990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning and ending CRIME STOPPERS OF SAN ANTONIO INC Check if applicable: C Name of organization D Employer Identification number Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) 74-2251697 Name change PO BOX 830854 E Telephone number Initial return City or town ZIP code (210) 220-5080 SAN ANTONIO 78283-0854 Terminated Foreign country name Foreign province/state/county Foreign postal code Amended return G Gross receipts \$ 51,201 F Name and address of principal officer; Application pending Yes X No H(a) Is this a group return for subordinates? Bob Vallance 1 Commerical Plaza, Schertz, TX 78154 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) () < (insert no.) 4947(a)(1) or 527 J Website: ► www.sacrimestoppers.com H(c) Group exemption number ▶ X Corporation K Form of organization: Trust Association Other > L Year of formation: M State of legal domicite: 1997 TX Part I Briefly describe the organization's mission or most significant activities: Assists law enforcement agencies. The organization accepts and spends donations for rewards to persons furnishing information Activities & Governance leading to the arrest and grand jury indictment of any felony crime. Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of independent voting members of the governing body (Part VI, line 1b) 15 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 6 Total unrelated business revenue from Part VIII, column (C), line 12...... 7a 0 Net unrelated business taxable income from Form 990-T, line 34. . . 7b 0 **Current Year** 78.142 51.143 Program service revenue (Part VIII, line 2g) 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 60 58 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 12 78,202 51,201 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 0 0 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 91,500 85.862 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 91.500 85,862 19 Revenue less expenses. Subtract line 18 from line 12. -13,298-34,661 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 384,984 372,324 21 Total liabilities (Part X, line 26) 40.000 62,000 Net assets or fund balances. Subtract line 21 from line 20 344,984 310,324 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. Sian Signature of officer Here **BODO KNOCHENHAUER PRESIDENT** Type or print name and title Print/Type preparer's name Preparer's signature Paid Check f PAULETTE S DEAN PAULETTE S DEAN 9/2/2014 self-employed P00041137 Preparer Firm's name ► PAULETTE S DEAN PC Firm's EIN ► 74-2945105 **Use Only** Firm's address > 737 ISOM RD, SAN ANTONIO, TX 78216-4027

210-525-0155

Phone no.

	990 (2013)	CRIME STOPPE	RS OF SAN ANTON	IO INC		74-	2251697	Page 2
Pa	irt III	Statement of Pro Check if Schedule	gram Service Ac O contains a res	complishments conse or note to a	any line in this Part	III		
1	To provid	escribe the organization de rewards from funds in nd grand jury indictment	n's mission: received to persons	furnishing information	on leading to the			
2	the prior	organization undertake Form 990 or 990-EZ? describe these new ser					Yes	X No
3	services'	organization cease cond?					Yes	X No
4	Describe expense	describe these changes the organization's prog s. Section 501(c)(3) and expenses, and revenue	gram service accom _l d 501(c)(4) organiza	tions are required to	report the amount of			
4a	(Code: The orga leading to) (Expension) (Expension)) (Expension)))))))))))))))))))	pends donations for	rewards to persons	its of \$ furnishing information	1		
							• • • • • • • • • • • • • • • • • • • •	
					·			
4b) (Exper						
				· · · · · · · · · · · · · · · · · · ·				
4c	(Code:) (Expen	ses\$	including grant	ts of \$) (Revenue \$)
4d	Other prog	gram services. (Describ	pe in Schedule O.)					
	(Expenses		0 including grants		0)(Revenue \$		0)	
4e	Total prog	ram service expenses	<u> </u>	66,889				

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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			
A		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		Х
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 Revenue Procedure 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			
7	"Yes," complete Schedule D, Part I	6		Х
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	_	1	v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
9	complete Schedule D, Part III	8		X
	negotiation services? If "Yes," complete Schedule D, Part IV	9	1	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
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		Χ
	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		х
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		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		Х
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		Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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		1	
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	_	1	\.
6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
U	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	40		v
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		<u> </u>
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		X
	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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-10		^_
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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		Х
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			
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
C C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
·	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	2-74		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	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		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
^=	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		<u>^</u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	*S\$0072584	Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Χ
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			•
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			.,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
V 1	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		^
	If "Yes," complete Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
0.5 -	III, or IV, and Part V, line 1	34		X
		35a	-	Χ
Ŋ	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	254		v
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b		Х
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\dashv	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

		2510	101		∕age
Pa	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	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	1c	X	
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	2b		<u> </u>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	<u> </u>	3b		\vdash
τα	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		İ		
	account)?	4	ta		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)	1			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ā		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5	ic		
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?	6	ia		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	١,			
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	b		
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?	7	'a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_	b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	7	'c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		'e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	-	rf		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of care heats similar as a thorus his last did the organization file.		g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7	h		
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	9	a		1533999
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9	_	Ī	
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_			
1	Section 501(c)(12) organizations. Enter:				
a b	Gross income from members or shareholders	-			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
2a	against amounts due or received from them.)	12	20		# #
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12	.a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13	а	STOLENSION OF	30000000
	Note. See the instructions for additional information the organization must report on Schedule O.				
	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	4			
	Enter the amount of reserves on hand				
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14	a		X

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

14b

Part VI

	tion 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	15					
• • •	If there are material differences in voting rights among members of the governing body, or		Ť					
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.		8					
b		1b	15					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship.	·						
_	any other officer, director, trustee, or key employee?			2		· ·		
•	Did the organization delegate control over management duties customarily performed by or under		H			Х		
3				_				
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	· ·	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		· -	4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's		-	5		<u> X</u>		
6	Did the organization have members or stockholders?		·	6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or							
	one or more members of the governing body?		L	7a		Х		
b Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	stockholders, or persons other than the governing body?		- 1	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during	8					
	the year by the following:	Ŭ						
а	The governing body?		- 1	8a	Х	(5)(376)(0)(3)(0)		
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 r		F	-				
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the		2 0		}			
	non Dr. Gueros (7700 Godaen Broqueste mormanen abeat penelee not requireu by the	momai i toronat		1	/ Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		Ľ.	10a	-00	X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such		⊢	IVa	-			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		١,	10b	1			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		-		х			
		ie ming the form?.		11a	^			
	b Describe in 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		<u> </u>		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could			12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				i			
	describe in Schedule O how this was done			12c				
13	Did the organization have a written whistleblower policy?			13		<u>X</u>		
14	Did the organization have a written document retention and destruction policy?		· _	14	X	en-Colo-Immelod		
15	Did the process for determining compensation of the following persons include a review and appro							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official.		1	5a				
b	Other officers or key employees of the organization		_ [1	5b				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement				i		
	with a taxable entity during the year?		1	6a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe							
	the organization's exempt status with respect to such arrangements?		1	6b	economicano é	Economics Co.		
Sect	ion C. Disclosure		<u></u>					
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 (or 1024 if applicable), 990, and 990)-T (Section 501(c)	(3)s	onlv	 }			
	available for public inspection. Indicate how you made these available. Check all that apply.	(555,151, 551(6))	(5)5	J. 119	•			
		plain in Schedule C)}					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	onani in Ounduuld C onflict of interest o	7 Olima	ana	i			
. •	financial statements available to the public during the tax year.	ormor or interest b	Olicy	, ail	•			
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the						
	organization: DUM/EQUICHAU	(040) 705	മറാദ					
	24907 FLYING ARROW. SAN ANTONIO. TX 78258	(210) 725-	0028	2				
	4700 LINO MANOY, OAKIONO, IA 70700							

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X 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 dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee) Former Key employee Officer Institutional trustee or director		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) Bodo Knochenhauer	5.00								
President	5.00	Х		Х					
(2) Bob Sartor	3.00								
Vice President	3.00	X		Х	_				
(3) Amber Nelson	3.00								
Secretary	3.00	X		X					
(4) Bhavesh Shah	2.00								
Treasurer	2.00	Χ		Х					
(5) Atul D Bapodra	1.00								
Board Member	1.00	Х							
(6) Paul Black	1.00								
Board Member	1.00	Х							
(7) Brian Brady	1.00								
Board Member	1.00	Χ							
(8) Lynn Carter	1.00								
Board Member	1.00	Х							
(9) Scott Guller	1.00								
Board Member	1.00	Х							
(10) Nishat Hirani	1.00								
Board Member	1.00	Х				 			
(11) Patrick Jimenez	1.00								
Board Member	1.00	Х							
(12) Rama Joolukuntla	1.00			- 1					
Board Member	1.00	Х							
(13) James Scott	1.00							-	
Board Member	1.00	Х							
(14) Sandy Sullivan	1.00	I							
Board Member	1.00	Х							

Р	Section A. Officers, Directors, True	ustees, Key Em	ploye	es,	and	d Hi	ghes	t C	ompensated En	iployees (contin	ued)
(A) Name and title		(B) Average hours per	box,	unie: er an	Pos neck ss pe d a d	rson	than dis both	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)	Bob Vallance II	1.00									
	d Member	1.00	•			_					
	Rhonda Barnett	3.00									
	dinator	2.00				Х					
7(17)	Anthony Elias dinator	3.00				l					
	Alex Almendarez	3.00 2.00		-		Х					
	or Linean	3.00				х					
	Paul Berry	2.00									
	er Liason	2.00				х					
	Vicki Guller	2.00									
Office	er Liason	2.00				Х					
(21)	Valerie Lacour	2.00									
	er Liason	2.00				Х					
	Frank Martinez	2.00									
	er Liason	2.00				Х					
	Diana Landgraf	2.00				U					
	er Liason Mark Pagz	2.00 2.00				Х					
Office	Mark Paez er Liason	2.00		ı		х					
(25)						$\hat{}$					
-14-71-					ı						
1b	Sub-total	,						▶	0	О	C
	Total from continuation sheets to Part VII, Se								0	0	C
d	Total (add lines 1b and 1c)				. ,			▶	0	0	0
2	Total number of individuals (including but not lin								more than \$100,	,000 of	
	reportable compensation from the organization	>		()						
	Did the organization list any former officer, dire										Yes No
	employee on line 1a? If "Yes," complete Schedu	ıle J for such ind	lividu	al.							3 X
4	For any individual listed on line 1a, is the sum o	f reportable com	pens	atio	n ar	nd o	ther o	com	pensation from		2000
	the organization and related organizations great					om,	plete	Sch	nedule J for such)	
	individual	<i></i> .									4 X
	Did any person listed on line 1a receive or accru for services rendered to the organization? If "Ye										5 X
	on B. Independent Contractors	<u>, , , , , , , , , , , , , , , , , , , </u>	10041		0. (<i>,</i>	porc		· · · · · · · ·		<u> </u>
	Complete this table for your five highest comper compensation from the organization. Report coryear.										эх
	(A) Name and business addre	388							(B) Description of servi	ices C	(C)
							\dashv				0
											0
											0
							\neg				0
											0
	Total number of independent contractors (includ		d to t	hos	e lis	ted	abov	/e) v	who received		

Part VIII Statement of Revenue

		Check if Schedule O contains			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
£1 y	1a	Federated campaigns	<u>1a</u>	. 0				
ram Tam	b	Membership dues	1b	0				
0,0	C	Fundraising events	<i>.</i> . <u>1c</u>	0		0.00		1 1 1 1 1 1 1 1 1 1
Sifts	d	Related organizations	1d	0		3 30 E - 5		
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribution	s) 1e	50,893				
	1	f All other contributions, gifts, grar	its, and					
		similar amounts not included abo	ove 1f	250				100000000000000000000000000000000000000
	g	Noncash contributions included in I	ines 1a-1f: \$	0				1.00
C) W	h	Total. Add lines 1a-1f			51,143	3		
				Business Code				
enr	2a				(
Şe	b)		
<u>8</u>	С)		
ē	d							
S	е				Č			
Program Service Revenue	f	All other program service revenu			ď	-		
5	g			>	0			
	3	Investment income (including div other similar amounts)	idends, interest,	and	58			58
	4	Income from investment of tax-ex			C	+		
	5				0			
	_	Royalties	(i) Real	(ii) Personal				
	6a	_						
	b							
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss)			0			
	7a		(i) Securities	(ii) Other	U			
	ıα	assets other than inventory	0				545363	
	b	_	U	V				
	, D	and sales expenses	0	اہ				
	_	Gain or (loss)	0					
	G C	` '		<u> </u>	•			
Δ.	d	Net gain or (loss)		<u> </u>	0			
Other Revenue	8a							
Vel		events (not including \$	0					
8		of contributions reported on line 1						
e		See Part IV, line 18		0				
ぎ [b	Less: direct expenses		0				
١	С	Net income or (loss) from fundrals	sing events	<u></u> . >	0			
	9a	Gross income from gaming activit						
1		See Part IV, line 19	a ,	0				
l	b	Less: direct expenses	<i>.</i> . b	0				
	C	Net income or (loss) from gaming	activities	▶	0			
ŀ	10a	Gross sales of inventory, less						
ı		returns and allowances	a	ol				
ŀ	b	Less: cost of goods sold		ol				
		Net income or (loss) from sales of			0			*
Ī		Miscellaneous Revenue	, ,	Business Code				
ľ	11a				0	e en	- Anna Cherry Character (1995)	
	b				0			
	C				0			
-	d	All other revenue			0			
1	e	Total. Add lines 11a–11d			0			
1	12	Total revenue See instructions			51 201			

	rt IX Statement of Functional Expenses	alumana All athan as	· · · · · · · · · · · · · · · · · · ·		
360	ion 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note to				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
· <u>-</u>	organizations in the United States. See Part IV, line 21	o			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	of			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		<u> </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	į			
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	. 0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
C	Accounting	4,195		4,195	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	. 0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	387	387		
13	Office expenses	10,443		10,443	
14	Information technology	14,477	11,882	2,595	
15 40	Royalties	0			
16	Occupancy	0			THE PARTY OF THE P

3 Pledges and grants receivable, net			Check if Schedule O contains a response or note to any line in this Part X			[_]
2 Savings and temporary cash investments. 384,984 2 372,234 3 Pietges and grants receivable, net						
2 Savings and temporary cash investments. 384,984 2 372,234 3 Pietges and grants receivable, net		1	Cash—non-interest-bearing	C	1	
4 Accounts receivable, ret. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4598(f)(1), persons described in section 4598(f)(3)(8), and confributing employers and sponsoring organizations of section 501(6)(9) wurking vemployees hendricary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, riet. 8 0 7 Total case and loans receivable, riet. 9 Preparid expenses and deferred charges. 10a Land, bulldings, and equipment: cost or other basis. Complete Part IV of Schedule D. 10b Less' accumulated depreciation. 11b Investments—Other socurities. See Part IV, line 11. 12 Investments—Other socurities. See Part IV, line 11. 13 Investments—Other socurities. See Part IV, line 11. 14 Inlangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 10 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees and data designations that follow SFAS 117 (ASC 958), check here Part V of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Corporativations that follow SFAS 117 (ASC 958), check here Part V of Schedule D. 25 Other liabilities not included on lines 17-24). Complete Part V of Schedule D. 26 Total liabilities not included on lines 17-24). Complete Part V of Schedule D. 27 Unrestricted net assets. 28 Degranation of the payable so to current funds. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 20 Organizations that fone		2		384,984	2	372,324
4 Accounts receivable, ret. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4598(f)(1), persons described in section 4598(f)(3)(8), and confributing employers and sponsoring organizations of section 501(6)(9) wurking vemployees hendricary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, riet. 8 0 7 Total case and loans receivable, riet. 9 Preparid expenses and deferred charges. 10a Land, bulldings, and equipment: cost or other basis. Complete Part IV of Schedule D. 10b Less' accumulated depreciation. 11b Investments—Other socurities. See Part IV, line 11. 12 Investments—Other socurities. See Part IV, line 11. 13 Investments—Other socurities. See Part IV, line 11. 14 Inlangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 10 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees and data designations that follow SFAS 117 (ASC 958), check here Part V of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets. 28 Corporativations that follow SFAS 117 (ASC 958), check here Part V of Schedule D. 25 Other liabilities not included on lines 17-24). Complete Part V of Schedule D. 26 Total liabilities not included on lines 17-24). Complete Part V of Schedule D. 27 Unrestricted net assets. 28 Degranation of the payable so to current funds. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 20 Organizations that fone		3	Pledges and grants receivable, net	C	3	0
1		4	Accounts receivable, net	C	4	0
Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 45950(1)(1), persons described in section 45950(2)(5), and contributing employees and sponsoring organizations of sention 610(c)(9) voluntary employees beneficiary organizations (see instructions), Complete Part II of Schedule L. 7 Notes and loans receivable, net		5				
Loans and other recolvables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(3)(8), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L. 7			trustees, key employees, and highest compensated employees.			
4958(f)(1)), persons described in section 4958(c)(3)(5), and contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L. 8			Complete Part II of Schedule L		5	
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	Loans and other receivables from other disqualified persons (as defined under section			
sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		60.60	
organizations (see instructions). Complete Part II of Schedule L.		ļ				
Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9	इंट			and the second and an extension of the second and t	6	and a recovery on the second state of the seco
Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9	SSe	7		0	•	0
9 Prepaid expenses and deferred charges 9	۷	8			8	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 0 0 0 10c 0 0 10c		9				
other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 11 Investments—publicly traded securities. 12 Investments—other securities. See Part IV, line 11. 13 Investments—other securities. See Part IV, line 11. 14 Intangible assets. 15 Other assets. See Part IV, line 11. 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses. 19 Deferred revenue. 20 Tax-exempt bond liabilities. 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payables to related third parties. 25 Other liabilities (including federal income tax, payables to related third parties. 26 Organizations that follow SFAS 117 (ASC 958), check here Part X of Schedule D. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC 958), check here Organizations that dont follow SFAS 117 (ASC		10a				
b Less: accumulated depreciation			7 ' ' '		(3) ASS	
11 Investments—publicly traded securities 0 11 0 0 12 0 0 13 13 0 0 14 13 10 0 14 13 10 0 14 14 14 14 15 14 15 15		Ь		n	10c	n
12 Investments—other securities. See Part IV, line 11. 0 12 0 13 10 14 13 10 14 14 14 14 14 15 14 14		1			-	
13		1		*******	_	
14		1				
15 Other assets. See Part IV, line 11. 0 15 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 384,984 16 372,324 17 Accounts payable and accrued expenses 18 17 18 Grants payable 18 18 19 Deferred revenue 40,000 19 62,		ļ			1	
16		1				
17 Accounts payable and accrued expenses 17 18 Grants payable		ı			1	
18 Grants payable 18 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 20 20 20 20 20 20 2		_			•	012,024
19 Deferred revenue		l				
20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D		i		40,000		62 000
21 Escrow or custodial account liability. Complete Part IV of Schedule D		i		70,000		02,000
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 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. 26 Total liabilities. Add lines 17 through 25. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. 29 Permanently restricted net assets. 318,289 28 29,294 29 Permanently restricted net assets. 30 Capital stock or trust principal, or current funds. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 344,984 33 310,324		ł				,,,,,
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	ģ	1	· · · · · · · · · · · · · · · · · · ·			
24 Unsecured notes and loans payable to unrelated third parties	ij.					
24 Unsecured notes and loans payable to unrelated third parties	Ē				22	
Unsecured notes and loans payable to unrelated third parties	Ë	23		n		0
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			- · · · · · · · · · · · · · · · · · · ·			
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. Temporarily restricted net assets. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. Teal-in or capital surplus, or land, building, or equipment fund. Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Total net assets or fund balances. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Solve Teal Italiabilities. Add (10,000 26 62,000 Add (10,000 26 26 20) Add (10,000 26 26 20) Add (10,000 26 26 20) Add (10,000 26 20) Add (<u> </u>	27	<u> </u>
Part X of Schedule D			· · · · · · · · · · · · · · · · · · ·			
Total liabilities. Add lines 17 through 25. 40,000 26 62,000 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 26,695 27 18,030 Temporarily restricted net assets. 318,289 28 292,294 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 344,984 33 310,324			B 13 40 1 1 1 =	n	25	0
Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Universificated net assets		26				
Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets				40,000		02,000
344,964 35 310,324	ŝ					
344,964 35 310,324	Ē	^-				
344,964 35 310,324	ala		Unrestricted net assets			
344,964 35 310,324	8			318,289		292,294
344,964 35 310,324	Ĕ	29			29	
344,964 35 310,324	ᄄ					
344,964 35 310,324	ō		complete lines 30 through 34.			
344,964 35 310,324	ž,	30	Capital stock or trust principal, or current funds		30	
344,964 35 310,324	SS	31			31	
344,964 35 310,324	ا <u>ن</u> ړ	32	Retained earnings, endowment, accumulated income, or other funds		32	
	Ž	33		344,984	33	310.324
		34			- 1	

rom	990 (2013) CRIME STOPPERS OF SAN ANTONIO INC	74-225	<u> 1697 </u>	Pag	e 12
Par	t 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		51	,201
2	Total expenses (must equal Part IX, column (A), line 25)	2		85	,862
3	Revenue less expenses. Subtract line 2 from line 1	3		-34	,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		344	,984
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		310	,323
Part				-	
	Check if Schedule O contains a response or note to any line in this Part XII			. L	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			Yes	No
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?		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 in Schedule O.		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	• • •	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 in Schedule O and describe any steps taken to undergo such audits.	<i>.</i>	3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CRIN	<u>1ES</u>	<u>TOPPERS O</u>	<u>F SAN ANTONI</u>	O INC						74-2	<u> 251697</u>		
Par	t I	Reasor	ı for Public C	harity Status (All or	<u>ʻganizati</u>	ons must	complet	e this pa	rt.) See i	nstructio	ns.		
The o	orgar		•	ation because it is: (Fo		_		-	-				
1		A church, co	onvention of chu	rches, or association o	f churches	describe	d in secti	on 170(b)	(1)(A)(i).				
2		A school de	scribed in sectic	on 170(b)(1)(A)(ii). (Att	ach Sche	dule E.)							
3		A hospital o	r a cooperative h	nospital service organiz	ation des	cribed in s	ection 17	′0(b)(1)(A)(iii).				
4			esearch organiza ame, city, and st	ation operated in conju ate:	nction with	n a hospita	ıl describe	ed in secti	ion 170(b))(1)(A)(iii)	. Enter	the	
5		•	•	r the benefit of a colleg (Complete Part II.)	e or unive	rsity owne	ed or oper	ated by a	governme	ental unit o	describe	∌d	
6		A federal, st	ate, or local gov	ernment or governmen	tal unit de	scribed in	section '	170(b)(1)(A)(v).				
7	X	•	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	y trust described	l in section 170(b)(1)(A	A)(vi). (Co	mplete Pa	art II.)						
9		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.)											
10		An organiza	tion organized a	nd operated exclusivel	y to test fo	or public s	afety. See	section	509(a)(4).				
11 e		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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section											
			section 509(a)(2	•	_								
f		_		a written determination			• • •			I supporti	ng		
		~	, check this box the organization accep									L
g		following per		the organization accep	ted any gi	II OF CORRE	ibulion no	ill any or	uie				
				or indirectly controls, e	ither alon	e or togeti	ner with n	ersons de	scribed in	(ii)		Yes	No
			-	erning body of the sup		_	-				11g(i)	100	
			•	person described in (i)	•	-					11g(ii)		
				y of a person described							11g(iii)		
h		Provide the	following informa	ation about the support	ed organi:	zation(s).	_						
(i) l	Vame orgai	of supported nization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) li	organization sted in your document?	the orga col. (i)	ou notify nization in of your port?	organiza (i) organi	is the tion in col. ized in the S.?	(vii) An	ount of mo support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
E)			; 										
Γotal													. 0

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.)

	tion A. Public Support			Y	1	<u> γ</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	•				1	
	include any "unusual grants.")	88,811	86,484	96,242	78,142	51,143	400,822
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	ļ					0
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	88,811	86,484	96,242	78,142	51,143	400,822
5	The portion of total contributions by each	00,011	00,404	30,242	10, 142	01,140	400,022
J	person (other than a governmental unit						
	or publicly supported organization)				0.00000		
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
_	column (f)						
6	Public support. Subtract line 5 from line 4.					158558	400,822
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	88,811	86,484	96,242	78,142	51,143	400,822
8	Gross income from interest, dividends,			,			, , , , , , , , , , , , , , , , , , , ,
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	4,669	372	82	60	58	5,241
9	Net income from unrelated business	,,000	0.12	02			0,2,41
•	activities, whether or not the business is	ļ]				
	regularly carried on	İ	İ				0
10	Other income. Do not include gain or						
10	loss from the sale of capital assets		ļ				
	(Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						0
		- in atmost a max				40	406,063
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for the org						. \Box
	organization, check this box and stop here.						<u> ▶∐</u>
<u>Sect</u>	on C. Computation of Public Support						
14	Public support percentage for 2013 (line 6, co					14	98.71%
15	Public support percentage from 2012 Schedu						96.78%
16a	33 1/3% support test—2013. If the organization	on did not chec	k the box on fir	ne 13, and line	14 is 33 1/3% c	or more, check ti	his box
	and stop here. The organization qualifies as a	a publicly suppo	orted organizati	on			▶ 🗙
b	33 1/3% support test-2012. If the organization						
	box and stop here. The organization qualifies						
17a	10%-facts-and-circumstances test-2013.						
	is 10% or more, and if the organization meets						,
	Part IV how the organization meets the "facts-						ı
							, m
b	organization						▶ 🗀
D	10%-facts-and-circumstances test—2012. If						7 . 4 .
	15 is 10% or more, and if the organization me	ets the Tacts-al	iu-circumstand	es test, check	tris box and st	op nere. Expla	מו מו
	Part IV how the organization meets the "facts-						. 🗀
	supported organization						🟲 🔲
18	Private foundation. If the organization did no						
	instructions						•

74-2251697

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities furnished						
	in any activity that is related to the	1					
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						<u> </u>
J	unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's						<u> </u>
7	benefit and either paid to or expended on						
	its behalf	1		:		[0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	ol	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3	<u> </u>		-		- 1	
	received from disqualified persons						0
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	i j					
	amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	tion B. Total Support					T	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	o	0	o	o	0	0
10a	Gross income from interest, dividends,						•
	payments received on securities loans,	ı]		İ			
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less				ļ		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or				,		
	loss from the sale of capital assets						0
40	(Explain in Part IV.)	+					0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	اه	o	o	0	0
14	First five years. If the Form 990 is for the organiza						
	organization, check this box and stop here						
Sect	ion C. Computation of Public Support I						
<u> 15</u>	Public support percentage for 2013 (line 8, column		13 column (ft)		I	15	0.00%
16	Public support percentage from 2012 Schedule A, F					16	0.00%
	ion D. Computation of Investment Inco						0.0070
17	Investment income percentage for 2013 (line 10c, c			mn (f))		17	0.00%
18	Investment income percentage from 2012 Schedule					18	0.00%
19a	33 1/3% support tests—2013. If the organization of						
	not more than 33 1/3%, check this box and stop he						▶ □
b	33 1/3% support tests—2012. If the organization of	-	-		-		· <u></u>
	line 18 is not more than 33 1/3%, check this box and						▶ 🔲
20	Private foundation. If the organization did not chec						

	990 or 990-EZ) 2013	CRIME STOPPERS OF SAI	N ANTONIO INC	74-2251697 Page 4
Part IV	Supplemental	Information. Provide the	explanations required by Part II	, line 10; Part II, line 17a or 17b;
	and Part III, lin	e 12. Also complete this pa	rt for any additional information	. (See instructions).
		•		The state of the s
		·		

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	*********	·		
				
			·	
	·			

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization	Employer identification number
CRIME STOPPERS OF SAN ANTONIO INC	74-2251697
Form 990, Part VI, Section A, Line 6: All members are the governing body	
Form 990, Part VI, Section B, Line 11a: The treasurer provides the board members with a draft	
copy of the return at the next scheduled board meeting after receipt from the tax preparer.	
The treasurer requests the board members to review the return and to ask any questions they	
might have. When all questions have been asked and answered to the satisfaction of the board	
members, the treasurer asks for a motion and a second to accept or to amend the return.	·
Discussion and vote is recorded in the minutes of the meeting.	·
Form 990, Part VI, Section C, Line 19: Upon request, copies of governing documents, conflict	
of interest policies and financial statements are made available to the public either by mail	
or e-mail.	
	·

Schedule O (Form 990 or 990-EZ) (2013)	Pag	<u>е 2</u>
Name of the organization	Employer identification number	
CRIME STOPPERS OF SAN ANTONIO INC	74-2251697	
ONAME OF OF LING OF CONTROL INC	17 2201007	

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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. Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990.

		o 2014 ca	endar year, or tax year beginning	, and e	ndina			
		applicable:	C Name of organization CRIME STOPPERS OF SAN ANTONIO		Harris	D Employe	r Identif	Ication number
_		ress change Doing business as						
<i>F</i>	adress (cnange			74-225169	7		
	lame ch	ange	·	oom/suite	ł	E Telephon		· · · · · · · · · · · · · · · · · · ·
Ξ.	*** * *		PO BOX 830854	P code		•		•
#	nitial retu	urn		8283-085	л I	(210) 220-	5080	
ΠF	inal retim	v/terminated		oreign postal				
一.			Foreign country name Foreign province/state/county Fo	neign postar	code	G Gross red	reints \$	38,148
"ש	mended	ı return				<u> </u>	Joipto V	
A	pplicatio	on pending	F Name and address of principal officer:		H(a) is thi	is a group return	for subor	dinates? Yes X No
			Bob Vallance 1 Commerical Plaza, Schertz, TX 78154		H(b) Are	all subordinat	tes includ	ied? Yes No
1 7	av avem	pt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	lf "i	No," attach a li	ist. (see	Instructions)
					┨			_
<u>J W</u>	/ebsite	9; ► WW\	w.sacrimestoppers.com	1	H(c) Gro	oup exemption		
KF	orm of o	rganization:	X Corporation Trust Association Other ▶	L Yea	ar of forma	tion: 1997	MS	State of legal domicite: TX
P	art l	Sui	mmary					
	1		escribe the organization's mission or most significant activities:	Assis	sts law e	enforcemer	nt agen	cies. The
8			ation accepts and spends donations for rewards to persons furnis	·				
ğ			nd jury indictment of any felony crime.					
E	ا ا			dianaaad	of mare	than 250/	of ito n	
ð	2		nis box if the organization discontinued its operations or					
ڻ ملا	3		of voting members of the governing body (Part VI, line 1a)				3	15
ŝ	4		of independent voting members of the governing body (Part VI,				4	15
ij	5		mber of individuals employed in calendar year 2014 (Part V, line :				5	0
Activities & Governance	6		mber of volunteers (estimate if necessary)				6	
ĕ	7a	Total uni	related business revenue from Part VIII, column (C), line 12				7a	0
	b	Net unre	elated business taxable income from Form 990-T, line 34				7b	0
Revenue						Prior Year		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h)			5	1,143	38,029
	9		service revenue (Part VIII, line 2g)				0	0
Š	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)				58	119
ጅ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).				0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				1,201	38,148	
	13		and similar amounts paid (Part IX, column (A), lines 1–3)				0	0
	14		paid to or for members (Part IX, column (A), line 4)				0	0
	!		other compensation, employee benefits (Part IX, column (A), lines 5–				ŏ	0
Ses	15	•			 		0	0
ë	16a		onal fundraising fees (Part IX, column (A), line 11e)		10957480950		U	U
Expenses	b		draising expenses (Part IX, column (D), line 25)	0		^	- 000	05.400
w	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)				5,862	85,420
	18	-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25				5,862	85,420
	19	Revenue	e less expenses. Subtract line 18 from line 12				4,661	-47,272
Not Assets or Fund Balances					Beginn	ing of Curren		End of Year
alar	20		sets (Part X, line 16)				2,324	364,552
돌 문 문	21		vilities (Part X, line 26)				2,000	101,500
žž	22	Net asse	ets or fund balances. Subtract line 21 from line 20			31	0,324	263,052
Pai			nature Block					
Unde	r penaltie	es of perjury	, I declare that I have examined this return, including accompanying schedules and	statements,	, and to th	e best of my k	nowledge	8
and b	elief, it is	s true, corre	ct, and complete. Declaration of preparer (other than officer) is based on all informat	ition of which	n preparer	has any know	ledge.	
Sig	n							
Her			Signature of officer			Date		
1161	G	■ 1 1 .	BODO KNOCHENHAUER	PRE	SIDENT	•		
			Type or print name and title					
		Print	Type preparer's name Preparer's signature		Date		г	PTIN
Paid	t	54	DALLETTE O DEAN		114		Check [if D00044427
	parer		LETTE S DEAN PAULETTE S DEAN				self-empl	
	Only		s name ► PAULETTE S DEAN PC			Firm's EIN 🕨		
			s address ► 737 ISOM RD, SAN ANTONIO, TX 78216-4027			Phone no.	210-5	525-0155
Mari	the ID	C discuss	this return with the preparer shown above? (see instructions)					X Yes No

Total program service expenses

Part IV Checklist of Required Schedules

			T	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C,	ļ		
	Part III			v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		<u> </u>
Ü	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			V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		i	
_	complete Schedule D, Part III	8		<u> </u>
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.			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		<u>X</u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		V
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
• • • • • • • • • • • • • • • • • • • •	VII, VIII, IX, or X as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
a	Schedule D, Part VI	440		~
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		<u>X</u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	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		Χ_
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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.			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u>X</u>
	Schedule D, Parts XI and XII	12a		<u>X</u>
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	406		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	13		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
.,	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		v
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u>X</u>
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	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).			
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u>X</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
	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
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ĺ
	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			l
	employees? If "Yes," complete Schedule J	23		Ιx
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	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		Х
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> </u>		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		$\overline{}$
	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		$\overline{}$
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		v
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
28				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		~
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			v
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			.,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
	conservation contributions? If "Yes," complete Schedule M	30		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l I	Ī	
	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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
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		X
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		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ī	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	
	VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				_

Part V

Statements	Regarding	Other II	RS 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	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0 -		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	8048		
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1000		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		T
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			T
	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?			Х
С	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			Г
	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).			
а	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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	941783		
	sponsoring organization have excess business holdings at any time during the year?	8		828-98-59-5
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?		ļ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	40000000	5000000
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			132
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	\dashv		
b	Gross income from other sources (Do not net amounts due or paid to other sources			651030±
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	SESSESSION	3014385
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
1.	Note. See the instructions for additional information the organization must report on Schedule O.		0.05	
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	-		
C	Enter the amount of reserves on hand		350,000	
i4a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) CRIME STOPPERS OF SAN ANTONIO INC Part VI 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	1 a 1	5		
	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 in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent. 1b 15 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee isled in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 9 Provide the names and addresses in Schedule O. 9 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 o				
	· · · · · · · · · · · · · · · · · · ·		100		
b			5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip with			
	any other officer, director, trustee, or key employee?		2		Х
3					
	supervision of officers, directors, or trustees, or key employees to a management company or other	r person?	3		Х
4			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?,	5		X
6	Did the organization have members or stockholders?		6	Х	
7a					
	one or more members of the governing body?		7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during			
		-			
а			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	· · · · ·			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the I	nternal Revenue	Code.)	
	P314			Yes	No
			10a		<u>X</u>
b	if "Yes," did the organization have written policies and procedures governing the activities of such cl	napters,		1	
44.	anniates, and pranches to ensure their operations are consistent with the organization's exempt pur	poses?			
11a		e filing the form?.	11a	Х	dane const
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	More officers directors or trustoes and how employees policy? If "No," go to line 13				<u> </u>
			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If my describe in Schedule O how this was done		1	-	
13			12c		
14	Did the organization have a written whistleblower policy?	• • • • • •	13		X
15	Did the organization have a written document retention and destruction policy?		14	Х	
10	Did the process for determining compensation of the following persons include a review and approve				
9	independent persons, comparability data, and contemporaneous substantiation of the deliberation a The organization's CEO, Executive Director, or top management official.				
b	Other officers or key employees of the organization		15a		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment			
	with a taxable entity during the year?	men	160		V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		16a		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safegu		-8.3		
	the organization's exempt status with respect to such arrangements?	iaiu	16b		
Sect	on C. Disclosure		11001	1	
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 (or 1024 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.	, = = = = = = = = = = = = = = = = = = =	,		
	Own website Another's website X Upon request Other (expi	lain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	inflict of interest pol	icy, 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 bo-	oks and records:	•		
	BHAVESH SHAH	(210) 725-6028			
	24907 FLYING ARROW, SAN ANTONIO, TX 78258				

Form 990 (2014)	CRIME STOPPERS OF SAN ANTONIO INC	

74-2251697

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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 Bort VIII

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X 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 dotted	box,	unle er an	Pos heck ss pe	erson lirect	n both Highest compensated is of employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	line)	ustee	trustee		yee	npensated				organizations
(1) Bodo Knochenhauer	5.00									
President	5.00	Х		х						
(2) Amber Nelson	3.00									
Secretary	3.00	Х		х				:		
(3) Bhavesh Shah	2.00									
Treasurer	2.00	х		Х		1				
(4) Atul D Bapodra	1.00									
Board Member	1.00	Х					- 1	į		
(5) Paul Black	1.00	•								
Board Member	1.00	Х								
(6) Brian Brady	1.00						ヿ			
Board Member	1.00	Х		ı]	Í		
(7) Lynn Carter	1.00									
Board Member	1.00	Х	i	j		i	I		1	
(8) Scott Guller	1.00									
Board Member	1.00	Х		ļ						
(9) Nishat Hirani	1.00						_			
Board Member	1.00	Х			- 1	1	-	1		
(10) Patrick Jimenez	1.00									
Board Member	1.00	Х			Ì					
(11) Rama Joolukuntla	1.00						コ			
Board Member	1.00	Х	- 1	ı			1			
(12) Marco Meza	1.00						ヿ			
Board Member	1.00	Х		1						
(13) James Scott	1.00						\exists			***************************************
Board Member	1.00	X		_}						
(14) Sandy Sullivan	1.00		\neg		\neg					***************************************
Board Member	1.00	Х								

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Section A. Officers, Directors, 110	istees, Ney ⊏m	proye	es,	and	ı mı	gnes	Į U	ompensated En	ipioyees (contir	uea)
(A) Name and title	(B) Average hours per week (list any	box,	unles er an	Pos neck ss pe d a d	rson lirect	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) Bob Vallance II	1.00									
Board Member	1.00	Х	igwdap							
(16) Anthony Elias	3.00				ļ					
Coordinator (17) Paul Berry	3.00 2.00	<u> </u>			Х					
Advisory Member	2.00				х					
(18) Rodolfo Munoz	2.00									
Advisory Member	2.00				х					
(19) Alex Almendarez	2.00									
Officer Liason	2.00				Х					
(20) Vicki Guller	2.00									
Officer Liason	2.00				Х		_			·
(21) Richard Halle	2.00									
Officer Liason	2.00				Х	\dashv				
(22) Valerie Lacour Officer Liason	2.00 2.00		j		х				İ	
(00) Diana Landard	2.00				^					
(23) Diana Lanograf Officer Liason	2.00				х					
(24) Frank Martinez	2.00			T						
Officer Liason	2.00				х					
(25) Mark Paez	2.00									
Officer Liason	2.00				Х					
1b Sub-total							▶	0	0	0
c Total from continuation sheets to Part VII, Se								0	0	0
d Total (add lines 1b and 1c)								0	0	0
Total number of individuals (including but not line constable companyation from the graphization).		ed at			no i	eceiv	ed.	more than \$100	,000 of	
reportable compensation from the organization	<u> </u>		()				***************************************		Yes No
3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu								compensated		3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great individual	•	•						•		4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye										5 X
Section B. Independent Contractors										
 Complete this table for your five highest comper compensation from the organization. Report cor year. 										ах
(A) Name and business addre	ess							(B) Description of serv	ices C	(C) ompensation
										0
										0
								-10		0
						\dashv			-	0
2 Total number of independent contractors (including	ina hut not limito	d to t	hoe	ماا م	ted	ahou	۱۱ اه	who received		0
more than \$100,000 of compensation from the o	•	→		— но	AUU	0	uj V	0 10061460		

Part VIII	Statement	of	Rev	enue

		Check if Schedule O contain	s a response c	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
y) (, 1a	Federated campaigns	<u>L</u>	la	0			
Contributions, Giffs, Grants	j b	Membership dues	[1	lb	ō			0.000
<u> </u>	C	Fundraising events		lc	ō			
# #	d) —	d	กี			
0 ±	е			le 36,24	ň			
ő	f			00,27	4			
E E	<u>'</u>	similar amounts not included abo		lf 1,78				
፮ ፭	<u>.</u>							
Ö	g			*	ַנַן			
	<u>h</u>	Total. Add lines 1a-1f	· · · · ·		38,029	9		
8				Business Code				
Ž.	2a	·			(ס		
õ	b				(
8	C		•		(
2	d				1	0		
8	е							
Program Service Revenue	f	All other program service revenu						-
Đ.	g			<u> </u>)		
	3		idanda intere		1	J ₁		
	3	Investment income (including div						
		other similar amounts)			119			119
	4	Income from investment of tax-ex)		
	5	Royalties	<u> </u>)		
	[(i) Real	(ii) Personal				
	6a	Gross rents		"""""		a Same	9 (8) (8) (8) (8)	3.6.6.6
	b	Less: rental expenses						
	С	Rental income or (loss)		0 (J	050066		9,86
	d	Net rental income or (loss)	L		7			
	7a		(i) Securities	(ii) Other		/		
	, "	assets other than inventory						
		Less: cost or other basis		0 0				
	b							
		and sales expenses		<u>o </u>				20.09078-02.0
	C	Gain or (loss)		o <u>c</u>				
:	d	Net gain or (loss)		. <u></u>	0			<u></u>
9	8a	Gross income from fundraising					88888	
eu		events (not including \$	0					
Other Revenue		of contributions reported on line 1						
E		See Part IV, line 18				0.0000000	100000000000000000000000000000000000000	
욛	b	Less: direct expenses			130000000			
8	c	Net income or (loss) from fundrais						
	9a			· 	0			
ĺ	Ja	Gross income from gaming activit		_				
		See Part IV, line 19						48888
1	b	Less: direct expenses		<u> </u>				
- 1	C	Net income or (loss) from gaming	activities	. <u></u>	0			
ļ	10a	Gross sales of inventory, less]				
		returns and allowances	a					
ŀ	b	Less: cost of goods sold	b	0				
j		Net income or (loss) from sales of			o]
j		Miscellaneous Revenue		Business Code				
ŀ	11a		·					
J	b				0			_ ****
- 1	'n				0			
-	C .	All all all and an annual an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual and an annual		***************************************	0			
	d	All other revenue			0			
	6	Total. Add lines 11a-11d			0	The second secon		
	12	Total revenue. See instructions			38,148	0	0	119

Form	990 (2014) CRIME STOPPERS OF SAN ANTONIO	INC		74-22	251697 Page 10
Pa	rt IX Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must complete a	l columns. All other o	rganizations must	complete column (A).
	Check if Schedule O contains a response or not		****		·
	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u>, , , , , , , , , , , , , , , , , , , </u>
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		Фирепосо	general expenses	expenses
	domestic governments. See Part IV, line 21	.			0688888
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
•	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			i	
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include	U	***************************************		
0					
9	section 401(k) and 403(b) employer contributions)	0			
10	Other employee benefits	0	100 1000		
	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	0			
C	Accounting	1,040		1,040	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	1			
40	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	590	590		
13	Office expenses	7,763		7,763	
14	Information technology	20,287	19,109	1,178	
15	Royalties	0			
16	Occupancy	0			***************************************
17	Travel	2,210	2,210		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	300	300		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	1,784		1,784	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				505 Sec. 324 555
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Post Office Box Rental	92		92	- 51 to 1 as 1 as 1 as 1 as 1 as 1 as 1 as 1 a

51,325

85,420

28

1

0

51,325

73,534

b Rewards to Informants

d Rounding

All other expenses

Total functional expenses. Add lines 1 through 24e . . .

c Bank Charges

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 following SOP 98-2 (ASC 958-720) .

e All other expenses

26

0

28

11,886

Form 990 (2014) CRIME STOPPERS OF SAN ANTONIO INC Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(<i>.</i>		
			(A) Beginning of year		(B) End of year
-	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	372,324	2	364,552
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
t3	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
A	8	Inventories for sale or use	-	8	
	9	Prepaid expenses and deferred charges	AMARAMATIC CONTROL CON	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	1 0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		Ō
	15	Other assets. See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	372,324		364,552
	17	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , , ,	17	',
	18	Grants payable		18	
	19	Deferred revenue	62,000		101,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
<u>.</u>	İ	disqualified persons. Complete Part II of Schedule L		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third	Ť		
	-	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	62,000	26	101,500
		Organizations that follow SFAS 117 (ASC 958), check here			
ės		complete lines 27 through 29, and lines 33 and 34.			
Ę	27	Unrestricted net assets	18,030	27	25,102
žä	28	Temporarily restricted net assets	292,294		237,950
<u>п</u>	29	Permanently restricted net assets		29	207,000
Net Assets or Fund Balances	2.0	Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.			
श्च	20	· · · · · · · · · · · · · · · · · · ·		20	
Se	30	Capital stock or trust principal, or current funds		30 31	
Ąŝ	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Ě	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	240.004		000 000
	33 34	Total liabilities and net assets/fund balances.	310,324 372,324		263,052 364,552
	U-4	rotal navintes and het assets/fully valables,	312,324	U#	JU4,00Z

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Pai	t 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			38, 148
2	Total expenses (must equal Part IX, column (A), line 25)	2			35,420
3	Revenue less expenses. Subtract line 2 from line 1	3			47,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			10,324
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	L	26	3,052
Par	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		3355		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			8 8 9	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	1	X
	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 Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		. 20		1
	separate basis, consolidated basis, or both:				
_					
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?		2c	ed 2000 0000	100000000000
	If the organization changed either its oversight process or selection process during the tax year, explain in			2 6 6	
•	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
L.	the Single Audit Act and OMB Circular A-133?		. <u>3a</u>		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 in Schedule O and describe any steps taken to undergo such audits	٠,	3b		<u></u>
			Forr	n 990	(2014)

Continuation Sheet for Form 990

Page 1 of 1

Name of the Organization

CRIME STOPPERS OF SAN ANTONIO INC

Employer identification number

74-2251697

	Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest										
Part VII Section A	Continuation of On Compensated Emp		ors,	ı ru:	ste	es,	ney	En	npioyees, and	Hignest	
(A Name a)	(B) Average	Posi	tion ((i	C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
		_	Individual trustee or director	_	Officer		1		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		2.00				Γ					
Officer Liason		2.00	<u> </u>			X					
(27)											
(28)		 	1								
(29)											
(30)											
(31)											
(32)											• · · · · · · · · · · · · · · · · · · ·
(33)											
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(37)											
(38)											
(39)									:		
(40)									.,,,,,		
(41)											
(42)											
(43)					+		1	1			,
(44)				1		-					
(45)					-			+			
(46)						1					
									<u></u>		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
ov/form990. Inspection
Employer Identification number

CRI	ME.	STOPPERS OF SAN ANTONIO						251697
	rt I	Reason for Public Cha	i <mark>rity Status</mark> (All o	rganizations must co	omplete	this part.)	See instructions.	
	orga	anization is not a private founda						
1		A church, convention of churc			in section	n 170(b)(1))(A)(i).	
2	Щ	A school described in section	170(b)(1)(A)(ii). (A	ttach Schedule E.)				
3		A hospital or a cooperative ho	spital service organ	ization described in se	ction 170	(b)(1)(A)(i	ii).	
4		A medical research organization hospital's name, city, and state		unction with a hospital	described	in section	170(b)(1)(A)(iii). E	inter the
5		An organization operated for t section 170(b)(1)(A)(iv). (Cor	he benefit of a colle nplete Part II.)	ge or university owned	or operat	led by a go	overnmental unit des	scribed in
6	П	A federal, state, or local gover	nment or governme	ntal unit described in s	ection 17	'0(b)(1)(A)	(v).	
7	X	An organization that normally described in section 170(b)(1	receives a substant	ial part of its support fo			• •	eral public
8	П	A community trust described in	n section 170(b)(1)	(A)(vI). (Complete Part	: 11.)			
9		An organization that normally receipts from activities related support from gross investment acquired by the organization a	receives: (1) more t to its exempt functi t income and unrela	han 33 1/3% of its sup ons—subject to certain ited business taxable ir	port from exceptioncome (le	ns, and (2) ss section) no more than 33 1/ 511 tax) from busing	/3% of its
10		An organization organized and	d operated exclusive	ely to test for public saf	ety. See s	ection 50	9(a)(4).	
11		An organization organized and of one or more publicly suppor Check the box in lines 11a thro	rted organizations d	escribed in section 50	9(a)(1) or	section 5	09(a)(2). See sectio	on 509(a)(3).
а		Type I. A supporting organithe supported organization organization. You must con	zation operated, suj	pervised, or controlled ularly appoint or elect a	by its sup	ported org	anization(s), typicall	ly by giving
b		Type II. A supporting organicontrol or management of the organization(s). You must o	ization supervised o he supporting orgar	or controlled in connect dization vested in the sa	ion with its ame perso	s supporte ons that co	d organization(s), by introl or manage the	y having supported
С	Γ	Type III functionally integr			in connec	tion with, a	and functionally inter	orated with
	_	its supported organization(s	s) (see instructions).	You must complete f	Part IV, Se	ections A,	D, and E.	-
d	L	Type III non-functionally in	ntegrated. A suppor	rting organization opera	ated in co	nnection w	rith its supported org	ganization(s)
		that is not functionally integree requirement (see instruction	rated. The organiza	tion generally must sat	isty a dist	ribulion red	quirement and an at	tentiveness
е		Check this box if the organic functionally integrated, or Ty	zation received a wi	ritten determination fro	m the IRS	that it is a	v. ı Type I, Type II, Typ	e III
f	E	Enter the number of supported						
g	F	Provide the following information						
	(i) N	lame of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		*****			Yes	No		
A)					•			
B)		***************************************						
C)							1 10 20 mmm ²	
D)								
E)								
]		
otal							0	0

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.)

	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86,484	96,242	78,142	51,143	38,029	350,040
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	86,484	96,242	78,142	51,143	38,029	350,040
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)			1028006		304 278 200 6	
6	Public support. Subtract line 5 from line 4.						350,040
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	86,484	96,242	78,142	51,143	38,029	350,040
8	Gross income from interest, dividends,		j				
	payments received on securities loans,			ŀ			
	rents, royalties and income from similar sources	070	20				
9	Net income from unrelated business	372	82	60	58	119	691
•	activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						350,731
12	Gross receipts from related activities, etc. (see	instructions)				12	330,731
13	First five years. If the Form 990 is for the orga	anization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)	3)	
	organization, check this box and stop here .						· · · · · > 🔝
	tion C. Computation of Public Supp						
	Public support percentage for 2014 (line 6, colu					14	99.80%
	Public support percentage from 2013 Schedule					15	98.71%
ıoa	33 1/3% support test—2014. If the organizati and stop here. The organization qualifies as a	on did not check t	the box on line 13,	and line 14 is 33 1/	/3% or more, chec	k this box	
							▶ [X]
Ü	33 1/3% support test—2013. If the organization box and stop here. The organization qualifies	on did not check t as a publicly supr	10 CF enii no xoa s	16a, and line 15 is	33 1/3% or more,	check this	. []
17a	10%-facts-and-circumstances test—2014. It is 10% or more, and if the organization meets the Part VI how the organization meets the "facts-a organization.	f the organization he "facts-and-circ ind-circumstances	did not check a bo umstances" test, c s" test. The organiz	x on line 13, 16a, on heck this box and s ation qualifies as a	or 16b, and line 14 stop here. Explain publicly supporte	in d	
b	10%-facts-and-circumstances test—2013. If 15 is 10% or more, and if the organization mee! Part VI how the organization meets the "facts-a supported organization	the organization ts the "facts-and-ond-ordering the thick is the second the contract of the co	did not check a bo circumstances" test s" test. The organiz	x on line 13, 16a, 1 i, check this box ar ation qualifies as a	i6b, or 17a, and lin nd stop here. Exp publicly	e dain in	,
	Private foundation. If the organization did not						۳ 🗀
	instructions						▶□

Schedule A (Form 990 or 990-EZ) 2014 CRIME STOPPERS OF SAN ANTONIO INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

<u> </u>	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						"
	sold or services performed, or facilities furnished in any activity that is related to the	İ					
	organization's tax-exempt purpose						O
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities		Ţ				
	furnished by a governmental unit to the		į				
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3		İ	Ì			
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				3		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						1111
	line 6.) , ,						0
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	1				İ	
	payments received on securities loans,						
			i				0
	rents, royalties and income from similar sources .						
b	Unrelated business taxable income (less						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1000			0
C	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	
C	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	0
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	
c 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						0
c 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	0
c 11 12 13	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0 ganization's first, se	O cond, third, fourth,	0 or fifth tax year as	0 s a section 501(c)(3	0	0
c 111 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	O ganization's first, se	O cond, third, fourth,	0 or fifth tax year as	0 s a section 501(c)(3	0	0
c 111 12 13 14 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	o ganization's first, se	O cond, third, fourth,	O or fifth tax year as	0 s a section 501(c)(3	0	0 0 0
c 111 12 13 14 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ganization's first, se port Percentace	cond, third, fourth,	O or fifth tax year as	0 s a section 501(c)(3	0 3)	0 0 0 ▶ □
c 111 12 13 14 Sec 15	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ganization's first, se port Percentace lumn (f) divided by le A, Part III, line 15	cond, third, fourth,	O or fifth tax year as	0 s a section 501(c)(3	0	0 0 0
c 111 12 13 14 Sec 15 16 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	panization's first, se port Percentag lumn (f) divided by le A, Part III, line 15	cond, third, fourth,	O or fifth tax year as	0 s a section 501(c)(3	0 33	0 0 0 ▶ □ 0.00%
c 111 12 13 14 Sec 15 16 Sec	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	panization's first, se port Percentag lumn (f) divided by le A, Part III, line 15 Income Perce	cond, third, fourth,	O or fifth tax year as	0 s a section 501(c)(3	0 33) 	0 0 0 ▶ □ 0.00% 0.00%
c 111 12 13 14 Sec 15 16 Sec 17	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ganization's first, se port Percentag lumn (f) divided by le A, Part III, line 15 Income Perce 10c, column (f) divided by	cond, third, fourth,	O or fifth tax year as	0 s a section 501(c)(3	0 3) 	0 0 0 ▶ □ 0.00%
c 111 112 113 114 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ganization's first, se port Percentage lumn (f) divided by le A, Part III, line 15 Income Perce 10c, column (f) divided by nedule A, Part III, line ation did not check	cond, third, fourth,	or fifth tax year as	0 s a section 501(c)(:	0 3) 15 16 17 18 nd line 17 is	0 0 0 ▶ □ 0.00% 0.00%
c 111 12 13 14 Sec 15 16 Sec 17 18	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ganization's first, se port Percentage lumn (f) divided by le A, Part III, line 15 Income Perce 10c, column (f) divided by nedule A, Part III, line ation did not check op here. The organ	cond, third, fourth,	or fifth tax year as	o s a section 501(c)(3	0 33) 15 16 17 18 18 Ind line 17 is	0 0 0 ▶ □ 0.00% 0.00%
c 111 112 113 114 Sec 117 118 119 119 119	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	ganization's first, se port Percentage lumn (f) divided by le A, Part III, line 15 Income Perce 10c, column (f) divided by nedule A, Part III, line ation did not check op here. The organ ation did not check	cond, third, fourth,	or fifth tax year as	o a section 501(c)(3	0 3) 15 16 17 18 nd line 17 is	0 0 0 0 0.00% 0.00% 0.00%

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) 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.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - 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.)

		Yes	No
	1		
	2		
	<u>-</u> За		
	3b		
	3c	augus	
	4a	Service Services	
	4b		
	4c 5a		
	5a 5b		
	5c		
	7		
ı	8		
	9a		
	9b		
- 1	9c		
	10a		

Par	Supporting Organizations (continued)		1	Т.:
44		050000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	68.68	8161	
	below, the governing body of a supported organization?	11a		ــــــ
b		11b	<u> </u>	<u> </u>
C		11c	<u> </u>	<u></u>
<u> 5ec</u>	tion B. Type I Supporting Organizations		1	T.,
	Did the diseases touches as a season backing of one as a season and the disease of the disease o		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	8.8		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	12500.2	
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		
Sect	tion C. Type II Supporting Organizations			Ţ
		and and a second	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	100		
	the supported organization(s).	1		<u> </u>
Sect	ion D. All Type III Supporting Organizations			
		south-so-de	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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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		S. S.	
	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 in (2), 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		5000 Acception 6
Sect	ion 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 insti	ructions	s);	
а	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.			
С	· · ·		(:\	
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ınstruct	ions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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 those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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	1000		
	activities but for the organization's involvement.	2b	i noveletjet	007-0707F
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	uro- vysôs (*)	
b	Did the organization exercise a substantial degree of direction over 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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Orgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trus	st on Nov. 20, 1970. See ins	tructions. All
other Type III non-functionally integrated supporting organizations must co	mplet	e 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	0	
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	0	(
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	10 (52)		
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	0	(
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		, , , , , , , , , , , , , , , , , , , ,
3 Subtract line 2 from line 1d	3	0	(
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	o	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by .035	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		C
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		Ö
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		_
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		17 - 11 THE THE THE THE THE THE THE THE THE THE
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly-inte	grated Type III supporting o	

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Page 6

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	•
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex-	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported	t	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	
4				
5				
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
Section F - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iil) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2014 distributable amount			0
i	Carryover from 2009 not applied (see instructions)			
]	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2014 from Section			
	D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2014 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			0
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c.	0		
8	Breakdown of line 7:			
a				
b			The second of th	
c				
ď	Excess from 2013 0			The second secon
e	Excess from 2014			

Schedule A (Fo	rm 990 or 990-EZ) 2014	CRIME STOPPERS OF SAN ANTONIO INC	74-2251697	Page 8
Part VI	Supplemental In	nformation. Provide the explanations required by Part II, line 10; Part I	l, line 17a or 1	7b; and
	Part III, line 12, A	also complete this part for any additional information. (See instructions)		•
	,			
				
		·		
				
		······································		

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

CRIME STOPPERS OF SAN ANTONIO INC	74-2251697
Form 990, Part VI, Section A, Line 6: All members are the governing body.	
Form 990, Part VI, Section B, Line 11a: The treasurer provides the board members with a draft	
copy of the return at the next scheduled board meeting after receipt from the tax preparer.	
The treasurer requests the board members to review the return and to ask any questions they	
might have. When all questions have been asked and answered to the satisfaction of the board	
members, the treasurer asks for a motion and a second to accept or to amend the return.	
Discussion and vote is recorded in the minutes of the meeting.	
Form 990, Part VI, Section C, Line 19: Upon request, copies of the governing documents,	
conflict of interest policies and financial statements are made available to the public either	
by mail or e-mail.	
	·····
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	,

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer Identification number
CRIME STOPPERS OF SAN ANTONIO INC	74-2251697
	[F] ZZO1001
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# Form 990

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2015

Open to Public

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

inter	nai Reve	nue Service Information about Form 990 and its instructions is at www.	irs.gov/i	готээч.		Inspect	tion
<u> </u>		ne 2015 cal <mark>endar year, or tax year beginning , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , and , </mark>	ending				
		fapplicable: C Name of organization CRIME STOPPERS OF SAN ANTONIO INC		D Employe	r identificati	on number	
	Address	change Doing business as		4			
	Name c	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite		74-225169			
$\overline{\Box}$	latiat es	PO BOX 830854 turn City or town State ZIP code		E Telephone	e number		
	Initial re	turn City or town State ZIP code SAN ANTONIO TX 78283-08	54	(210) 220-5	5080		
	Final retu	ruteminated Foreign country name Foreign province/state/county Foreign post		1			
	Amende	d return	MI OCCC	G Gross rec	eiots S		42,98
₩.	Applicat			this a group return		=	es X No
_		Bodo Knochenhauer 777 E Sonterra Blvd Suite 175, San Antonio, TX	_] H(b) ∧	re all subordinat	es included?	Y	es No
1 1	ax-exen	npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	, If	f "No," attach a li:	st. (see instru	ctions)	
J	Vebsit	e: www.sacrimestoppers.com	H(c) G	roup exemption	number 🕨		
KF	orm of c	organization: X Corporation Trust Association Other ▶ L.Ye	ear of form			of legal domic	ilo: TV
	art l	Land 1 Indiana		1997	I III Otate	Ji legai domic	cile: TX
	1	Summary  Priofly describe the organization's mission or most significant activities.	siete less		• <u>-</u>	71.	
æ	'	Briefly describe the organization's mission or most significant activities:  Ass	ists law	enforcemen	t agencies	. ine	
Activities & Governance		organization accepts and spends donations for rewards to persons furnishing infi	ormatio	<u>n</u>			
E		leading to the arrest and grand jury indictment of any felony crime.			·		
Š	2	Check this box   if the organization discontinued its operations or disposed	d of mor	re than 25%	of its net a	ssets.	
(y	3	Number of voting members of the governing body (Part VI, line 1a)			3		16
Š	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		16
ij	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5		(
棄	6	Total number of volunteers (estimate if necessary)			6		34
₹	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		(
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		7b		(
				Prior Year		Current Yo	ear
9	8	Contributions and grants (Part VIII, line 1h)	L	38	3,029		42,940
Revenue	9	Program service revenue (Part VIII, line 2g)			0		
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			119		47
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		C
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38	3,148		42,987
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0		C
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0		C
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0		0
SE.	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0		0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	)				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		85	,420	2002 14 April 14 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 April 15 Apri	44,488
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			,420		44,488
	19	Revenue less expenses. Subtract line 18 from line 12			,272		-1,501
P 8			Begins	ning of Current	· -	End of Ye	
tan tan	20	Total assets (Part X, line 16)		-	,552		302,551
Αď	21	Total liabilities (Part X, line 26)			,500		41,000
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20			,052		261,551
Pai		Signature Block		200	1002	THIRD I	201,001
		es of perjury, I declare that I have examined this return, including accompanying schedules and statements	s, and to th	ne best of my kno	owiedae		
and b	elief, it is	s true, correct, and complete. Declaration of preparer (other than officer) is based on all information of whic	h prepare	r has any knowle	edge.		
Sig	<b>,</b>			1			
Her		Signature of officer		Date			
пеі	G	▲ BODO KNOCHENHAUER PRE	SIDEN	Т			
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date	e		PTIN	
Paid	t	DALUETTE O DEAN	-		ieck if	·	
	parer	PAULETTE S DEAN PAULETTE S DEAN	5/	6/2016 se	lf-employed	P000411	37
	Only			Firm's EIN	74-294510	)5	
		Firm's address ► 737 ISOM RD, SAN ANTONIO, TX 78216-4027			210-525-0		
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)	A		<u> </u>	X Yes	No
,		( occupation and the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pro				171 188	INO

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u>  ^  </u>	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		×
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.			
5		4_		<u> X</u>
J	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 Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		<u> </u>
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			
7	"Yes," complete Schedule D, Part I	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	,		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	7		Х
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	H		
_	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		Χ
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		i	
_	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	44-	1	v
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		$\frac{\wedge}{X}$
f	market and a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
IJ	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	i		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14h		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	-	<u>X</u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
6	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		Х
7	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		<u>X</u>
	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		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		<u>X_</u>

Checklist of Required Schedules (continued)

Yes No 20a Х 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . 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 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 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 Х 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 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . . Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 25a Х 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 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 34 Х 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Χ 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

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.					_	_	_

			1	<del>!</del>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
Za	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0	1000000000000		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	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 in 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		Х
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		<u> X</u>
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).			
а	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		Х
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?	7с	San San	Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		^
g h	If the organization received a contribution of qualified intellectual property, and the organization file in only obes as required?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- 111		
Ū	sponsoring organization have excess business holdings at any time during the year?	8	250.055591	WINE
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Sportscal	*(150)pgm(4)45@
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		36.00	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		8065	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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	10000		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	029206881	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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Part VI

Sec	tion A. Governing Body and Management					r
		1		520000000000000000000000000000000000000	Yes	No
1a		<u>1a</u>	<u>16</u>			
	·					
b			16			
2		ship with			\$4 (SE2) (S	4,865,14
			-  -	2		X
3						
						X
4			L	_		X
5				$\overline{}$		X
6				6	_X_	ļ
7a						
			·  _	7a		X
b	· · · · · · · · · · · · · · · · · · ·					
	stockholders, or persons other than the governing body?		L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				
	the year by the following:					
а			L	8a	X	ļ <u>.</u>
b	Each committee with authority to act on behalf of the governing body?			8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached		ı		
	Enter the number of voling members of the governing body at the end of the tax year   1a   16			X		
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenu</u>	<u> </u>	de.	)	,
			_		Yes	No
10a				10a		X
b				ı		
			. <u>  1</u>	10b		
11a		re filing the form?.		11a	Х	**************************************
b			200			
12a						Х
b			<u> </u> 1	2b		
С				1		
13						X
14			. L	14	<u> </u>	
15						
а				$\rightarrow$		
b	• • •		.   1	5b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement				
			1	6a		_X
b						
	the organization's exempt status with respect to such arrangements?	· · · · · · ·	1	6b		
Sect						
17						
18		)-T (Section 501(c)	(3)s	only	)	
19	· · · · · · · · · · · · · · · · · · ·	conflict of interest p	olicy	, and	t	
20				•		
	BHAVESH SHAH	(210) 725-60:	28			
	24907 FLYING ARROW. SAN ANTONIO, TX 78258					

Form 990 (2015)	CRIME STOPPERS OF SAN ANTONIO IN	C

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#### 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X 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 betow dotted line)	box,	unle er an	Pos heck ss pe	erson lirect	than or the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Bodo Knochenhauer	5.00	j								
President	0.00	X		Х						
(2) Bob Vallance II	2.00	ļ	ĺ							
Vice President	0.00	Х		Х						
(3) Amber Nelson	3.00									
Secretary	0.00	Х		Х						
(4) Bhavesh Shah	2.00									
Treasurer	0.00	Х		Х						
(5) Atul D Bapodra	1.00					l				
Board Member	0.00	Х								
(6) Brian Brady	1.00							į		
Board Member	0.00	Χ								
(7) Lynn Carter	1.00					1	ı			
Board Member	0.00	Χ								
(8) Duane Cruz	1.00				l	Ī				
Board Member	0.00	Х		_						
(9) Scott Guller	1.00				ı	j	i			
Board Member	0.00	Х								
(10) Nishat Hirani	1.00		- 1							
Board Member	0.00	Х								
(11) Patrick Jimenez	1.00	I		1				1,111		
Board Member	0.00	Х								
(12) Rama Joolukuntla	1.00									
Board Member	0.00	Χ								
(13) Marco Meza	1.00	ļ								
Board Member	0.00	Х								
(14) Rudy Munoz	1.00	ı		J						
Board Member	0.00	Х		ŀ						

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploye	es,	and	H t	ghes	t C	ompensated En	ployees (contin	ued)
(A) Name and title	(B) Average hours per	box,	unte	Pos heck ss pe	rson	e than of is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	$\Gamma_{-}$			Highest compensated employee	1	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15) James Scott	1.00									
Board Member	0.00	<del>:</del>	ļ							
(16) Sandy Sullivan Board Member	1.00	1								
(17) J A Cisneros		$\overline{}$								
Coordinator	0.00				Х					
(18) Anthony Elias	0.00									
Coordinator	0.00				Х					
(19) Alex Almendarez	2.00									<del></del>
Officer Liason	0.00				Х					
(20) Ada Bohiken										
School Liason	0.00				Х					
(21) Lance Enderlin Officer Liason	2.00 0.00				х	1				
(99) Occar Cores	0.00		$\dashv$		<del>^</del>					
Officer Liason	0.00				х					
(23) Vicki Guller	0.00			T	<u> </u>					
School Liason	0.00				х					
(24) Richard Halle	2.00									
School Liason	0.00		_		X					
(25) Valerie Lacour								-		
Officer Liason  1b Sub-total	0.00				Х		$\dashv$			
1b Sub-total								0	0	0
d Total (add lines 1b and 1c).								0	0	0
Total number of individuals (including but not	limited to those list	ed at	OOVE	 w (e	ho r	eceiv	ed.	more than \$100		<u> </u>
reportable compensation from the organization								more man gree,	000 01	
3 Did the organization list any former officer, di	rector, or trustee, k	ey er	nplc	yee	, or	high	est	compensated	New York	Yes No
employee on line 1a? If "Yes," complete Sche										3 X
	the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						4 X			
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "	crue compensation Yes." complete Sci	from	any e J i	un or s	rela uch	ted o	rga	nization or indivi	dual	5 X
Section B. Independent Contractors				0, 0		μοιο	···	<u> </u>		0 1 1 7
<ol> <li>Complete this table for your five highest comp compensation from the organization. Report of year.</li> </ol>	ensated independendendendendendendendendendendendende	ent co ne cal	ontra end	acto ar y	rs ti ear	hat re endir	cei ng v	ved more than \$ vith or within the	100,000 of organization's ta	х
(A) Name and business ad	dress							(B) Description of servi	ces Co	(C) mpensation
						_				0
						_				0
	· · · · · · · · · · · · · · · · · · ·					-		***************************************		0
	********					+				0
2 Total number of independent contractors (inclumore than \$100,000 of compensation from the		d to ti	hose	e lis	ted	abov	е) и	vho received		U

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ti ti	1a		<del>-</del>		<u> </u>			
Contributions, Gifts, Grants and Other Similar Amounts	b				기	1 1 1 1 1 1 1 1		
S, A	С	• • • • • • • • • •			<u> </u>			\$100,000,000
돌	d	3						
Sir.	e	, <del>0</del> , (		e 42,51	<u>}</u>			
but.	'	<ul> <li>All other contributions, gifts, grantsimilar amounts not included about</li> </ul>		. 400			0.000	
Contributions, Gifts, Grants		Noncash contributions included in l						3.44.010
ပြွန်	h h				/]   42,940		0.50.000	
	<del>  "</del>	Total / Ida in Co Ta - 17		Business Code	42,940	1		50.40 (6)
Program Service Revenue	2a	·			1			
Re Se	b				1			
je Se	С				C			
Ser	d					)		
E	е				C			
ģ	f	All other program service revenu			C			
<u>ā.</u>	g			<u> ▶</u>	c			
	3	Investment income (including div						
	_	other similar amounts)			47			47
	4	Income from investment of tax-ex			0			
İ	5	Royalties	(i) Real	▶	0			
	6a	Gross rents	() 1001	(ii) i Gisoriai	}			
	b	Less: rental expenses			1			
	C	Rental income or (loss)	<del> </del>			0.0000000000000000000000000000000000000	0.000000	
	d	Net rental income or (loss)			0			
	7a	_	(i) Securities	(ii) Other	Ý			
		assets other than inventory		0				
i	b	Less: cost or other basis						
		and sales expenses	(		on an Architecture		0.6 9.60 0.0	12 34 5 4 6
	C	Gain or (loss)	C	<u> </u>				
	d	Net gain or (loss)		. <u>, </u>	0			
	ο-	0						
une	8a	Gross income from fundraising events (not including \$	0			4 6 2 6 3 5	1020404	
è		of contributions reported on line 1	<u>U</u> .					
ية		See Part IV, line 18		۱ ^				
Other Reven	b	Less: direct expenses						
δ	C	Net income or (loss) from fundrais			0			1
1	9a	Gross income from gaming activit						
l		See Part IV, line 19		0				
	b	Less: direct expenses						
1	С	Net income or (loss) from gaming	activities	<b>.</b>	0			***************************************
	10a	Gross sales of inventory, less						
		returns and allowances		0				10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
		Less: cost of goods sold		0				
-	<u> </u>	Net income or (loss) from sales of	inventory		0			
}-	11a	Miscellaneous Revenue		Business Code	<u>-</u>			
	b	·			0			
	C				0 0			
	d	All other revenue			0			- 104704 11
	e	Total. Add lines 11a–11d		<b>L</b>	0			
	12	Total revenue. See instructions		L L	42,987	0	0	47

## Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b, 7b, , 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			gonoral expenses	CAPCITISES
	domestic governments. See Part IV, line 21	0			F 10 (0 (0 (0 (0)))
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				6.54
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	trustees, and key employees	o		1 0	
6	Compensation not included above, to disqualified		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	persons (as defined under section 4958(f)(1)) and	j			
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	ol			
b	Legal	ol			
С	Accounting	1,040		1,040	
d	Lobbying	0		1,040	
е	Professional fundraising services. See Part IV, line 17	ol			
f	Investment management fees	ol			
q	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	o			
12	Advertising and promotion	865	865		
13	Office expenses	147	000	147	
14	Information technology	11,111	9,006	2,105	
15	Royalties	0	9,000	2,100	
16	Occupancy	0			
17	Travel	76	76		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	600	600		
20	Interest	000	000		
21	Payments to affiliates	0			, , , , , , , , , , , , , , , , , , ,
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	1,881		Ų	0
24	Other expenses. Itemize expenses not covered	1,001			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Poet Office Poy Pontal	98		00	
b	Powards to Informatio	28,670	20.670	98	
c	Pank Charges	20,070	28,670		
d	Pounding	0			
	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e		20.047	0.000	
26	Joint costs. Complete this line only if the	44,488	39,217	3,390	0
	organization reported in column (B) joint costs	-	1	ļ	
	from a combined educational campaign and		İ	1	
				İ	
	fundraising solicitation. Check here  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
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	364,552	2	302,551
	3	Pledges and grants receivable, net	0	3	ļ
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			450 450 45444
\$3		organizations (see instructions). Complete Part II of Schedule L		6	The real residue of the real residues and the real real real real real real real rea
Assets	7	Notes and loans receivable, net	0	7	0
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	'**	other basis. Complete Part VI of Schedule D 10a 0		5.50	
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	364,552		302,551
	17	Accounts payable and accrued expenses		17	,
	18	Grants payable		18	
	19	Deferred revenue	101,500	19	41,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ģ	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L	en de la grant de la grant production de la company de la company de la company de la company de la company de	22	Supplification of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of
<b>:</b>	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third	11 1 111 1 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111		
		parties, and other liabilities not included on lines 17-24). Complete			
	ļ	Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	101,500	26	41,000
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Ë	27	Unrestricted net assets	25,102	27	5,837
<u>a</u>	28	Temporarily restricted net assets	237,950	28	255,714
<del>Б</del>	29	Permanently restricted net assets	201,000	29	200,714
Ē	25	·		20	
F		Organizations that do not follow SFAS 117 (ASC958), check here and			
Net Assets or Fund Balances		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
ĄŠ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ë	32	Retained earnings, endowment, accumulated income, or other funds		32	a
Z	33	Total net assets or fund balances	263,052	33	261,551
	34	Total liabilities and net assets/fund balances	364,552	34	302,551

Form	990 (2015) CRIME STOPPERS OF SAN ANTONIO INC	74-22	51697	Page <b>12</b>
Par	t 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		42,987
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,488
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,501
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	263,052
5	Net unrealized gains (losses) on investments	5		
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 in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10		261,551
Pari	XII Financial Statements and Reporting			·····
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. LL</u>
			120000000000000000000000000000000000000	Yes No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	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 Donsolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	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:		2.3	
	X Separate basis			
С	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?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.		8.8	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		26	

Form **990** (2015)

### **Continuation Sheet for Form 990**

Page 1 of

Name of the Organization
CRIME STOPPERS OF SAN ANTONIO INC

Employer identification number

74-2251697

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees										
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average	-	1	T	Τ	that ap	1	Reportable	Reportable	Estimated
	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from	compensation from related	amount of other
	(list any	le di	탏	ğ	🚆	ŏ st	₫	the	organizations	compensation
	hours for related	F F	<u>8</u>		ğ	8 9		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	l se	E S		æ	pen		(VV-2/1099-WISC)		organization and related
	below dotted	10	8			sate				organizations
	line)			İ		&				
(26) Diana Landgraf	2.00									
Officer Liason: Tipline	0.00				Х					
(27) Frank Martinez	2.00									
Officer Liason	0.00				Х		<u> </u>			
(28) Robert Martinez	2.00									
Officer Liason	0.00		_		Х		<u> </u>			
(29) James Mears	2.00									
School Liason	0.00		$\vdash$		Х		<u> </u>			
(30) Mark Paez	2.00									
Officer Liason	0.00				Х		_			
(31) Pete Pruneda Officer Liason	2.00				Х					
(32) Andrew Sandoval	0.00 2.00			-	_					
Officer Liason	0.00				х					
(00) Cian Clair	2.00				^		-			
Officer Liason	0.00			ı	х					
(34) Miranda Snider				_	^					
School Liason	0.00				Х					
(35)	0.00		寸	一						
(36)				_						
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(46)										

#### SCHEDULE A (Form 990 or 990-EZ)

### **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.

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	Name of the organization Employer Identification number							
		STOPPERS OF SAN ANTONIO						251697
	rt i							
ine	orga	anization is not a private founda A church, convention of churc						
2	$\vdash$						)(A)(I).	
3	=							
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 gover	nment or governme	ntal unit described in	section 17	70(b)(1)(A)	)(v).	
7	X	An organization that normally described in section 170(b)(1	receives a substant )(A)(vi). (Complete	ial part of its support t Part II.)	rom a gov	ernmental	unit or from the gene	eral public
8		A community trust described in	n section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)			
9		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt functi t income and unrela	ons—subject to certa ted business taxable	n exception income (le	ns, and (2 ss section	) no more than 33 1/ 511 tax) from busine	3% of its
10		An organization organized and	d operated exclusive	ely to test for public sa	fety. See s	section 50	9(a)(4).	
11		An organization organized and of one or more publicly suppor Check the box in lines 11a thro	rted organizations d	escribed in <b>section 5</b>	09(a)(1) or	section 5	09(a)(2). See section	n 509(a)(3).
a b	r	Type I. A supporting organithe supported organization organization. You must con Type II. A supporting organicontrol or management of the	(s) the power to regi mplete Part IV, Sec ization supervised o	ularly appoint or elect tions A and B. or controlled in connec	a majority tion with it	of the dire	ectors or trustees of t ed organization(s), by	he supporting
С	Γ	organization(s). You must of Type III functionally integr	complete Part IV, S	ections A and C.			_	• •
	-	its supported organization(s	s) (see instructions).	You must complete	Part IV, S	ections A,	D, and E.	
d	L	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organiza	tion generally must sa	itisfy a dist	ribution re	quirement and an at	anization(s) tentiveness
е		Check this box if the organize functionally integrated, or Ty	zation received a wi	ritten determination fro	om the IRS	S that it is a	a Type I, Type II, Typ	e III
f		Enter the number of supported						
g	ĺ	Provide the following information	n about the support	ed organization(s).				
	4 (i)	lame of supported organization	(II) EIN	(III) Type of organization (described on lines 1–9 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
B)					<u> </u>			
C)								
D)			111111 <b>/</b>	, , , , , , , , , , , , , , , , , , , ,				
Ε)								
'otal								***************************************

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) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 96,242 78.142 51,143 38.029 42,940 306,496 Tax revenues levied for the organization's benefit and either paid to or expended on 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3 . . . . . . . 96,242 78,142 51.143 38,029 42,940 306,496 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. Public support. Subtract line 5 from line 4. 306,496 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2011 (b) 2012 (c) 2013(d) 2014 (e) 2015 (f) Total 96,242 78,142 51,143 38,029 42,940 306,496 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 60 58 119 47 366 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . Total support. Add lines 7 through 10. 306,862 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))...... 14 99.88% 15 99.80% 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2015. 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 b 10%-facts-and-circumstances test-2014. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Ca	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees		•				
	received. (Do not include any "unusual grants.")					<u> </u>	C
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			V			
	unrelated trade or business under section 513						c
4	Tax revenues levied for the organization's						<del></del>
	benefit and either paid to or expended on						
	its behalf	j					C
5	The value of services or facilities						
	furnished by a governmental unit to the	1					
•	organization without charge				İ		O
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	o	0:	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	ction B. Total Support						·
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	1					
	payments received on securities loans,		<b> </b>				
	rents, royalties and income from similar sources.						0
b	Unrelated business taxable income (less					· · · · · · · · · · · · · · · · · · ·	
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether				-		
	or not the business is regularly carried on .	ŧ					0
12	Other income. Do not include gain or						
	loss from the sale of capital assets				1		
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	. 0
14	First five years. If the Form 990 is for the orga						
<u></u>	organization, check this box and stop here				,		▶
	tion C. Computation of Public Supp	•	<del></del>				
	Public support percentage for 2015 (line 8, colu					15	0.00%
	Public support percentage from 2014 Schedule				<i></i>	16	0.00%
	tion D. Computation of Investment I						
	Investment income percentage for 2015 (line 10					17	0.00%
	Investment income percentage from 2014 Sche					18	0.00%
	33 1/3% support tests—2015. If the organization						
h	not more than 33 1/3%, check this box and stop 33 1/3% support tests—2014. If the organizati	unere. The organ	nzation qualities a	s a publicly suppo	rted organization .	0.44004 3	▶ 📙
IJ	line 18 is not more than 33 1/3%, check this box	and ston here	a nux un mile 14 0. The organization o	i inte 19a, and line Balifice se s subli	s to is more than 3:	o 1/3%, and	▶ □
	Private foundation. If the organization did not						· · · · • • •
-		vn 4 444 VII	i i i o a. O: 100.	CHOOK THE DUX AL	io accinianidendis		

Part IV Sur

#### **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. Ali	Supporting	<b>Organizations</b>
----------------	------------	----------------------

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in 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.
- 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 10b below.
  - **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.)

	Yes	No
200		
1		
2		
3a		
3b		
2-		
3c		
40		
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Part	Supporting Organizations (continued)			
		200000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	1	14	N1 -
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		4 (50)	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	8 13		
	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 directors or trustees were allocated among the supported	4		10,50746
	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	5, 300		e de la
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.			<u> </u>
Sect	ion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	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			
		1	***************************************	2002/2016/E
Cont	the supported organization(s). ion D. All Type III Supporting Organizations			<b></b>
3601	On B. All Type in 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 in (2), 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		
Sect	ion 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 ins	struction	<b>s</b> ):	
а	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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee instruc	tions	).
c				
2	Activities Test. Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1000
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		- 600	
	how the organization was responsive to those supported organizations, and how the organization determined	3-		
	that these activities constituted substantially all of its activities.	2a	7888	08/2
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	98		
	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	2h		
_	activities but for the organization's involvement.	_2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
1-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		10000000
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	100000000000000000000000000000000000000	New 2007/1999
	or its supported organizations: it ros, describe in the viting rose prayed by the organization in and regular.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting (	Orga	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
other Type III non-functionally integrated supporting organizations must co	mple	te 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	0	0
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	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	0	. 0
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	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$I^-$		
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional	ly-inte	egrated Type III supporting o	
instructions).	•		•

Part	V Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organ</li></ol>	nizations (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4				
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	0		
8	Distributions to attentive supported organizations to which			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6	0		
10	Line 8 amount divided by Line 9 amount	0.000		
				(iii)
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
d	From 2013 (	)		
е	From 2014. ,	)		
f	Total of lines 3a through e	(		
g	Applied to underdistributions of prior years		0	
h	Applied to 2015 distributable amount			0
<u> </u>	Carryover from 2010 not applied (see instructions)		52.50.50.50.50.50.50.50.50.50.50.50.50.50.	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	(		
4	Distributions for 2015 from Section			
	D, line 7: \$ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2015 distributable amount			0
	Remainder. Subtract lines 4a and 4b from 4.	<u> </u>		
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			3.50
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			0
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
<u>a</u>				
b	Fy fram 2040			
<u>C</u>	Excess from 2013 0			Section Content of Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Content Con
d	Excess from 2014 0			
е	Excess from 2015			Parameter of the second second second second second second second second second second second second second se

Part VI

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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 990-EZ.

Employer Identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990,

Open to Public Inspection

CRIME STOPPERS OF SAN ANTONIO INC	74-2251697					
Form 990, Part VI, Section A, Line 6: All members are the governing body.						
Form 990, Part VI, Section B, Line 11b: The treasurer provides the board members with a draft						
copy of the return at the next scheduled board meeting after receipt from the tax preparer.						
The treasurer requests the board members to review the return and to ask any questions they						
might have. When all questions have been asked and answered to the satisfaction of the oard						
members, the treasurer asks for a motion and a second to accept or to amend the return.						
Discussion and vote is recorded in the minutes of the meeting.						
Form 990, Part VI, Section C, Line 19: Upon request, copies of the governing documents,						
conflict of interest policies and financial statements are made available to the public either						
by mail or e-mail.						
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Scredule O (Form 990-01 990-E2) (2015)	Page 2
Name of the organization	Employer identification number
CRIME STOPPERS OF SAN ANTONIO INC	74-2251697
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