, TX 78028	74-2915544	501(C)3	13,600.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE COLORED PEOPLE OF GILLESPIE COUNTY - PO BOX 203 - FREDERICKSBURG, TX 78624	46-5476880	501(C)3	25,000.	0.			GENERAL SUPPORT
CIBOLO CENTER FOR CONSERVATION 140 CITY PARK RD BOERNE, TX 78006	74-2564700	501(C)3	7,500.	0.			GENERAL SUPPORT
CITY OF FREDERICKSBURG POLICE DEPARTMENT FUND - 1601 E. MAIN ST - FREDERICKSBURG, TX 78624	74-6000874	501(C)3	25,325.	0.			GENERAL SUPPORT
CITY OF KERRVILLE 701 MAIN ST KERRVILLE, TX 78028	74-6001490	170(C)(1)	89,500.	0.			GENERAL SUPPORT
CITYWEST CHURCH PO BOX 273 INGRAM, TX 78025	74-1943690	501(C)3	200,000.	0.			FLOOD RECOVERY
COMFORT AREA FOUNDATION PO BOX 1182 COMFORT, TX 78013	74-2956490	501(C)3	350,250.	0.			FLOOD RECOVERY GENERAL SUPPORT
COMFORT GOLDEN AGE CENTER FOUNDATION - PO BOX 356 - COMFORT, TX 78013	74-2501265	501(C)3	12,150.	0.			GENERAL SUPPORT
COMFORT VOLUNTEER FIRE DEPARTMENT 224 W HWY 473 COMFORT, TX 78013	74-2098417	501(C)3	50,000.	0.			FLOOD RECOVERY
COMMUNITIES IN SCHOOLS SAN ANTONIO 1045 CHEEVER BLVD, STE 201 SAN ANTONIO, TX 78217-6213	74-2393714	501(C)3	75,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY WATER GROUP WSC PO BOX 136 HUNT, TX 78024	74-2704350	501(C)12	370,000.	0.			FLOOD RECOVERY
CONNECTIVE 515 POST OAK BLVD, STE 1000 HOUSTON, TX 77027	84-3567749	501(C)3	3,932,252.	0.			FLOOD RECOVERY
CROSS KINGDOM CHURCH - INGRAM 3170 JUNCTION HWY W-3 INGRAM, TX 78025	47-4422329	501(C)3	200,000.	0.			FLOOD RECOVERY
CROSS TRAILS MINISTRY 391 UPPER TURTLE CREEK RD KERRVILLE, TX 78028	74-2887302	501(C)3	10,000.	0.			GENERAL SUPPORT
DER STADTISCHE FRIEDHOF FREDERICKSBURG - PO BOX 973 - FREDERICKSBURG, TX 78624	74-2610012	501(C)13	200,000.	0.			GENERAL SUPPORT
DIETERT CENTER 451 GUADALUPE ST KERRVILLE, TX 78028	74-2697204	501(C)3	535,100.	0.			FLOOD RECOVERY GENERAL SUPPORT
DIVIDE VOLUNTEER FIRE DEPARTMENT PO BOX 259 MOUNTAIN HOME, TX 78058	74-2188415	501(C)3	252,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
DOSS VOLUNTEER FIRE DEPARTMENT PO BOX 31 DOSS, TX 78618	74-2803673	501(C)3	72,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
EASTERN EUROPEAN MISSION PO BOX 55245 HURST, TX 76054	74-2200722	501(C)3	10,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELEVATE ADULT EDUCATION, INC. 2847 JUNCTION HWY, SUITE E KERRVILLE, TX 78028	74-2592573	501(C)3	15,940.	0.			GENERAL SUPPORT
EL PROGRESO MEMORIAL LIBRARY 301 W MAIN ST UVALDE, TX 78801-5528	74-1238576	501(C)3	400,000.	0.			GENERAL SUPPORT
ENDEAVORS / REACH RESILIENCE 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	23-7223078	501(C)3	225,000.	0.			FLOOD RECOVERY
EPISCOPAL RECOVERY & DEVELOPMENT 815 SECOND AVENUE NEW YORK, NY 10017	73-1635264	501(C)3	1,879,504.	0.			FLOOD RECOVERY
FIRST PRESBYTERIAN CHURCH 800 JEFFERSON ST KERRVILLE, TX 78028	74-1200118	501(C)3	1,215,849.	0.			FLOOD RECOVERY GENERAL SUPPORT
FOOD FOR THE POOR PO BOX 979005 COCONUT CREEK, FL 33097-9005	59-2174510	501(C)3	52,000.	0.			GENERAL SUPPORT
FREDERICKSBURG ACADEMIC BOOSTERS PO BOX 1171 FREDERICKSBURG, TX 78624	74-2689298	501(C)3	16,000.	0.			GENERAL SUPPORT
FREDERICKSBURG CHAMBER OF COMMERCE 306 E AUSTIN ST. FREDERICKSBURG, TX 78624	74-0633163	501(C)6	10,000.	0.			GENERAL SUPPORT
FREDERICKSBURG-NIMITZ ROTARY CLUB PO BOX 1686 FREDERICKSBURG, TX 78624-1901	46-5342965	501(C)4	44,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICKSBURG RACQUET CENTER 1150 NORTH US HWY 87 FREDERICKSBURG, TX 78624	99-4651777	501(C)3	125,000.	0.			GENERAL SUPPORT
FREDERICKSBURG THEATER COMPANY 1668 S US HWY 87 FREDERICKSBURG, TX 78624	74-2819088	501(C)3	22,400.	0.			GENERAL SUPPORT
FREDERICKSBURG VOLUNTEER FIRE DEPARTMENT - 124 W MAIN ST - FREDERICKSBURG, TX 78624	74-6000874	501(C)3	73,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
FRIENDS OF THE WRITTEN WORD PO BOX 841 FREDERICKSBURG, TX 78624	99-2603451	501(C)3	15,000.	0.			GENERAL SUPPORT
GEM - GLOBAL EMPOWERMENT MISSION 1850 NW 84TH AVE, STE 100 DORAL, FL 33126	45-3782061	501(C)3	516,877.	0.			FLOOD RECOVERY
GREATER BOERNE CHAMBER OF COMMERCE 121 S MAIN ST. BOERNE, TX 78006	74-2471685	501(C)6	15,000.	0.			GENERAL SUPPORT
GREEN SUITER OUTDOORS 1309 PROSPECTOR TRAIL HARKER HEIGHTS, TX 76548	39-2877714	501(C)3	100,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY KERR COUNTY PO BOX 294566 KERRVILLE, TX 78029	74-2524800	501(C)3	5,454,008.	0.			FLOOD RECOVERY GENERAL SUPPORT
HARPER AGRICULTURAL LIVESTOCK ORGANIZATION - PO BOX 323 - HARPER, TX 78631	76-0769129	501(C)3	9,250.	0.			GENERAL SUPPORT

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HARPER COMMUNITY CEMETERY PO BOX 161 HARPER, TX 78631	32-0388502	501(C)13	67,431.	0.			GENERAL SUPPORT
HARPER VOLUNTEER FIRE DEPARTMENT PO BOX 306 HARPER, TX 78631-0306	74-2831498	501(C)3	73,550.	0.			FLOOD RECOVERY GENERAL SUPPORT
HEART OF THE HILLS HERITAGE CENTER 529 WATER STREET KERRVILLE, TX 78028	82-3412410	501(C)3	10,000.	0.			GENERAL SUPPORT
HILL COUNTRY ALLIANCE PO BOX 151675 AUSTIN, TX 78715	26-0106908	501(C)3	177,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
HILL COUNTRY ARTS FOUNDATION PO BOX 1169 INGRAM, TX 78025	74-1444284	501(C)3	15,175.	0.			GENERAL SUPPORT
HILL COUNTRY CASA PO BOX 290965 KERRVILLE, TX 78029	74-2551029	501(C)3	12,000.	0.			GENERAL SUPPORT
HILL COUNTRY COMMUNITY NEEDS COUNCIL - PO BOX 73 - FREDERICKSBURG, TX 78624-0073	74-2276776	501(C)3	71,700.	0.			GENERAL SUPPORT
HILL COUNTRY CRISIS COUNCIL PO BOX 291817 KERRVILLE, TX 78029	74-2416819	501(C)3	6,300.	0.			GENERAL SUPPORT
HILL COUNTRY DAILY BREAD MINISTRIES - 38 CASCADE CAVERNS RD - BOERNE, TX 78015	30-0148195	501(C)3	203,178.	0.			GENERAL SUPPORT

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HILL COUNTRY FAMILY SERVICES 118 W ADVOGT ST BOERNE, TX 78006	74-2425029	501(C)3	6,100.	0.			GENERAL SUPPORT
HILL COUNTRY MHDD 819 WATER ST, STE 300 KERRVILLE, TX 78028	74-2822017	501(C)3	50,000.	0.			FLOOD RECOVERY
HILL COUNTRY MISSION FOR HEALTH 122 COMMERCE AVE BOERNE, TX 78006	48-1262832	501(C)3	10,000.	0.			GENERAL SUPPORT
HILL COUNTRY PREGNANCY CARE CENTER 439 FABRA ST BOERNE, TX 78006	74-2470532	501(C)3	21,000.	0.			GENERAL SUPPORT
HILL COUNTRY TRANSFORMATION CHURCH PO BOX 293161 KERRVILLE, TX 78029	85-3966063	501(C)3	50,000.	0.			FLOOD RECOVERY
HILL COUNTRY YOUTH RANCH PO BOX 67 INGRAM, TX 78025	74-1907867	501(C)3	17,050.	0.			GENERAL SUPPORT
HILL DISTRICT GRANDSTAND SHOW PO BOX 113 FREDERICKSBURG, TX 78624	23-7065485	501(C)3	19,000.	0.			GENERAL SUPPORT
HOPE FOR HAITI'S CHILDREN PO BOX 62328 CINCINNATI, OH 45262-0328	31-1811917	501(C)3	12,016.	0.			GENERAL SUPPORT
HUNT BAPTIST CHURCH PO BOX 124 HUNT, TX 78024	74-1496183	501(C)3	200,000.	0.			FLOOD RECOVERY

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HUNT INDEPENDENT SCHOOL DISTRICT PO BOX 259 HUNT, TX 78024	74-6001423	170(C)(1)	50,000.	0.			FLOOD RECOVERY
HUNT PRESERVATION SOCIETY PO BOX 632 HUNT, TX 78024	74-2997824	501(C)3	3,659,770.	0.			FLOOD RECOVERY GENERAL SUPPORT
HUNT UNITED METHODIST CHURCH PO BOX 137 HUNT, TX 78024	74-2521350	501(C)3	275,925.	0.			FLOOD RECOVERY GENERAL SUPPORT
HUNT VOLUNTEER FIRE DEPARTMENT PO BOX 362 HUNT, TX 78024	74-2707312	501(C)3	304,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
INGRAM ISD 644 HWY 39 INGRAM, TX 78025	74-1564216	170(C)(1)	1,312,500.	0.			FLOOD RECOVERY
INGRAM VOLUNTEER FIRE DEPARTMENT PO BOX 271 INGRAM, TX 78025	74-2523268	501(C)3	252,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
JEWS FOR JESUS 60 HAIGHT STREET SAN FRANCISCO, CA 94102	94-2222464	501(C)3	10,500.	0.			GENERAL SUPPORT
JUNCTION COMMUNITY AFTER SCHOOL PROGRAM & FAMILY CENTER - 503 JO LYNN DR - JUNCTION, TX 76849	85-3988250	501(C)3	12,000.	0.			GENERAL SUPPORT
KABOOM! 7200 WISCONSIN AVE, STE 400 BETHESDA, MD 20814	52-1970904	501(C)3	247,176.	0.			FLOOD RECOVERY GENERAL SUPPORT

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KEEP IT REAL BEAUTIFUL PO BOX 831 LEAKEY, TX 78873	47-4329549	501(C)3	8,000.	0.			GENERAL SUPPORT
KERR ARTS & CULTURAL CENTER PO BOX 293634 KERRVILLE, TX 78029	74-2804064	501(C)3	18,100.	0.			GENERAL SUPPORT
KERR COUNTY CHILD SERVICES BOARD 260 THOMPSON DR., STE 10 KERRVILLE, TX 78028	74-2556358	501(C)3	10,000.	0.			GENERAL SUPPORT
KERR COUNTY CHRISTIAN ACTION COUNCIL DBA PREGNANCY RESOURCE CENTER - PO BOX 291832 - KERRVILLE, TX 78029	74-2352222	501(C)3	12,000.	0.			GENERAL SUPPORT
KERR COUNTY SHERIFF'S FOUNDATION PO BOX 294659 KERRVILLE, TX 78029	36-4993519	501(C)3	100,000.	0.			FLOOD RECOVERY
KERR COUNTY STOCK SHOW P. O. BOX 291217 KERRVILLE, TX 78029	74-2129528	501(C)3	120,750.	0.			GENERAL SUPPORT
KERR CREATES 2108 SIDNEY BAKER KERRVILLE, TX 78028	99-1839964	501(C)3	303,800.	0.			GENERAL SUPPORT
KERR KIDS 454 FM 479 MOUNTAIN HOME, TX 78058	39-3582131	501(C)3	20,000.	0.			FLOOD RECOVERY
KERRKONNECT PO BOX 290194 KERRVILLE, TX 78029	82-1998719	501(C)3	11,700.	0.			GENERAL SUPPORT

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KERRVILLE AREA CHAMBER OF COMMERCE FOUNDATION - 1700 SIDNEY BAKER ST STE 100 - KERRVILLE, TX 78028	93-3428033	501(C)3	1,000,000.	0.			FLOOD RECOVERY
KERRVILLE CONVENTION & VISITORS BUREAU - 2108 SIDNEY BAKER ST - KERRVILLE, TX 78028	74-2659655	501(C)6	6,780.	0.			GENERAL SUPPORT
KERRVILLE FIRST UNITED METHODIST CHURCH - 321 THOMPSON DR - KERRVILLE, TX 78028	74-2095762	501(C)3	166,550.	0.			FLOOD RECOVERY GENERAL SUPPORT
KERRVILLE INDEPENDENT SCHOOL DISTRICT - 1009 BARNETT ST - KERRVILLE, TX 78028	74-6001500	170(C)(1)	11,896.	0.			FLOOD RECOVERY GENERAL SUPPORT
KERRVILLE PERPETUAL CARE CEMETERY ASSOCIATION - PO BOX 290241 - KERRVILLE, TX 78029	74-0724370	501(C)13	9,960.	0.			GENERAL SUPPORT
KERRVILLE PETS ALIVE! 317 SIDNEY BAKER S, SUITE 400, PMB KERRVILLE, TX 78028	84-3809318	501(C)3	186,020.	0.			FLOOD RECOVERY GENERAL SUPPORT
KERRVILLE PUBLIC SCHOOL FOUNDATION 1009 BARNETT ST KERRVILLE, TX 78028	74-2513416	501(C)3	12,000.	0.			GENERAL SUPPORT
LIFE OUTREACH INTERNATIONAL PO BOX 982000 FORT WORTH, TX 76182	75-2684727	501(C)3	25,000.	0.			GENERAL SUPPORT
LIFTFUND INC. 2014 S HACKBERRY ST SAN ANTONIO, TX 78210-3541	74-2712770	501(C)3	12,676,573.	0.			FLOOD RECOVERY GENERAL SUPPORT

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LIGHT ON THE HILL AT MOUNT WESLEY 610 METHODIST ENCAMPMENT RD KERRVILLE, TX 78028	83-3263624	501(C)3	353,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
LLANO VOLUNTEER FIRE DEPARTMENT 301 W. MAIN ST. LLANO, TX 78643	27-3185915	501(C)3	12,500.	0.			GENERAL SUPPORT
LOVE BOERNE KIDS DBA LOVE KENDALL COUNTY KIDS - 215 W. BANDERA RD. - BOERNE, TX 78006	82-1866450	501(C)3	10,000.	0.			GENERAL SUPPORT
MEALS FOR VETS PO BOX 1024 FREDERICKSBURG, TX 78624	47-4994310	501(C)3	10,000.	0.			GENERAL SUPPORT
MEDINA VOLUNTEER FIRE DEPARTMENT, INC. - PO BOX 1650 - MEDINA, TX 78055	74-2883836	501(C)3	55,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
MERCY CHEFS 711 WASHINGTON ST. PORTSMOUTH, VA 23704	20-5050449	501(C)3	250,000.	0.			FLOOD RECOVERY
MERCY GATE MINISTRIES PO BOX 590 INGRAM, TX 78025	82-3161822	501(C)3	60,500.	0.			GENERAL SUPPORT
MERCY SHIPS PO BOX 2020 GARDEN VALLEY, TX 75771	26-2414132	501(C)3	12,000.	0.			GENERAL SUPPORT
MISSIONARIES OF THE SACRED HEART 203 DOUBLE D HILL ROAD BLANCO, TX 78606	74-1096076	501(C)3	50,000.	0.			GENERAL SUPPORT

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MOFFITT LEGACY FOUNDATION 17302 HOUSE HAHL RD, STE 211 CYPRESS, TX 77433	99-4259650	501(C)3	60,000.	0.			FLOOD RECOVERY
MOM CENTER PO BOX 1834 FREDERICKSBURG, TX 78624	27-3088915	501(C)3	100,000.	0.			GENERAL SUPPORT
MOUNTAIN HOME VOLUNTEER FIRE DEPARTMENT - PO BOX 191 - MOUNTAIN HOME, TX 78058	74-2631918	501(C)3	252,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
NEW BRAUNFELS COMMUNITY FOUNDATION 801 W SAN ANTONIO ST NEW BRAUNFELS, TX 78130	45-5342842	501(C)3	175,000.	0.			FLOOD RECOVERY
NEW HOPE COUNSELING SERVICES 1127 E MAIN ST, STE 100 KERRVILLE, TX 78028	74-2897680	501(C)3	351,870.	0.			FLOOD RECOVERY
NICK FINNEGAN COUNSELING CENTER FOUNDATION - 2714 JOANEL ST - HOUSTON, TX 77027	84-2500437	501(C)3	196,613.	0.			FLOOD RECOVERY
NOTRE DAME CATHOLIC CHURCH 909 MAIN ST KERRVILLE, TX 78028	22-6769085	501(C)3	77,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
OPPORTUNITY INTERNATIONAL 101 N. WACKER DR., STE. 1150 CHICAGO, IL 60606-7304	54-0907624	501(C)3	14,000.	0.			GENERAL SUPPORT
OUR LADY OF GUADALUPE CATHOLIC PARISH CORPUS CHRISTI TEXAS - 540 HIAWATHA ST - CORPUS CHRISTI, TX 78405	74-1646027	501(C)3	160,000.	0.			GENERAL SUPPORT

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OUR LADY OF THE HILLS COLLEGE PREP 235 PETERSON FARM RD KERRVILLE, TX 78028	74-2802450	501(C)3	13,025.	0.			GENERAL SUPPORT
PEDERNALES CREATIVE ARTS ALLIANCE PO BOX 222 FREDERICKSBURG, TX 78624	74-2157967	501(C)3	7,500.	0.			GENERAL SUPPORT
PETERSON HEALTH FOUNDATION 551 HILL COUNTRY DR KERRVILLE, TX 78028	74-2645149	501(C)3	6,800.	0.			GENERAL SUPPORT
PETERSON HOSPICE 250 CULLY DR KERRVILLE, TX 78028	74-2645149	501(C)3	15,200.	0.			GENERAL SUPPORT
PLAYHOUSE 2000, INC. PO BOX 290088 KERRVILLE, TX 78029	74-2894037	501(C)3	37,081.	0.			FLOOD RECOVERY GENERAL SUPPORT
PRESBYTERIAN MO-RANCH ASSEMBLY 2229 FM 1340 HUNT, TX 78024-3037	74-1168931	501(C)3	152,815.	0.			FLOOD RECOVERY GENERAL SUPPORT
RAPHAEL COMMUNITY FREE CLINIC PO BOX 291729 KERRVILLE, TX 78029	74-2819628	501(C)3	38,000.	0.			GENERAL SUPPORT
RIVERSIDE NATURE CENTER 150 FRANCISCO LEMOS ST KERRVILLE, TX 78028	74-2538984	501(C)3	316,650.	0.			FLOOD RECOVERY GENERAL SUPPORT
ROTARY CLUB OF KERRVILLE COMMUNITY SERVICE FUND - PO BOX 295335 - KERRVILLE, TX 78029	47-1351958	501(C)3	10,000.	0.			GENERAL SUPPORT

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SABINAL LITTLE LEAGUE PO BOX 1070 SABINAL, TX 78881	82-0792966	501(C)3	20,000.	0.			GENERAL SUPPORT
SALVATION ARMY OF KERRVILLE PO BOX 290790 KERRVILLE, TX 78029	58-0660607	501(C)3	538,619.	0.			FLOOD RECOVERY GENERAL SUPPORT
SAN ANTONIO AREA FOUNDATION 155 CONCORD PLAZA DR, STE 301 SAN ANTONIO, TX 78216	74-6065414	501(C)3	236,761.	0.			FLOOD RECOVERY GENERAL SUPPORT
SAN ANTONIO FOOD BANK P.O. BOX 1079 SAN ANTONIO, TX 78294	74-2122979	501(C)3	13,600.	0.			GENERAL SUPPORT
SCHREINER UNIVERSITY 2100 MEMORIAL BLVD, CMB 6229 KERRVILLE, TX 78028	74-1193459	501(C)3	478,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
SIGHT SAVERS AMERICA 337 BUSINESS CIR PELHAM, AL 35124	30-0188234	501(C)3	6,000.	0.			GENERAL SUPPORT
SILVER SAGE PO BOX 1416 BANDERA, TX 78003	74-2309449	501(C)3	129,553.	0.			GENERAL SUPPORT
SISTERDALE VFD PO BOX 6038 SISTERDALE, TX 78006	23-7433040	501(C)3	50,000.	0.			FLOOD RECOVERY
SOLT (SOCIETY OF OUR LADY OF THE MOST HOLY TRINITY) - 1200 LANTANA ST - CORPUS CHRISTI, TX 78407	43-1096193	501(C)3	260,000.	0.			GENERAL SUPPORT

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SPECIAL OPPORTUNITY CENTER 200 SOUTH FRANCISCO LEMOS ST KERRVILLE, TX 78028	74-1460967	501(C)3	8,000.	0.			GENERAL SUPPORT
ST. ANTHONY'S CATHOLIC CHURCH PO BOX 309 HARPER, TX 78631-0309	74-1109713	501(C)3	6,125.	0.			GENERAL SUPPORT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654	501(C)3	13,500.	0.			GENERAL SUPPORT
ST. JOHN THE EVANGELIST CHURCH 4603 ST. JOHN'S WAY SAN ANTONIO, TX 78212	74-2314150	501(C)3	50,000.	0.			GENERAL SUPPORT
STONEWALL VOLUNTEER FIRE DEPARTMENT - PO BOX 224 - STONEWALL, TX 78671	74-2792648	501(C)3	72,800.	0.			FLOOD RECOVERY GENERAL SUPPORT
ST. PETER'S EPISCOPAL CHURCH 320 ST PETER ST KERRVILLE, TX 78028	74-1310194	501(C)3	475,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
ST. PETER UPON THE WATER PO BOX 509 INGRAM, TX 78025	20-1186508	501(C)3	6,000.	0.			GENERAL SUPPORT
ST. PHILIP'S EPISCOPAL CHURCH 343 N GETTY ST UVALDE, TX 78801	74-2292919	501(C)3	27,625.	0.			GENERAL SUPPORT
SYMPHONY OF THE HILLS ASSOCIATION PO BOX 294703 KERRVILLE, TX 78029	74-3024737	501(C)3	21,000.	0.			FLOOD RECOVERY GENERAL SUPPORT

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TEXAS ADVOCACY PROJECT PO BOX 26006 AUSTIN, TX 78755	74-2237306	501(C)3	6,000.	0.			GENERAL SUPPORT
TEXAS HERITAGE MUSIC FOUNDATION PO BOX 2435 FREDERICKSBURG, TX 78624	74-2495227	501(C)3	6,000.	0.			GENERAL SUPPORT
TEXAS HILL COUNTRY COUNSELING ASSOCIATION - 1210 SAN ANTONIO ST - AUSTIN, TX 78701	23-7009463	501(C)3	50,000.	0.			FLOOD RECOVERY
TEXAS RAMP PROJECT P.O. BOX 832065 RICHARDSON, TX 75083-2065	33-1139484	501(C)3	12,000.	0.			GENERAL SUPPORT
TEXAS RESTAURANT ASSOCIATION EDUCATION FOUNDATION - 512 E RIVERSIDE DR STE 250 - AUSTIN, TX 78704	74-2732907	501(C)3	15,000.	0.			GENERAL SUPPORT
TEXAS ROUND UP ANIMAL ALLIANCE 530 MCDONALD LOOP CENTER POINT, TX 78010	83-1431962	501(C)3	7,500.	0.			GENERAL SUPPORT
TEXAS SCOTTISH RITE HOSPITAL FOR CHILDREN - 2222 WELBORN ST - DALLAS, TX 75219	75-0818178	501(C)3	7,500.	0.			GENERAL SUPPORT
TEXAS STATE AFFORDABLE HOUSING CORPORATION - 6701 SHIRLEY AVENUE - AUSTIN, TX 78752	74-2746185	501(C)3	3,908,378.	0.			FLOOD RECOVERY
TEXAS YES 7550 W INTERSTATE 10 STE 150 SAN ANTONIO, TX 78229	74-2859929	501(C)3	12,000.	0.			GENERAL SUPPORT

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TEXAS YOUTH HUNTING PROGRAM 6644 FM 1102 NEW BRAUNFELS, TX 78132	74-2393839	501(C)4	9,800.	0.			GENERAL SUPPORT
THE BIG FIX HOMELESS CAT PROJECT OF THE TEXAS HILL COUNTRY - 113 SUNHAVEN - KERRVILLE, TX 78028	71-1009583	501(C)3	6,000.	0.			GENERAL SUPPORT
THE CENTER PO BOX 1039 BOERNE, TX 78006	74-2323883	501(C)3	12,000.	0.			GENERAL SUPPORT
THE CENTER FOR INTEGRATIVE COUNSELING AND PSYCHOLOGY - 4305 MACARTHUR AVE - DALLAS, TX 75029	75-1494691	501(C)3	196,613.	0.			FLOOD RECOVERY
THE CHRISTI CENTER 2306 HANCOCK DR. AUSTIN, TX 78756	74-2463672	501(C)3	98,306.	0.			FLOOD RECOVERY
THE GOLDEN HUB 1009 N LINCOLN ST FREDERICKSBURG, TX 78624	74-1930212	501(C)3	37,852.	0.			GENERAL SUPPORT
THE GOOD SAMARITAN CENTER 140 INDUSTRIAL LOOP, STE 100 FREDERICKSBURG, TX 78624	91-2129853	501(C)3	258,000.	0.			GENERAL SUPPORT
THE GRACE CENTER OF FREDERICKSBURG PO BOX 3433 FREDERICKSBURG, TX 78624	35-2639189	501(C)3	13,000.	0.			GENERAL SUPPORT
THE HUNDRED (100) CLUB OF GILLESPIE COUNTY - PO BOX 2951 - FREDERICKSBURG, TX 78624	74-3003234	501(C)3	50,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEADOWS MENTAL HEALTH POLICY INSTITUTE FOR TEXAS - 3003 SWISS AVENUE - DALLAS, TX 75204	46-3992618	501(C)3	1,072,200.	0.			FLOOD RECOVERY
THE MUSEUM OF WESTERN ART FOUNDATION - 1550 BANDERA HWY - KERRVILLE, TX 78028	74-2131413	501(C)3	54,220.	0.			GENERAL SUPPORT
THE ULTIMATE GIFT OF LIFE P. O. BOX 295071 KERRVILLE, TX 78029	38-3913578	501(C)3	10,000.	0.			GENERAL SUPPORT
THE WARM PLACE 809 LIPSCOMB ST FORT WORTH, TX 76104	75-2220859	501(C)3	196,613.	0.			FLOOD RECOVERY
TIERRA LINDA VOLUNTEER FIRE DEPARTMENT - 406 OAK ALLEY - KERRVILLE, TX 78028	74-2689293	501(C)3	73,320.	0.			FLOOD RECOVERY GENERAL SUPPORT
TINSLEY REALTY GROUP FOUNDATION 430 CREST RIDGE DR KERRVILLE, TX 78028	99-1806480	501(C)3	75,000.	0.			GENERAL SUPPORT
TIVY ATHLETIC BOOSTER CLUB PO BOX 291973 KERRVILLE, TX 78029-1973	74-2334931	501(C)3	10,000.	0.			GENERAL SUPPORT
TRANSFORMATION HOUSE PO BOX 1181 BOERNE, TX 78006	83-1353005	501(C)3	12,000.	0.			GENERAL SUPPORT
TRINITY BAPTIST CHURCH 800 JACKSON RD KERRVILLE, TX 78028	74-1222259	501(C)3	62,500.	0.			FLOOD RECOVERY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIPLE C EAP PO BOX 236 VANDERPOOL, TX 78885-0236	88-1101491	501(C)3	14,500.	0.			GENERAL SUPPORT
TURNING POINT USA 4940 EAST BEVERLY ROAD PHOENIX, AZ 85044	80-0835023	501(C)3	50,000.	0.			GENERAL SUPPORT
TURTLE CREEK VOLUNTEER FIRE DEPARTMENT - 290 UPPER TURTLE CREEK RD - KERRVILLE, TX 78028	74-2500133	501(C)3	50,300.	0.			FLOOD RECOVERY GENERAL SUPPORT
UNITED WAY OF SAN ANTONIO & BEXAR COUNTY - 700 S. ALAMO DR - SAN ANTONIO, TX 78205	74-1272381	501(C)3	25,000.	0.			FLOOD RECOVERY
UNIVERSITY OF TEXAS AT AUSTIN PO BOX 7399 AUSTIN, TX 78713-7399	74-6000203	501(C)3	25,000.	0.			GENERAL SUPPORT
UNIVERSITY OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD GALVESTON, TX 77555-0148	76-0480012	501(C)3	7,500.	0.			GENERAL SUPPORT
UNIVERSITY OF THE CUMBERLANDS 6178 COLLEGE STATION DRIVE WILLIAMSBURG, KY 40769	61-0470593	501(C)3	20,000.	0.			GENERAL SUPPORT
UTSA ONE UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	501(C)3	65,000.	0.			GENERAL SUPPORT
UVALDE COUNTY 2104 E. MAIN UVALDE, TX 78801	74-6002422	170(C)(1)	58,000.	0.			GENERAL SUPPORT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UVALDE WRESTLING CLUB PO BOX 5172 UVALDE, TX 78802	80-0439883	501(C)3	20,000.	0.			GENERAL SUPPORT
WARING VOLUNTEER FIRE DEPARTMENT PO BOX 55 WARING, TX 78074	74-2069958	501(C)3	50,000.	0.			FLOOD RECOVERY
WESTHILL CHURCH OF CHRIST PO BOX 766 CLEBURNE, TX 76033	20-3502056	501(C)3	9,000.	0.			GENERAL SUPPORT
WEST KERR COUNTY CHAMBER OF COMMERCE - P.O. BOX 1006 - INGRAM, TX 78025	74-2124385	501(C6)	2,500,000.	0.			FLOOD RECOVERY
WILLOW CITY VOLUNTEER FIRE DEPARTMENT - 2553 RANCH ROAD 1323 - WILLOW CITY, TX 78675	74-6088066	501(C4)	72,500.	0.			FLOOD RECOVERY GENERAL SUPPORT
WORLD CENTRAL KITCHEN PO BOX 96538 WASHINGTON, DC 20090-6538	27-3521132	501(C)3	260,000.	0.			FLOOD RECOVERY GENERAL SUPPORT
ZION LUTHERAN CHURCH 624 BARNETT ST KERRVILLE, TX 78028	74-1200120	501(C)3	69,000.	0.			FLOOD RECOVERY GENERAL SUPPORT

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 noncash assistance
SCHOLARSHIPS	83	0.	497,096.		EDUCATIONAL SCHOLARSHIPS

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

PART I, LINE 2:
WHEN A GRANT IS GIVEN TO A 501(C)3 ORGANIZATION, SPECIFIC DETAILS ARE IN A LETTER DESCRIBING WHAT THE MONIES ARE FOR. THE LANGUAGE IN THE LETTER STATES THAT ONCE THEY DEPOSIT THE CHECK THEY ARE ABIDING BY THE PROVISIONS STATED. GRANTS FROM THE COMPETITIVE PROCESS ARE REQUIRED TO COMPLETE AN EVALUATION FORM AND SUBMIT IT TO THE FOUNDATION UPON COMPLETION OF THE PROJECT DETAILING HOW THE MONIES WERE SPENT.

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

Part I 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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	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:		
a	Receive a severance payment or change-of-control payment? 4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? 4b		X
c	Participate in or receive payment from an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		
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:		
a	The organization? 6a		X
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	X	
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AUSTIN DICKSON	(i)	176,967.	47,822.	11,571.	14,315.	0.	250,675.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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.

PART I, LINE 7:

AUSTIN DICKSON RECEIVED A BONUS. DUE TO THE DRASTIC INCREASE IN JOB RESPONSIBILITIES AND WORKING HOURS FOR THE FOUNDATION, THE BOARD OF TRUSTEES VOTED FOR AUSTIN DICKSON TO BE COMPENSATED ACCORDINGLY.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1) MARK HAUFLER	FORMER T	BUILDING	X		515,000.	0.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					$							

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:
(A) NAME OF PERSON: MARK HAUFLER
(B) RELATIONSHIP WITH ORGANIZATION: FORMER TRUSTEE
(C) PURPOSE OF LOAN: BUILDING PURCHASE

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	34	7,463,754.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment	29: 1		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):
THE NUMBERS REPORTED IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS MADE FOR EACH RESPECTIVE ITEM.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MOST IMPACTFUL IN 2025 WAS RAISING FUNDS FROM THE PUBLIC THROUGH THE KERR COUNTY FLOOD RELIEF FUND FOR RECOVERY EFFORTS.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PRESENTED TO THE CEO AND FINANCE COMMITTEE FOR FIRST APPROVAL. ONCE THOROUGHLY CHECKED, THE FORM 990 IS PRESENTED TO THE ENTIRE BOARD FOR REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL EMPLOYEES AND BOARD MEMBERS ANNUALLY. IF ANY BOARD MEMBER IS VOTING ON AN ITEM THAT IS RELATED TO AN ITEM THEY HAVE STATED ON THE CONFLICT OF INTEREST POLICY THEY ABSTAIN FROM THE VOTE. SIGNED DISCLOSURE STATEMENTS ARE KEPT ON FILE.

FORM 990, PART VI, SECTION B, LINE 15A:
AN ANNUAL WRITTEN REVIEW IS DONE BY THE BOARD OF TRUSTEES FOR THE CEO AND AN ANNUAL REVIEW OF THE EMPLOYEES IS DONE BY THE CEO. REVIEWS ARE DONE ANNUALLY AND COPIES KEPT IN THE PERSONNEL FILE OF EACH EMPLOYEE.

FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION'S ANNUAL REPORT AND WEBSITE NOTE THAT AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE UPON REQUEST FROM THE FOUNDATION'S OFFICE. AUDITED FINANCIAL STATEMENTS AND 990S FOR THE PAST 5 YEARS ARE ALSO PUBLICLY ACCESSIBLE ON THE FOUNDATION'S WEBSITE. COPIES OF THE GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR REVIEW AT THE FOUNDATION'S OFFICE.

FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY, INC.

Employer identification number: 74-2225369

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
COMMUNITY FOUNDATION HOLDINGS, LLC - 87-3947932, 241 EARL GARRETT ST., KERRVILLE, TX 78028	HOLDING COMPANY FOR REAL ESTATE	TEXAS	338,603.	900.	THE COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **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.

(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	(h) Disproportionate allocations? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

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

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

			Yes	No
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?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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 thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

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