

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

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.

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

Form Department of the Treasury Internal Revenue Service

For the 2024 calendar year, or tax year beginning 09-01-2024, and ending 08-31-2025

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: FirstDay Foundation. Doing business as: Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1506 BEXAR CROSSING City or town, state or province, country, and ZIP or foreign postal code: SAN ANTONIO, TX 78232

D Employer identification number: 74-2874382. E Telephone number: (210) 905-1000. G Gross receipts \$ 515,317,985

F Name and address of principal officer: Kevin Dinnin, 1506 BEXAR CROSSING, SAN ANTONIO, TX 78232

H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number

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

J Website: FIRSDAY.FOUNDATION

K Form of organization: Corporation Trust Association Other

L Year of formation: 1997 M State of legal domicile: TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FIRSDAY FOUNDATION IS A CHARITABLE ORGANIZATION THAT PROVIDES PHILANTHROPIC GRANTS AND MANAGEMENT AND GOVERNANCE SERVICES TO NONPROFIT ORGANIZATIONS DOING GOOD WORK ACROSS THE GLOBE. (CONTINUED ON SCHEDULE O)

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16. 4 Number of independent voting members of the governing body (Part VI, line 1b) 14. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 229. 6 Total number of volunteers (estimate if necessary) 16. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (Part VIII, line 1h) 362,653 304,977. 9 Program service revenue (Part VIII, line 2g) 43,213,833 51,348,116. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,427,706 30,147,715. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,459,350 3,837,383. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 67,463,542 85,638,191.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,919,187 19,296,719. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 21,674,859 26,785,174. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 1,452,669. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 26,999,917 25,084,056. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 64,593,963 71,165,949. 19 Revenue less expenses. Subtract line 18 from line 12 2,869,579 14,472,242.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (Part X, line 16) 868,091,590 903,337,068. 21 Total liabilities (Part X, line 26) 6,251,175 4,341,057. 22 Net assets or fund balances. Subtract line 21 from line 20 861,840,415 898,996,011.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Kevin Dinnin, President. Date: 2026-04-22

Paid Preparer Use Only Print/Type preparer's name: Forvis Mazars LLP. Preparer's signature. Date: 2026-04-22. Check if self-employed. PTIN: P01953132. Firm's name: Forvis Mazars LLP. Firm's EIN: 44-0160260. Firm's address: 8200 W Interstate 10 Suite 900, San Antonio, TX 782303806. Phone no.: (210) 341-9400.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FIRSTDAY FOUNDATION SHALL PROVIDE GENERAL ADMINISTRATIVE SUPPORT AND SERVICES TO ORGANIZATIONS WHICH ARE EXEMPT FROM FEDERAL INCOME TAXATION AS DESCRIBED IN THE INTERNAL REVENUE CODE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **69,713,280** including grants of \$ **19,296,719**) (Revenue \$ **51,348,116**)

THE FIRSTDAY FOUNDATION PROVIDES GENERAL AND ADMINISTRATIVE SUPPORT SERVICES TO PROVIDE EFFICIENT AND EFFECTIVE FISCAL, HUMAN RESOURCE MANAGEMENT, LEGAL, TECHNOLOGY, TALENT AND RECRUITING, REGULATORY AND COMPLIANCE, LEARNING AND DEVELOPMENT, MANAGEMENT AND ADVISORY SERVICES, PROPERTY AND RISK MANAGEMENT, AND MARKETING, BRANDING AND COMMUNICATION SERVICES TO ITS CONTROLLED SUPPORTED ORGANIZATIONS AND OTHER NON-PROFIT AGENCIES THAT ARE DESIGNATED AS SUPPORTED ORGANIZATIONS BY PURPOSE AND CLASS OF FIRSTDAY FOUNDATION.

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

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

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

4e Total program service expenses **69,713,280**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and Yes/No/blank response cells.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required... 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Claudia Oliveira 1506 Bexar Crossing San Antonio, TX 78232 (210) 905-1000

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) Alan Griffin Treasurer	1.0 5.0	X		X			0	0	0
(2) George Cowden III Secretary/General Counsel	1.0 9.0	X		X			64,108	56,701	0
(3) Kevin Dinnin President and CEO	20.0 40.0	X		X			1,744,771	0	81,657
(4) Lanny Hall Chairman	1.0 7.0	X		X			0	0	0
(5) Silas Ragsdale Vice Chair	1.0 4.0	X		X			0	0	0
(6) David Sprouse Director	1.0 4.0	X					0	0	0
(7) Karen Alexander Simmons Director	1.0 4.0	X					0	0	0
(8) Larry Lummus Director	1.0 1.0	X					0	0	0
(9) Les O'Farrell Director	1.0 1.0	X					0	0	0
(10) Mark Smith Director	1.0 3.0	X					0	0	0
(11) Martha Morse Director	1.0 6.0	X					0	0	0
(12) Matt Orwig Director	1.0 2.0	X					0	0	0
(13) Myra Starkey Director	1.0 7.0	X					0	0	0
(14) Robert K Feather Director	1.0 7.0	X					0	0	0
(15) Robert Ownby Jr Director	1.0 5.0	X					0	0	0
(16) Scott Sharman Director	1.0 4.0	X					0	0	0
(17) Asennet Segura Chief Operating Officer	50.0 10.0			X			345,108	0	51,702

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) Claudia Oliveira Chief Financial Officer	20.0 40.0			X			428,339	0	71,073
(19) Kari Bass Chief Operating Officer	40.0 20.0			X			324,807	0	47,771
(20) David Krimmel Exec Vice President/CIO	50.0 0.0				X		265,852	0	43,793
(21) Karen Thaxton Exec Vice President - HR	50.0 0.0				X		304,935	0	24,439
(22) Beth Wasserstrum Legal and Compliance Officer	50.0 0.0					X	227,735	0	17,755
(23) David Dauphine Deputy Chief Financial Officer	50.0 0.0					X	270,018	0	8,780
(24) Floyd Hartsell Chief Medical Officer	50.0 0.0					X	294,680	0	22,152
(25) Robert Rapp Exec Vice President- Employment Laws	50.0 0.0					X	222,097	0	31,856
(26) Trevor Woodruff Deputy General Counsel	50.0 0.0					X	268,209	0	17,081
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						4,760,659	56,701	418,059	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 63	
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BDO USA LLP PO BOX 642743 PITTSBURGH, PA 15264	CONSULTING	6,531,960
ONETRUST LLC PO BOX 735381 Chicago, IL 606735381	SOFTWARE DEVELOPMENT	227,620
FORVIS MAZARS LLP 8200 W Interstate 10 Ste 900 San Antonio, TX 782303806	AUDIT SERVICES	159,074
TEMPO HOLDING CO LLC PO BOX 95135 Chicago, IL 60694	SOFTWARE CONSULTING	155,181
TOUCHCARE LLC 111 W 19TH ST NEW YORK, NY 10011	HEALTHCARE SOFTWARE	140,223

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **8**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c		
d Related organizations		1d		
e Government grants (contributions)		1e		
f All other contributions, gifts, grants, and similar amounts not included above		1f	304,977	
g Noncash contributions included in lines 1a - 1f:\$		1g		
h Total. Add lines 1a-1f				304,977

Program Service Revenue		Business Code				
2a INDIRECT EXPENSE REIMBURSEMENTS		531120	50,683,724	50,683,724		
b RENT FROM AFFILIATED EXEMPT ORGANIZATION		561000	664,392	664,392		
c						
d						
e						
f All other program service revenue.			0	0	0	0
g Total. Add lines 2a-2f.		51,348,116				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			19,645,401			19,645,401	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties			224,671			224,671	
	6a Gross rents		(i) Real	(ii) Personal				
		6a	740,058					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	740,058	0			
	d Net rental income or (loss)				740,058			740,058
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a	439,993,088	189,020				
		b Less: cost or other basis and sales expenses	7b	429,679,794				
		c Gain or (loss)	7c	10,313,294	189,020			
	d Net gain or (loss)				10,502,314			10,502,314
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a							
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								

Other Revenue Misc Amt	11a Other Income	Business Code				
		900099	2,872,654			2,872,654
	b					
	c					
	d All other revenue			0	0	0
e Total. Add lines 11a-11d			2,872,654			
12 Total revenue. See instructions			85,638,191	51,348,116	0	33,985,098

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,291,346	19,291,346		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,373	5,373		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,798,355	3,681,119		117,236
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,348,263	18,751,081		597,182
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	725,617	702,677		22,940
9 Other employee benefits	1,334,039	1,284,173		49,866
10 Payroll taxes	1,578,900	1,525,603		53,297
11 Fees for services (non-employees):				
a Management				
b Legal	445,403	445,403		
c Accounting	106,163	106,163		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,891,426	5,885,276	0	6,150
12 Advertising and promotion	137,084	116,419		20,665
13 Office expenses	2,583,889	2,537,754		46,135
14 Information technology				
15 Royalties				
16 Occupancy	1,393,380	1,387,419		5,961
17 Travel	641,783	622,447		19,336
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	341,989	309,164		32,825
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,509,045	2,509,045		
23 Insurance	1,482,083	1,478,168		3,915
24 Other expenses. Itemize expenses not covered 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.)				
a FOOD & SUPPLIES	6,433,724	6,341,061		92,663
b REPAIRS & MAINTENANCE	1,522,417	1,518,662		3,755
c MISCELLANEOUS EXPENSE	1,018,802	786,350		232,452
d GOVERNMENT RELATIONS	322,500	322,500		
e All other expenses	254,368	106,077	0	148,291
25 Total functional expenses. Add lines 1 through 24e	71,165,949	69,713,280	0	1,452,669
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	31,940	1	65,377
	2 Savings and temporary cash investments	105,069,599	2	84,213,306
	3 Pledges and grants receivable, net	0	3	76,033
	4 Accounts receivable, net	51,776	4	57,476
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	154,979	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,331,852	9	6,002,929
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,952,637		
	b Less: accumulated depreciation	10b 29,742,816	31,699,608	10c 48,209,821
	11 Investments—publicly traded securities	690,706,855	11	714,032,741
	12 Investments—other securities. See Part IV, line 11	2,182,491	12	4,326,106
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,862,490	15	46,353,279
16 Total assets: Add lines 1 through 15 (must equal line 33)	868,091,590	16	903,337,068	
Liabilities	17 Accounts payable and accrued expenses	4,814,684	17	3,662,340
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,436,491	25	678,717
	26 Total liabilities. Add lines 17 through 25	6,251,175	26	4,341,057
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	857,087,451	27	891,903,652
	28 Net assets with donor restrictions	4,752,964	28	7,092,359
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	861,840,415	32	898,996,011
	33 Total liabilities and net assets/fund balances	868,091,590	33	903,337,068

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	85,638,191
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,165,949
3	Revenue less expenses. Subtract line 2 from line 1	3	14,472,242
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	861,840,415
5	Net unrealized gains (losses) on investments	5	22,683,354
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	898,996,011

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	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.		

Additional Data

Return to Form

Software ID: 24020961

Software Version: 2024v5.1

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Public Charity Status and Public Support
Complete if the organization is a **section 501(c)(3) organization** or a **section 4947(a)(1) nonexempt charitable trust.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FirstDay Foundation

Employer identification number
74-2874382

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 21
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) BCFS HEALTH AND HUMAN SERVICES	741260710	7	Yes		1,642,868	0
(B) BRECKENRIDGE VILLAGE	742833616	7	Yes		1,593,595	0
(C) CHILDREN'S EMERGENCY RELIEF INTERNATIONAL	742933669	7	Yes		1,832,516	0
(D) INNOVATIVE NETWORK OF KNOWLEDGE	455251954	7	Yes		1,381,706	0
(E) SILVER CLIFF RANCH	562573060	9	Yes		482,219	0
(F) COMPASS CONNECTIONS	461394166	7	Yes		3,470,226	0
(G) HELPING OPPRESSED PEOPLE EVERYWHERE	832549019	9		No	50,000	0
(H) CORAZON MINSTIRES INC	200319533	7		No	135,000	0
(I) SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL	742896432	7		No	215,000	0
(J) THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN (YMCA OF AUSTIN)	741193464	9		No	250,000	0
(K) SOUTH ALAMO REGIONAL ALLIANCE FOR THE HOMELESS	743013287	7		No	10,000	0

(L) HILL COUNTRY CASA	742551029	7		No	10,000	0
(M) HAVEN FOR HOPE OF BEXAR COUNTY	208075412	7		No	40,000	0
(N) SAN ANTONIO COUNCIL ON ALCOHOL & DRUG AWARENESS	741340188	7		No	10,000	0
(O) KERRVILLE PETS ALIVE	843809318	9		No	27,720	0
(P) MERCY CHEFS	205050449	7		No	18,220	0
(Q) OPERATION BBQ RELIEF INC	452442792	7		No	17,320	0
(R) UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY	741272381	7		No	10,000	0
(S) THE COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY	742225369	8		No	36,740	0
(T) CHRISTIAN ASSISTANCE MINISTRY INC	741947967	1		No	185,000	0
(U) CEDARS ACADEMY	742960628	2		No	10,000	0
Total	21				11,428,130	0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2024

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
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) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; Row 20: Private foundation.

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		No
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).	Yes	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	Yes	
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.	Yes	
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.	Yes	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		No
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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	Yes	
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?	Yes	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	Yes	
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 .		No
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).		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		No
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 .		No
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		No
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		No
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).		

Part IV Supporting Organizations (continued)

- | | Yes | No |
|------------|-----|----|
| | | |
| 11a | | No |
| 11b | | No |
| 11c | | No |
- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

Section B. Type I Supporting Organizations

- | | Yes | No |
|----------|-----|----|
| | | |
| 1 | | |
| 2 | | |
- 1** Did the officers, 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 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.*

Section C. Type II Supporting Organizations

- | | Yes | No |
|----------|-----|----|
| | | |
| 1 | Yes | |
- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

Section D. All Type III Supporting Organizations

- | | Yes | No |
|----------|-----|----|
| | | |
| 1 | | |
| 2 | | |
| 3 | | |
- 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?
- 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).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

- 2** Activities Test. **Answer lines 2a and 2b below.**

- | | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | |
| 2b | | |
- a** 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.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

- 3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- | | Yes | No |
|-----------|-----|----|
| | | |
| 3a | | |
| 3b | | |
- a** 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? *If "Yes" or "No", provide details in Part VI.*
- 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.*

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	The organization's supported organizations are categorized into two groups, which are (A) its listed supported sister organizations and (B) other publicly supported organizations whose primary purpose is to provide services to its community. FirstDay Foundation has a historic and continuing relationship spanning many years with its supported sister organizations, which include BCFS Health and Human Services, Silver Cliff Ranch, Breckenridge Village of Tyler, Children's Emergency Relief International, Innovative Network of Knowledge, Compass Connections, and Emergency Management and Response, which are all directly listed as supported organizations in FirstDay Foundation's bylaws. Additionally, the bylaws of FirstDay Foundation have been amended to identify other supported organizations by class, covering publicly supported organizations that service the community in ways that align with the mission of the organization. These organizations have had a long and continuous relationship with FirstDay Foundation for many years, which is to fulfill its community's needs.
Schedule A, Part IV, Section A, Line 2 Supported Org. Without IRS Status 509(a)1 or (2)	FirstDay Foundation provides support to two related organizations with an exempt status under 509(a)(3): Compass United and National Emergency Management and Response (NEMR). BOTH COMPASS UNITED AND NATIONAL EMERGENCY MANAGEMENT AND RESPONSE ARE DEEMED TO BE PERMISSIBLE BENEFICIARIES BECAUSE THEY ARE SUPPORTING ORGANIZATIONS OF COMPASS CONNECTIONS AND EMERGENCY MANAGEMENT AND RESPONSE, BOTH OF WHICH ARE ALSO SUPPORTED ORGANIZATIONS OF FIRSTDAY FOUNDATION. THROUGH AWARDED GRANTS TO COMPASS UNITED AND NATIONAL EMERGENCY AND RESPONSE, FIRSTDAY FOUNDATION IS ALSO SUPPORTING COMPASS CONNECTIONS AND EMERGENCY MANAGEMENT AND RESPONSE.
Schedule A, Part IV, Section A, Line 3b Qualified Under 501C(4)(5) Or (6)	FIRSTDAY FOUNDATION REVIEWED THE 501(C)(6) ORGANIZATION'S HISTORICAL FORM 990 FILINGS AND DETERMINED THAT THE ORGANIZATION PASSED THE PUBLIC SUPPORT TEST DUE TO THE NATURE OF THEIR REVENUES. THE 501(C)(6) ORGANIZATION'S REVENUES ARE LARGELY DRIVEN BY FUNDRAISING, PHILANTHROPIC CONTRIBUTIONS, AND GOVERNMENT FUNDING. FIRSTDAY FOUNDATION DETERMINED THAT 72.25% OF THE ORGANIZATION'S SUPPORT WAS DERIVED FROM PUBLIC SUPPORT.
Schedule A, Part IV, Section A, Line 3c Support To Org. Used Exclusively Sec. 170(c)(2)(B) Purposes	FIRSTDAY FOUNDATION ENSURED THAT THE GRANTS WERE USED FOR CHARITABLE PURPOSES UNDER SECTION 170(C)(2)(B) BY EXPRESSLY INDICATING THE PURPOSE OF THE CONTRIBUTION AND OBTAINING A GUARANTEE LETTER FROM THE 501(C)(6) ORGANIZATION THAT COMMITS THAT THE FUNDS WILL BE USED FOR CHARITABLE PURPOSES.
Schedule A, Part IV, Section A, Line 5a Added, Substituted, or Removed Sup. Org.	As indicated on Item 1 above, FirstDay Foundation supports two groups of supported organizations. The supported organizations in the first group are the supported sister organizations, which include BCFS Health and Human Services, Silver Cliff Ranch, Breckenridge Village of Tyler, Children's Emergency Relief International, Innovative Network of Knowledge, Compass Connections, and Emergency Management and Response. These organizations were added to FirstDay Foundation's bylaws. The second group is defined more broadly by class in the organization's restated bylaws as organizations whose missions and values align with FirstDay Foundation and whose activities and efforts support and fulfill its community's needs. THE NATURE OF FIRST DAY FOUNDATION'S ACTIVITIES IS SUCH THAT IT MAY VARY THE AMOUNT OF SUPPORT IT PROVIDES TO A PARTICULAR SUPPORTED ORGANIZATION IN THIS SECOND GROUP FROM YEAR TO YEAR. FOR EXAMPLE, IN SOME YEARS A SUPPORTED ORGANIZATION MAY RECEIVE A GRANT THAT IS INTENDED TO PROVIDE SUPPORT FOR MORE THAN A YEAR. THUS, THE ORGANIZATION MAY NOT RECEIVE ANOTHER GRANT FROM FIRSTDAY FOUNDATION FOR ONE OR MORE YEARS FOLLOWING THE YEAR THAT THE MULTI-YEAR GRANT WAS MADE. HOWEVER, IT DOES NOT MEAN THAT THE ORGANIZATION HAS BEEN REMOVED OR SUBSTITUTED AS A SUPPORTED ORGANIZATION BY FIRST DAY FOUNDATION. IN THE EVENT A SUPPORTED ORGANIZATION IS ADDED, SUBSTITUTED, OR REMOVED BY THE FIRSTDAY FOUNDATION, THERE MAY BE A NUMBER OF REASONS WHY THIS OCCURS. THE REASONS CAN INCLUDE A SHIFT IN THE FINANCIAL NEEDS OF ORGANIZATION'S SUPPORTED BY FIRSTDAY FOUNDATION, THE SUPPORTED ORGANIZATION GOES OUT OF EXISTENCE, ANOTHER NEW SUPPORTED ORGANIZATION REQUIRES MORE FINANCIAL ASSISTANCE, OR FOR OTHER SIMILAR REASONS, WITH SOME OF THE REASONS OUT OF THE CONTROL OF FIRSTDAY FOUNDATION.

Additional Data

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Schedule of Contributors

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

Name of the organization FirstDay Foundation	Employer identification number 74-2874382
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization
FirstDay Foundation

Employer identification number
74-2874382

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 FirstDay Foundation

Employer identification number
 74-2874382

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization FirstDay Foundation	Employer identification number 74-2874382
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

Additional Data

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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization FirstDay Foundation	Employer identification number 74-2874382
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
2	Political campaign activity expenditures. See instructions	▶	\$ _____
3	Volunteer hours for political campaign activities. See instructions		_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	90,000
c Total lobbying expenditures (add lines 1a and 1b)	0	90,000
d Other exempt purpose expenditures	69,713,280	533,838,846
e Total exempt purpose expenditures (add lines 1c and 1d)	69,713,280	533,928,846
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	0
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	300,000	277,500	831,134	90,000	1,498,634
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part I-A, Line 1 Lobbying Activity	FIRSTDAY FOUNDATION RETAINED GOVERNMENT RELATIONS SERVICES TO SUPPORT SITUATIONAL AWARENESS OF POLICY AND REGULATORY MATTERS WITHIN FEDERAL AGENCIES AND AT THE STATE-LEVEL IN LOUISIANA, AS WELL AS FACILITATING INTRODUCTIONS TO LEADERS WITH WHOM FIRSTDAY FOUNDATION'S PASSION FOR IMPROVING EFFICIENCY AND EFFECTIVENESS COULD SUPPORT GOOD POLICY MAKING.

Additional Data

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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990.**

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

Name of the organization
FirstDay Foundation

Employer identification number

74-2874382

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? **Yes** **No**

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,197,167	4,427,651	4,038,020	4,370,231	3,577,767
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	2,546,228	213,195	503,742	-155,568	893,961
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	401,846	2,443,679	114,111	176,643	101,497
f Administrative expenses	0	0	0	0	0
g End of year balance	4,341,549	2,197,167	4,427,651	4,038,020	4,370,231

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 70 %
 - c** Term endowment ▶ 30 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|------------------|----|
| (i) Unrelated organizations | 3a(i) Yes | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,566,397		8,566,397
b Buildings		48,663,364	24,085,260	24,578,104
c Leasehold improvements		955,606	913,688	41,918
d Equipment		6,557,419	4,738,792	1,818,627
e Other		13,209,851	5,076	13,204,775
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				48,209,821

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and rows (A) through (H). Total row at the bottom.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9). Total row at the bottom.

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) Due from Related Party, (2) Right of Use Asset - Leases, and rows (2) through (9). Total row at the bottom.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include (1) Federal income taxes, ADVANCES FROM RELATED PARTIES, OPERATING LEASE LIABILITIES. Total row at the bottom.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	105,984,047
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	22,683,354	
b	Donated services and use of facilities	2b	0	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e	22,683,354	
3	Subtract line 2e from line 1	3	83,300,693	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	2,337,498	
c	Add lines 4a and 4b	4c	2,337,498	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	85,638,191	

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

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

1	Total expenses and losses per audited financial statements		1	71,165,949
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	0	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d	2e	0	
3	Subtract line 2e from line 1	3	71,165,949	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b	4c	0	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	71,165,949	

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 ASC 740 FOOTNOTE	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.
Schedule D, Part V, Line 4 Intended uses of endowment funds	INCOME EARNED ON ENDOWMENT FUNDS IS USED FOR GENERAL SUPPORT OF FIRSTDAY FOUNDATION AND RELATED ENTITIES.
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Change in Restricted Net Assets - 2337498

Additional Data

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Software ID: 24020961

Software Version: 2024v5.1

**Schedule I
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

**Open to Public
Inspection**

Name of the organization
FirstDay Foundation

Employer identification number
74-2874382

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HELPING OPRESSED PEOPLE EVERYWHERE 4025 Feather Lakes Way 5521 Kingswood, TX 77325	83-2549019	501(c)(3)	50,000				GENERAL SUPPORT
(2) CORAZON MINSTIRES INC 230 E Travis St San Antonio, TX 78205	20-0319533	501(c)(3)	135,000				GENERAL SUPPORT
(3) SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL 7500 US Highway 90 W 200 San Antonio, TX 78227	74-2896432	501(c)(3)	215,000				GENERAL SUPPORT
(4) THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN (YMCA OF AUSTIN) 4000 S IH - 35 Frontage Road Austin, TX 78704	74-1193464	501(c)(3)	250,000				GENERAL SUPPORT
(5) SOUTH ALAMO REGIONAL ALLIANCE FOR THE HOMELESS PO BOX 7613 San Antonio, TX 78207	74-3013287	501(c)(3)	10,000				GENERAL SUPPORT
(6) HILL COUNTRY CASA PO BOX 290965 Kerrville, TX 78028	74-2551029	501(c)(3)	10,000				GENERAL SUPPORT
(7) CHRISTIAN ASSISTANCE MINISTRY INC 110 McCullough Avenue San Antonio, TX 78215	74-1947967	501(c)(3)	185,000				GENERAL SUPPORT
(8) CEDARS ACADEMY 8416 N IH 35 Austin, TX 78753	74-2960628	501(c)(3)	10,000				GENERAL SUPPORT
(9) THE GREATER SAN ANTONIO CHAMBER OF COMMERCE 602 E Commerce San Antonio, TX 78205	74-0878900	501(c)(6)	130,000				GENERAL SUPPORT
(10) HAVEN FOR HOPE OF BEXAR COUNTY 1 Haven for Hope Way San Antonio, TX 78207	20-8075412	501(c)(3)	40,000				GENERAL SUPPORT
(11) SAN ANTONIO COUNCIL ON ALCOHOL & DRUG AWARENESS 7500 US HWY 90 W Suite 201 San Antonio, TX 78227	74-1340188	501(c)(3)	10,000				GENERAL SUPPORT
(12) UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY 700 S Alamo San Antonio, TX 78205	74-1272381	501(c)(3)	10,000				GENERAL SUPPORT
(13) OPERATION BBQ RELIEF INC PO Box 414378 WS 198 Kansas City, MO 64141	45-2442792	501(c)(3)	17,320				GENERAL SUPPORT

(14) THE COMMUNITY FOUNDATION OF THE TEXAS HILL COUNTRY 241 Earl Garrett Street Kerrville, TX 78028	74-2225369	501(c)(3)	36,740			GENERAL SUPPORT
(15) KERRVILLE PETS ALIVE 317 Sidney Baker S Suite 400 Kerrville, TX 78028	84-3809318	501(c)(3)	27,720			GENERAL SUPPORT
(16) MERCY CHEFS 711 Washington St Portsmouth, V A 23704	20-5050449	501(c)(3)	18,220			GENERAL SUPPORT
(17) BRECKENRIDGE VILLAGE PO BOX 461685 San Antonio, TX 78246	74-2833616	501(c)(3)	1,593,595			SEE PART IV
(18) NATIONAL EMERGENCY MANAGEMENT AND RESPONSE PO BOX 790487 San Antonio, TX 78279	74-2603561	501(c)(3)	7,113,535			SEE PART IV
(19) BCFS HEALTH AND HUMAN SERVICES PO BOX 460608 San Antonio, TX 78246	74-1260710	501(c)(3)	1,642,868			SEE PART IV
(20) CHILDREN'S EMERGENCY RELIEF INTERNATIONAL 7730 S I-35 FRONTAGE RD AUSTIN, TX 78745	74-2933669	501(c)(3)	1,832,516			SEE PART IV
(21) COMPASS UNITED PO BOX 791090 San Antonio, TX 78246	62-1867350	501(c)(3)	45,614			SEE PART IV
(22) SILVER CLIFF RANCH PO BOX 461447 San Antonio, TX 78246	56-2573060	501(c)(3)	482,219			SEE PART IV
(23) INNOVATIVE NETWORK OF KNOWLEDGE PO BOX 461366 San Antonio, TX 78246	45-5251954	501(c)(3)	1,381,706			SEE PART IV
(24) COMPASS CONNECTIONS PO BOX 791090 San Antonio, TX 78279	46-1394166	501(c)(3)	3,470,226			SEE PART IV

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	23
3	Enter total number of other organizations listed in the line 1 table	1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Individual Assistance	4	5,373			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II, Line 1(h) PURPOSE OF GRANT OR ASSISTANCE	REVENUE RAISED BY FIRSTDAY FOUNDATION FOR THE SUPPORT OF RELATED EXEMPT ORGANIZATIONS, INCLUDING CHILDREN'S EMERGENCY RELIEF INTERNATIONAL, BCFS HEALTH AND HUMAN SERVICES, COMPASS CONNECTIONS, NATIONAL EMERGENCY MANAGEMENT AND RESPONSE, SILVER CLIFF RANCH, EMERGENCY MANAGEMENT AND RESPONSE, BRECKENRIDGE VILLAGE, AND INNOVATIVE NETWORK OF KNOWLEDGE.
Schedule I, Part III, Column (a) ASSISTANCE TO INDIVIDUALS	FIRSTDAY FOUNDATION PROVIDED ASSISTANCE TO INDIVIDUALS FOR THEIR INDIVIDUAL NEEDS BASED ON THE FACTS AND CIRCUMSTANCES OF EACH CASE, INCLUDING ASSISTANCE TO COVER EXPENSES FOR ITEMS SUCH AS FUNERAL EXPENSES, HOUSING AND FOOD, AND LEGAL EXPENSES.
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	FIRSTDAY FOUNDATION MAKES GRANTS TO RELATED EXEMPT ORGANIZATIONS, INCLUDING CHILDREN'S EMERGENCY RELIEF INTERNATIONAL, BCFS HEALTH AND HUMAN SERVICES, SILVER CLIFF RANCH, BRECKENRIDGE VILLAGE, INNOVATIVE NETWORK OF KNOWLEDGE, COMPASS CONNECTIONS, EMERGENCY MANAGEMENT AND RESPONSE AND NATIONAL EMERGENCY MANAGEMENT AND RESPONSE. FIRSTDAY FOUNDATION ALSO PROVIDES GRANTS TO VARIOUS EXTERNAL CHARITABLE ORGANIZATIONS AS NEEDED BASED ON FACTS AND CIRCUMSTANCES OF THE REQUEST. THE RECIPIENTS ARE REQUIRED TO KEEP RECEIPTS AND TO PROVIDE A WRITTEN REPORT SUMMARIZING HOW THE GRANT FUNDS WERE USED.

Additional Data

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Software ID: 24020961
Software Version: 2024v5.1

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

(Rev. January 2025)

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FirstDay Foundation

Employer identification number
74-2874382

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Kevin Dinnin President and CEO	(i)	563,771	0	1,181,000	66,523	15,134	1,826,428	0
	(ii)	0	0	0	0	0	0	0
2 Claudia Oliveira Chief Financial Officer	(i)	334,862	85,000	8,477	48,318	22,755	499,412	0
	(ii)	0	0	0	0	0	0	0
3 Asennet Segura Chief Operating Officer	(i)	289,881	52,501	2,726	38,750	12,952	396,810	0
	(ii)	0	0	0	0	0	0	0
4 Kari Bass Chief Operating Officer	(i)	258,816	51,300	14,691	28,001	19,770	372,578	0
	(ii)	0	0	0	0	0	0	0
5 Karen Thaxton Exec Vice President - HR	(i)	249,614	50,000	5,321	14,646	9,793	329,374	0
	(ii)	0	0	0	0	0	0	0
6 David Krimmel Exec Vice President/CIO	(i)	210,970	48,000	6,882	24,232	19,561	309,645	0
	(ii)	0	0	0	0	0	0	0
7 Floyd Hartsell Chief Medical Officer	(i)	270,776	17,046	6,858	15,553	6,599	316,832	0
	(ii)	0	0	0	0	0	0	0
8 David Dauphine Deputy Chief Financial Officer	(i)	246,296	22,500	1,222	2,181	6,599	278,798	0
	(ii)	0	0	0	0	0	0	0
9 Robert Rapp Exec Vice President- Employment Laws	(i)	180,875	33,361	7,861	14,873	16,983	253,953	0
	(ii)	0	0	0	0	0	0	0
10 Trevor Woodruff Deputy General Counsel	(i)	200,573	67,000	636	13,892	3,189	285,290	0
	(ii)	0	0	0	0	0	0	0
11 Beth Wasserstrum Legal and Compliance Officer	(i)	201,247	25,517	971	11,156	6,599	245,490	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	KEVIN DINNIN PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN.

Additional Data

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Software ID: 24020961

Software Version: 2024v5.1

SCHEDULE O
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
FirstDay Foundation

Employer identification number
74-2874382

Return Reference	Explanation
Form 990, Part I, Line 1 Brief Summary	FIRSTDAY FOUNDATION IS A CHARITABLE ORGANIZATION THAT PROVIDES PHILANTHROPIC GRANTS AND MANAGEMENT AND GOVERNANCE SERVICES TO NONPROFIT ORGANIZATIONS DOING GOOD WORK ACROSS THE GLOBE. OUR GOAL IS TO ELEVATE AND ENHANCE THE WORK NONPROFITS ARE DOING TO SERVE CHILDREN, FAMILIES AND COMMUNITIES IN NEED THROUGHOUT THE WORLD; MAKING GOOD, GREATER.
Form 990, Part VI, Line 2 Business Relationships	PER THE IRS INSTRUCTIONS, CERTAIN BUSINESS RELATIONSHIPS BETWEEN THE ORGANIZATION'S CURRENT OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES, AS REPORTED IN PART VII, SECTION A, MUST BE DISCLOSED. BECAUSE OF THE INTERRELATED NATURE OF THE FILING ORGANIZATION WITH ITS RELATED ENTITIES (AS DISCLOSED ON SCHEDULE R), ALL OF THE OFFICERS AND DIRECTORS WITH OVERLAPPING RESPONSIBILITIES HAVE BUSINESS RELATIONSHIPS WITH EACH OTHER.
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE EVP CFO REVIEWS THE 990 BY COMPARING PRIOR RETURN WITH CURRENT RETURN. IN ADDITION, ALL FINANCIAL DATA ON THE 990 IS RECONCILED TO THE FINANCIAL STATEMENTS. AFTER REVIEW IS MADE BY THE TREASURER, THE EVP CFO WILL THEN REVIEW THE RETURN WITH THE PRESIDENT BEFORE CONSIDERING FINALIZING THE RETURN. THE FILED 990 IS PRESENTED TO THE BOARD DURING ONE OF ITS BOARD MEETINGS.
Form 990, Part VI, Line 12c Conflict of interest policy	ALL MEMBERS OF THE GOVERNING BOARD AND OFFICERS ARE COVERED WITH THE CONFLICT OF INTEREST AND COMPLIANCE POLICY AND REQUIREMENTS. ALL MEMBERS OF THE GOVERNING BOARD AND OFFICERS MUST COMPLETE A CONFLICT-OF-INTEREST DISCLOSURE ON AN ANNUAL BASIS. IF A CONFLICT OF INTEREST SHOULD ARISE, THE PERSON ASSOCIATED WITH THE CONFLICT IS EXCLUDED FROM DISCUSSION, DEBATE AND DECISION MAKING ON THE MATTER. THIS SHALL INCLUDE THE PERSON WITH THE CONFLICT BEING EXCLUDED FROM A MEETING WHERE ANY MATTER ASSOCIATED WITH THE CONFLICT IS DISCUSSED.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	EACH YEAR, THE FIRSTDAY FOUNDATION BOARD OF TRUSTEES EXECUTIVE COMMITTEE, WHICH IS MADE UP OF THE CHAIRPERSON, VICE-CHAIRPERSON, PRESIDENT/CEO, SECRETARY, TREASURER, IMMEDIATE PAST CHAIRPERSON AND GENERAL COUNSEL, REQUESTS FROM THE EXECUTIVE VICE PRESIDENT OF HUMAN RESOURCES CURRENT SALARY SURVEYS FOR ORGANIZATIONS IN TEXAS AND THE U.S., BOTH NONPROFIT AND FOR PROFIT. ADDITIONALLY, A SCHEDULE OF SALARY RANGES OF THE EXECUTIVE COMPENSATION FOR NONPROFIT AND OTHER ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY IS PROVIDED. THE PRESIDENT/CEO DOES NOT PARTICIPATE THE MEETING IN WHICH HIS COMPENSATION IS CONSIDERED. THE COMMITTEE ARRIVES AT THE COMPENSATION OR ONE-TIME BONUS FOR THE PRESIDENT/CEO AFTER REVIEW AND DISCUSSION OF THE SUPPORTING DATA. THE DECISION OF THE COMMITTEE IS PRESENTED TO THE BOARD OF TRUSTEES FOR RATIFICATION.
Form 990, Part VI, Line 15b Process to establish compensation of other employees	EACH YEAR THE CEO WILL REVIEW THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES PRIOR TO THE FINALIZATION OF THE AGENCY BUDGET BASED ON THE EVALUATION OF SIMILAR POSITIONS FOR NONPROFIT AND OTHER ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY.
Form 990, Part VI, Line 19 Required documents available to the public	THE FORM 990, FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED UPON REQUEST TO THE PUBLIC BY CONTACTING THE FIRSTDAY FOUNDATION CORPORATE OFFICE.
Form 990, Part VII, Section A GEORGE COWDEN COMPENSATION	GEORGE COWDEN, VICE-CHAIR/SECRETARY, RECEIVES COMPENSATION FROM BOTH THE FILING ORGANIZATION AND RELATED ORGANIZATIONS FOR LEGAL SERVICES PROVIDED TO THE ORGANIZATION. NO PART OF HIS COMPENSATION WAS PROVIDED FOR HIS SERVICE AS A BOARD MEMBER.

Additional Data

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Software ID: 24020961

Software Version: 2024v5.1

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
FirstDay Foundation

Employer identification number

74-2874382

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BRECKENRIDGE VILLAGE PO BOX 461685 San Antonio, TX 78246 74-2833616	ADULT CARE SERVICES	TX	501(c)(3)	7	Firstday	Yes	
(2) NATIONAL EMERGENCY MANAGEMENT AND RESPONSE PO BOX 790487 San Antonio, TX 78279 74-2603561	All Hazards Emergency Management	TX	501(c)(3)	Type II	Firstday	Yes	
(3) BCFS HEALTH AND HUMAN SERVICES PO BOX 460608 San Antonio, TX 78246 74-1260710	Community Based Care for at risk families and children	TX	501(c)(3)	7	Firstday	Yes	
(4) CHILDREN'S EMERGENCY RELIEF INTERNATIONAL 7730 S I-35 FRONTAGE RD AUSTIN, TX 78745 74-2933669	CHILD BASED SERVICES	TX	501(c)(3)	7	Firstday	Yes	
(5) COMPASS UNITED PO BOX 791090 San Antonio, TX 78246 62-1867350	Services for community's most vulnerable children and their caregivers	TX	501(c)(3)	Type II	Firstday	Yes	
(6) SILVER CLIFF RANCH PO BOX 461447 San Antonio, TX 78246 56-2573060	Camp for Youth and Families	TX	501(c)(3)	10	Firstday	Yes	
(7) INNOVATIVE NETWORK OF KNOWLEDGE PO BOX 461366 San Antonio, TX 78246 45-5251954	EDUCATIONAL SERVICES	TX	501(c)(3)	7	Firstday	Yes	
(8) COMPASS CONNECTIONS 2330 N Loop 1604 West San Antonio, TX 78248 46-1394166	Services for community's most vulnerable children and their caregivers	TX	501(c)(3)	7	Firstday	Yes	
(9) EMERGENCY MANAGEMENT AND REPOSE PO BOX 790487 San Antonio, TX 78279 88-3550714	All Hazards Emergency Management	TX	501(c)(3)	7	Firstday	Yes	
(10) HELPING OPRESSED PEOPLE EVERYWHERE 4025 Feather Lakes Way 5521 Kingswood, TX 77325 83-2549019	PUBLIC ASSISTANCE	TX	501(c)(3)	10	NA		No
(11) CORAZON MINSTIRES INC 230 E Travis St San Antonio, TX 78205 20-0319533	PUBLIC ASSISTANCE	TX	501(c)(3)	7	NA		No
(12) SOUTHWEST TEXAS REGIONAL ADVISORY COUNCIL	PUBLIC ASSISTANCE	TX	501(c)(3)	7	NA		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
7500 US Highway 90 W 200 San Antonio, TX 78227 74-2896432							
(13)THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN (YMCA OF AUSTIN) 4000 S IH - 35 Frontage Road Austin, TX 78704 74-1193464	PUBLIC ASSISTANCE	TX	501(c)(3)	10	NA		No
(14)SOUTH ALAMO REGIONAL ALLIANCE FOR THE HOMELESS PO BOX 7613 San Antonio, TX 78207 74-3013287	PUBLIC ASSISTANCE	TX	501(c)(3)	7	NA		No
(15)HILL COUNTRY CASA PO BOX 290965 Kerrville, TX 78028 74-2551029	PUBLIC ASSISTANCE	TX	501(c)(3)	7	NA		No
(16)HAVEN FOR HOPE OF BEXAR COUNTY 1 Haven for Hope Way San Antonio, TX 78207 20-8075412	PUBLIC ASSISTANCE	TX	501(c)(3)	7	NA		No
(17)SAN ANTONIO COUNCIL ON ALCOHOL & DRUG AWARENESS 7500 US HWY 90 W Suite 201 San Antonio, TX 78227 74-1340188	PUBLIC ASSISTANCE	TX	501(c)(3)	7	NA		No
(18)UNITED WAY OF SAN ANTONIO AND BEXAR COUNTY 700 S Alamo San Antonio, TX 78205 74-1272381	PUBLIC ASSISTANCE	TX	501(c)(3)	7	NA		No
(19)OPERATION BBQ RELIEF INC PO Box 414378 WS 198 Kansas City, MO 64141 45-2442792	PUBLIC ASSISTANCE	MO	501(c)(3)	7	NA		No
(20)KERRVILLE PETS ALIVE 317 Sidney Baker S Suite 400 Kerrville, TX 78028 84-3809318	PUBLIC ASSISTANCE	TX	501(c)(3)	10	NA		No
(21)MERCY CHEFS 711 Washington St Portsmouth, VA 23704 20-5050449	PUBLIC ASSISTANCE	VA	501(c)(3)	7	NA		No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) National Emergency Management and Response	Q	553,591	Actual Cash Paid
(2) Breckenridge Village	Q	857,015	Actual Cash Paid
(3) Children's Emergency Relief International	Q	173,056	Actual Cash Paid
(4) BCFS Health and Human Services	Q	2,452,961	Actual Cash Paid
(5) Silver Cliff Ranch	Q	178,012	Actual Cash Paid
(6) Innovative Network of Knowledge	Q	2,860,982	Actual Cash Paid
(7) Emergency Management and Response	Q	79,683	Actual Cash Paid
(8) Compass Connections	Q	47,478,436	Actual Cash Paid
(9) Compass Connections	A	335,443	Actual Cash Paid
(10) Compass Connections	O	143,668	Actual Cash Paid
(11) National Emergency Management and Response	P	66,830	Actual Cash Paid
(12) Breckenridge Village	P	78,873	Actual Cash Paid
(13) BCFS Health and Human Services	P	279,482	Actual Cash Paid
(14) Silver Cliff Ranch	P	422,713	Actual Cash Paid
(15) Compass Connections	P	539,245	Actual Cash Paid
(16) Breckenridge Village	D	411,000	Actual Cash Paid
(17) BCFS Health and Human Services	A	60,965	Actual Cash Paid
(18) Children's Emergency Relief International	A	14,318	Actual Cash Paid
(19) National Emergency Management and Response	A	253,666	Actual Cash Paid
(20) BCFS Health and Human Services	B	1,642,868	Actual Cash Paid
(21) Silver Cliff Ranch	B	482,219	Actual Cash Paid
(22) Breckenridge Village	B	1,593,595	Actual Cash Paid
(23) Children's Emergency Relief International	B	1,832,516	Actual Cash Paid
(24) National Emergency Management and Response	B	7,113,535	Actual Cash Paid
(25) Compass Connections	B	3,470,226	Actual Cash Paid
(26) Innovative Network of Knowledge	B	1,381,706	Actual Cash Paid

Part VII Supplemental Information

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

Return Reference

Explanation

Schedule R (Form 990) (Rev. 1-2025)

Additional Data[Return to Form](#)**Software ID:** 24020961**Software Version:** 2024v5.1

Name: FirstDay Foundation
EIN: 74-2874382
Software ID: 24020961
Software Version: 2024v5.1

Affiliated Group Business Name:	FirstDay Foundation
Address. Either US or Foreign Type:	1506 BEXAR CROSSING SAN ANTONIO, TX 78232
EIN:	74-2874382
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	69,713,280
Total Exempt Purpose Expenditures:	69,713,280
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	BRECKENRIDGE VILLAGE
Address. Either US or Foreign Type:	PO BOX 461685 San Antonio, TX 78246
EIN:	74-2833616
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	54,000
Total Lobbying Expenditures:	54,000
Other Exempt Purpose Expenditures:	5,715,029
Total Exempt Purpose Expenditures:	5,769,029
Lobbying Nontaxable Amount:	438,451
Grassroots Nontaxable Amount:	109,613
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	COMPASS CONNECTIONS
Address. Either US or Foreign Type:	PO BOX 791090 San Antonio, TX 78279
EIN:	46-1394166
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	400,773,572
Total Exempt Purpose Expenditures:	400,773,572
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	COMPASS UNITED
Address. Either US or Foreign Type:	PO BOX 791090 San Antonio, TX 78279
EIN:	62-1867350
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	0
Total Exempt Purpose Expenditures:	0
Lobbying Nontaxable Amount:	0
Grassroots Nontaxable Amount:	0
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	BCFS HEALTH AND HUMAN SERVICES
Address. Either US or Foreign Type:	PO BOX 460608 San Antonio, TX 78246
EIN:	74-1260710
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	36,000
Total Lobbying Expenditures:	36,000
Other Exempt Purpose Expenditures:	24,442,297
Total Exempt Purpose Expenditures:	24,478,297
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	CHILDREN'S EMERGENCY RELIEF INTERNATIONAL
Address. Either US or Foreign Type:	PO BOX 460047 San Antonio, TX 78246
EIN:	74-2933669
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,476,803
Total Exempt Purpose Expenditures:	1,476,803
Lobbying Nontaxable Amount:	222,680
Grassroots Nontaxable Amount:	55,670
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	NATIONAL EMERGENCY MANAGEMENT & RESPONSE
Address. Either US or Foreign Type:	PO BOX 790487 San Antonio, TX 78279
EIN:	74-2603561
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	195,415
Total Exempt Purpose Expenditures:	195,415
Lobbying Nontaxable Amount:	39,083
Grassroots Nontaxable Amount:	9,771
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	INNOVATIVE NETWORK OF KNOWLEDGE
Address. Either US or Foreign Type:	PO BOX 461366 San Antonio, TX 78246
EIN:	45-5251954
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	25,096,651
Total Exempt Purpose Expenditures:	25,096,651
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	SILVER CLIFF RANCH
Address. Either US or Foreign Type:	PO BOX 461447 San Antonio, TX 78246
EIN:	56-2573060
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	634,825
Total Exempt Purpose Expenditures:	634,825
Lobbying Nontaxable Amount:	120,224
Grassroots Nontaxable Amount:	30,056
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	EMERGENCY MANAGEMENT AND RESPONSE
Address. Either US or Foreign Type:	PO BOX 790487 San Antonio, TX 78279
EIN:	88-3550714
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	5,790,974
Total Exempt Purpose Expenditures:	5,790,974
Lobbying Nontaxable Amount:	439,549
Grassroots Nontaxable Amount:	109,887
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	FIRSTDAY FOUNDATION
Address. Either US or Foreign Type:	1506 BEXAR CROSSING SAN ANTONIO, TX 78232
EIN:	74-2874382
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	69,713,280
Total Exempt Purpose Expenditures:	69,713,280
Lobbying Nontaxable Amount:	1,000,000
Grassroots Nontaxable Amount:	250,000
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0