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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

		For th	e 2008 calen	dar year,	or tax year beginni	ng 7/01	, 200	8, and endir	ng 6/3	30		, 2009	
	В	Check if	applicable	[1					D Emplo	yer Ident	fication Number	
		Add	dress change	Please use IRS label	LAS CUMBRES	COMMUNITY SE	RVICES,	INC.		23-	7144	268	
		\vdash	me change	or print or type	PO BOX 1362		•			E Teleph			
		\vdash	-	See	ESPANOLA, N	1 87532-1362				505	753	-4123	
		⊢–	ial return	specific instruc-						303	733	4123	
		Ter	mination	tions.								4 407	200
		∐ Am	ended return						,	G Gross r			
		App	olication pending	l	and address of principal of	ficer			H(a) Is this a			liales? Yes	XNo
				Same 1	As C Above				H(b) Are all	affiliates inc attach a list		tructions) Yes	∐ No
	ī	Tax-	exempt statu	ıs X 501	(c) (3) (II	nsert no) 494	47(a)(1) or_	527] " ',	attacii a nst	(300 113	il delions,	
	J		site: N/						H(c) Group e	exemption n	umber >		
	ĸ		of organization	Corpora	ation Trust A	ssociation Other	i	Year of Forma	tion	M:	State of le	egal domicile	
		rt læ					_, 						
	<u> </u>				nanization's mission	or most significant	activities (COMMUNIT	Y BASE	NOT-	FOR-	PROFTT	
	-					OGRAMS FOR CH							
	ည		DISABILI			OGIGINO TOU OF	<u> </u>		5 T-7" TI T-7	1, 21, 1	affor r	,	
	Activities & Governance	_	DT OUDT IT										
	Ver	2 -				iscontinued its oper	ations or dis	nosed of me					
	တ္တိ					ng body (Part VI, line		posed or me	JIE Wall 2	76 01 115	3		12
	•ಕ					f the governing body		ne 1h)			4	 -	- 12
	ies			•	yees (Part V, line 2		(art vi, iii	10 10)			5		ő
	i,			•	eers (estimate if ne	•					6		0
	Act					om Part VIII, line 12,	column (C)				7a		0.
						m Form 990-T, line			•		7b		0.
	—	<u> </u>	Net unrelated	Dusiness	taxable income no	m i omi 330-1, mie .			T		7.5		
										ior Year	2.5	Current Y	
2010	<u>o</u>			-	its (Part VIII, line 1h	·				,072,1			,732.
	ᇎ				ue (Part VIII, line 2		•	•	3	<u>,748,2</u>		3,799	
	, š				art VIII, column (A),					$\frac{3,2}{}$	37.		<u>,154.</u>
8				-		s 5, 6d, 8c, 9c, 10c, a			<u> </u>				
Z						iust equal Part VIII, o		line 12) .	4	<u>,823,6</u>	57.	4,497	<u>,306.</u>
~		13 (Grants and si	milar lam	ounts paid (Part IX,	column (A), lines 1-	3) .	•					
-		14 E	enefits paid	to or for	membere (Part IX,	column (A), line 4)			L	46,6	33.		
α							ımn (A), line	s 5-10)	2	,831,7	88.	3,316	.050.
MAR	Ses	16 > 0	16a Professional fu		eompensation employee benefits (Part IX, column (A), li indraising fees (Part IX, column (A), line 11e)					5,6			
~	Ë				1171				INDEAST OF THE PARTY OF THE PAR				的解門的自
\Box	Expenses				ises (Part IX, colun								
₹	_	17 (Other expens	es Partu	X, column (A), lines	; 11a-11d, 11f-24f)			1	<u>,388,3</u>	72.	1,626	<u>,617.</u>
Z	- (18	Total expense	es Add In	nes 13-17 (must equ	ual Part IX, column ((A), line 25)		4	,266,7	93.	4,942	,667.
Ķ		19 F	Revenue less	expense	s Subtract line 18 f	rom line 12				556,8	64.	-445	,361.
SCANNED	5 8	-							Regin	ning of Y	932	End of Ye	
••	200	20 7	Total assets ((Part Y lu	ne 16)					,760,6		2,839	
	Ba Ba		rotal assets t Fotal liabilitie	•	•					215,9			,047.
	Net Assets Fund Balan			•	Á	01 () 00			1		-		
					ances Subtract line	21 from line 20			1 2	,544,6	83.	2,099	, 322.
	,Pa	rt II 🚉		ire Bloc	/		·						
			Under genaltie	s of perjury	declare that I have exam Declaration of preparer (c	ined this return, including a other than officer) is based o	ccompanying sch	hedules and stat	ements, and tare has any k	o the best o	f my kno	wiedge and belief,	it is
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	Sig	n								2.12	10		
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			Type or pro	int name and	title								
			1					Date		eck if	Pre (se	parer's identifying e instructions)	number
	Pai	d	1		all am		İ	2/11/	sei	f ployed ►		e manachoris)	
	Pre		Preparer's signature	DAV	ID WOLF			4/1/10	<i>?</i> ''''		\square_{N}	/ A	
		er's	Firm's some (s		ld L. Wolf, (PA. PA					144/		
	Üse		Firm's name (0 yours if self			LA			—— ₌	ı ► N	/A		
	Onl	У	employed), address, and		LaJoya St.	:22			EIN			\ 7E2 224	-
	 -	 -	ZIP + 4		anola, NM 875				Pho	one no	(505		
	May	the IR	S discuss thi	is return v	vith the preparer sh	own above? (see ins	tructions)					X Yes	No

Forn	n 990 (2008) LAS CUMBRES COMMUNITY SERVICES, INC.	23-7		Page 2		
Pa	rt III: Statement of Program Service Accomplishments (see instructions)					
1	Briefly describe the organization's mission: COMMUNITY BASED NOT-FOR-PROFIT, PROVIDING WIDE RANGE OF PROGRAMS ADULTS WITH DEVELOPMENTAL DISABILITIES.	FOR CH	ILDRE	N_AN	D	
	Did the organization undertake any significant program services during the year which were not listed on	the prior				
-	Form 990 or 990-EZ? . If 'Yes,' describe these new services on Schedule O.	i the prior		Yes	X	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser if 'Yes,' describe these changes on Schedule O.	vices?		Yes	X	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported	s by expen d allocatio	ses. Se	ction 5 ners, t	01(c) he tot	(3) al
4:	ADULT SERVICES - INTEGRATED PROGRAMS THAT PROVIDE RESIDENTIAL, EMCOMMUNITY MEMBERSHIP OPPORTUNITIES TO ADULTS WITH DEVELOPMENTAL DIMPROVE LIFE THROUGH SELF-SUFFICIENCY, EXPOSURE TO A VARIETY OF LINCLUDING HEALTH, SAFETY AND PROBLEM SOLVING.	PLOYME ISABIL IFE EX	NT AN ITIES PERIE	D . HE NCES	LP	92.)
41	COME (Code: (Cod	L_SERV	CES I	ERVI	CES	
40	C (Code. Temporary Relief to Parents, Family Members and Guardia	Revenue	\$	44	9,73	30 .)
	Other program services. (Describe in Schedule O) (Expenses \$ 295,973. including grants of \$) (Revenue \$		359,	784.)	
<u>4 e</u>	Total program service expenses ► \$ 3,757,671. (Must equal Part IX, Line 25, column (E	3))				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2		2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_X_
14:	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17		17		X
18		18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 20		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H. Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		$\frac{\Lambda}{X}$
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete			
	Schedule J	23		<u>X</u>
24 :	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
k	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27		27		X
2 A A		Form	990 (30087

Part IV Checklist of Required Schedules (continued)

Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: à a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV X 28 a b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 32 Schedule N, Part II. . . 33 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV. and V. 34 34 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Х 35 Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 BAA Form 990 (2008)

TEEA0104L 12/18/08

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 0 .. . **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3 a Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . $\overline{\mathbf{x}}$ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 50 Prohibited Tax Shelter Transaction? X 6a Did the organization solicit any contributions that were not tax deductible? 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a Х 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827. . 70 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7 f 7 q a For all contributions of qualified intellectual property, did the organization file Form 8899 as required? Х h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9 b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 ... 10a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities... 11 Section 501(c)(12) organizations. Enter. 11 a a Gross income from other members or shareholders ... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA Form 990 (2008) Part VI 3 Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A.	Governing Body and Management				
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O See instructions	describe the circumstances,		Yes	No
1	a Enter the	number of voting members of the governing body		1 : 1	·	3
	b Enter the	number of voting members that are independent	1b	Α1.		-,
2	2 Did any o officer, d	fficer, director, trustee, or key employee have a family relationship or a business re rector, trustee or key employee?	elationship with any other	2		X
3	B Did the o of officers	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other person	under the direct supervision on?	3		Х
4	Did the o	rganization make any significant changes to its organizational documents		4		X
		prior Form 990 was filed?	•			
5		rganization become aware during the year of a material diversion of the organizatio	n's assets?	5		<u>X</u>
6	Does the	organization have members or stockholders?	•	6		X
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or i body?	more members of the	7a		X
	b Are any o	lecisions of the governing body subject to approval by members, stockholders, or of	ther persons?	7b		X
8	B Did the o the follow	rganization contemporaneously document the meetings held or written actions undering:	ertaken during the year by	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	a The gove	rning body?		8a		X
		mittee with authority to act on behalf of the governing body?	•	_8b		X
9		organization have local chapters, branches, or affiliates?		9a		<u>X</u>
	b If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities of thes to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9ь		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	i? All organizations must ee Schedule D	10		X
11	Is there a organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who calon's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	11		X
Se	ction B.	Policies		—		
					Yes	No_
12		organization have a written conflict of interest policy? If 'No,' go to line 13	• • •	12a		X
	to conflic			12b		<u>X</u>
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po O how this is done	licy? If 'Yes,' describe in	12c		X
		organization have a written whistleblower policy?	•	13		X
		organization have a written document retention and destruction policy?.		14		X
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision.		ا بهری است	1
	-	nization's CEO, Executive Director, or top management official?		15 a		X
	b Other offi	cers of key employees of the organization?	·	15 b		<u>X</u>
		the process in Schedule O (see instructions)		300		المريد
16	a Did the or entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?	arrangement with a taxable	16a	-26-2-	X
	b If 'Yes,' h in joint ve status wit	as the organization adopted a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and taken steps to safeguard h respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Se.		Disclosures			··········	
17		ates with which a copy of this Form 990 is required to be filed ► None				
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	ailable	e for p	ublic
		website Another's website Upon request				
19	Describe	n Schedule O whether (and if so, how) the organization makes its governing docums available to the public.	nents, conflict of interest poli	cy, an	d fina	ncıal
20	State the	name, physical address, and telephone number of the person who possesses the b	ooks and records of the orga	ınızatı	on.	
	SAME F	O BOX 1362 ESPANOLA NM 87532				- -

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Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did no (A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average	,	ition (•	•	hat app	ly)	Reportable	Reportable compensation from	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
AL HERNANDEZ								· · · · · · · · · · · · · · · · · · ·		
Director	1 0					}		0.	0.	0.
DOUGLAS MACDONALD										
Director	0	i i			_			0.	0.	0.
JUANITA JEBBANEMA										
Director	0	!						0.	0.	0.
JACQUELINE BERG]								
Vice President	0							0.	0.	0.
RUBINA COHEN										
President	0							0.	0.	0.
ATTARAH GUTIERREZ										
Secretary	0							0.	0.	0.
ERIKA SPALITTA										
Treasurer	0	<u></u>						0.	0.	0.
GILBERT DELGADO										
Director	0							0.	0.	<u> </u>
TERESA M ROMERO										
Director	0							0.	0.	0.
MUSTAFA CHUDNOFF										
Director	0							0.	0.	0.
VIBEKE WILBERG										
Director	0							0.	0.	0.
KATE DAVIS ROGERS	_							_	_	_
Director	0						_	0.	0.	0.
									-	·
						_				

TEEA0107L 04/24/09

2	Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the	те						
	organization • 0							
			Yes	No				
2	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such							
3								
4								
	individual	4		X				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services							
	rendered to the organization? If 'Yes,' complete Schedule J for such person .	5		X				
Sect	tion B. Independent Contractors							

1	Complete this table for your five highest compensated independent co- compensation from the organization	ntractors that received more than \$100,000	of
	(A) Name and business address	(B) Description of Services	(C) Compensation
			77.78.6
2	Total number of independent contractors (including those in 1) who recompensation from the organization ► 0	ceived more than \$100,000 in	1 325 T 3 2 2

1 b Total

0.

0.

0.

(Pa	<u>n v</u>	VIII Statement of Re	<u>evenue</u>	. ४ ८ व	V 187 (2 5 1	т	T		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S Z	1:	Federated campaigns		1 a		Line William	The same	PIR The Many Company of Page	
GRANTS	1	b Membership dues		16			· 一个		열리 중요 중요
S, GRAN		c Fundraising events		1 c					
GFT.	(d Related organizations		1 d					
S.G	•	e Government grants (contributi	ons)	1 e				1	
CONTRIBUTIONS, AND OTHER SIMI	1	All other contributions, gifts, or similar amounts not included	grants, and above	1 f	755,732.				
E 0		Noncash contribns included in	ı İns 1a-1f	\$			1. 1. 1. W. J. W.		
ᅙᄛ	1	h Total. Add lines 1a-1f		_		755,732.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the state of	
- H					Business Code	and the state of	the contract of	Course in the	The second
Ę.	2 8	a		Γ		3,799,728.	3,799,728.	·	
Ã	l t	b							
75	(C							
Ē	۱ ،	d						1	
S									
8		All other program service	ce revenu						
PROGRAM SERVICE REVENUE	ı	g Total. Add lines 2a-2f	00 10 10110	· [3,799,728.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	115元十五十五十五十五十五十五十五十二十二十二十二十二十二十二十二十二十二十二十二十
			ludina du	udanda	untorast and	3713371201		2 4 12 17 14 15 25 1-1	
	3	Investment income (incother similar amounts)	ruaing aiv	nuenus	, interest and	-58,154.	16,575.		-74,729.
	4	Income from investmen		xempt	bond proceeds.			7	
	5	Royalties .			▶				
		noyumes .	(i) R	eal	(ii) Personal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AC 20 125 . 2 1	· [] [] [] [] [] [] [] [] [] [Trong and the second
	6:	Gross Rents			 		1		10000000000000000000000000000000000000
		Less. rental expenses			 				L. Brightson
		Rental income or (loss)			 	" 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Pro Transfer	
	l	d Net rental income or (lo	1881			all all and the state of the st		beat and and an articles	التشاف بالمحد عد المساحظة ويعيدوا بالمادانيدو
		•	(i) Seci	rities .	(II) Other	E THE TARRET	3 1 3 3 3 3 3	· 清雅· 建花	10 molecular 1 1/2
	/ 6	a Gross amount from sales of assets other than inventory							[1] 自然 [2]
	_	,			 				
	t	b Less' cost or other basis and sales expenses				The second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	以及在建筑	是"对一是"的"是"
	١,	Gain or (loss)			 			(1) "种"的"有人"是	5. Car 在基础
		Net gain or (loss) .	<u> </u>		_	1.3.41.x11.623.44.13.14	Jack Berlin - was harman - Vi	Market - State Activity	Substitution was seminated and and and and and and and and and an
	ł					17 A. 17 A. 18	1 th	R. O. Mar. 1. 515	13. 14 "U" - 13. " 4 A
띡	88	Gross income from fund (not including \$	draising e	vents					
EN .		of contributions reporte	d on line	1c)		**************************************			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OTHER REVE	,	See Part IV, line 18	u 011 11110	. од.	J				是1000年
HER		Less: direct expenses	•			1	TO THE STATE OF TH	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	350 100 110 1
ō	l .	Net income or (loss) fro	m fundra	isina e	vents -				الكاكيد فاستقسنا المسامليني الاحتفا
				_		イン かんかんかんかん	然此所由門上於教 。	4.44 74 34 20 17 25 64	医野蛮人的经济企业 。
	98	Gross income from gan See Part IV, line 19 .	iing activi	แ es a	,]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	1 3 7 1 # 993 37	
		Less direct expenses		. Ь)				1975年1975日
		: Net income or (loss) fro	ım gamını	activi	ties				
						10 W X X 6 27 - 16	The state of the s	41 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	** *
	10 4	 Gross sales of inventory and allowances 	y, 1633 161	aiiis a			134 134 135 13		
	b	Less: cost of goods sold	t	b					
J		: Net income or (loss) fro		<u>f inv</u> er	ntory				
l		Miscellaneous Reveni			Business Code	A FINE A	O. H. A. S.		医生态温度
J	11 a			I			L		
	b)		. [
	c			. _ _[
}	d	All other revenue							
	е	Total. Add lines 11a-11d	d.				1.4.3.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	一个世界。	學是是無法的
	12	Total Revenue. Add line	s 1h, 2o.	3, 4. 5	, 6d, 7d, 8c. 9c.			_	
		10c, and 11e	., -5,			4,497,306.	3,816,303.	0.	-74,729.

Page 10

Form 990 (2008)

Form 990 (2008) Statement of Functional Expenses

campaign and fundraising solicitation

BAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Fundraising Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 7 line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16. - 4° f. 1. Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0 0. section 4958(c)(3)(B) ,495,303 2,055,123 440,180 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 820,747 685,127 135,620 Payroll taxes Fees for services (non-employees) a Management 857. 857 **b** Legal 30,126. 30,126. c Accounting d Lobbyina 医皮色 经证券 e Prof fundraising svcs. See Part IV, In 17 f Investment management fees 6,662 6,662. 1,582 1,582. g Other 17,484 890 16,594. 12 Advertising and promotion 11,916 4,653 7,263, Office expenses 13 Information technology 15 Royalties 127,926. 259,410 131,484 16 Occupancy 33,170 347 17 33,517 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 43,630 43,630 48,122 48,122 Other expenses Itemize expenses not 語程學學 **计划线** 到底。 covered above (Expenses grouped together Storm Dr. Ar and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 468,283 a CONTRACT LABOR 598,886 130,603 6,318 **b** AUTO 133,563 127,245 c SUPPLIES 130,383 109,205. 21,178 d PROGRAM SERVICES UNFUNDED 127,013 67,013 60,000 37,8<u>55</u> e TELEPHONE 73,378 35,523. 68,907 110,088 41,181 f All other expenses 3,757,671 0. 4,942,667 1,184,996. Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ► | If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational

4---

				(A) Beginning of year		(B) End of year					
1	Cash - non-interest-bearing		,,,	990,499.	1	470,406					
2	Savings and temporary cash investments .			1,047,866.	2	995,729					
3	Pledges and grants receivable, net										
4	Accounts receivable, net			499,613.	4	347,112					
5	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L										
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L										
1											
7	Notes and loans receivable, net				7						
8	Inventories for sale or use				8						
9	Prepaid expenses and deferred charges			25,948.	9	39,151					
1	a Land, buildings, and equipment cost basis	10a	1,352,670.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-						
	b Less' accumulated depreciation. Complete Part VI of				3						
'	Schedule D	10 ь	454,772.	96,495.	10 c	897,898					
111	Investments – publicly-traded securities				11	33.7,030					
12	Investments — other securities. See Part IV, line 11			 	12						
13	investments – program-related. See Part IV, line 11	•			13	 					
14	Intangible assets	•			14						
15	Other assets. See Part IV, line 11	•		100,241.	15	89,073					
16	Total assets Add lines 1 through 15 (must equal line	34)		2,760,662.	16	2,839,369					
17	Accounts payable and accrued expenses .	34)	 	215,979.	17	281,071					
Į.	· ·			213,313.	18	201,071					
18	Grants payable	•									
1	19 Deferred revenue										
l	20 Tax-exempt bond liabilities										
•											
22											
	of Schedule L				22						
23	Secured mortgages and notes payable to unrelated the	urd pa	rties .		23	458,976					
24	Unsecured notes and loans payable			_ -	24						
25	Other liabilities Complete Part X of Schedule D				25						
26	Total liabilities. Add lines 17 through 25			215,979.	26	740,047					
İ	Organizations that follow SFAS 117, check here >	X ar	nd complete lines	是在學問學學學	1	即使民主的的情報					
]	27 through 29 and lines 33 and 34.			at the same of the	فتأثثنا	المنت الشاعلان					
27	Unrestricted net assets			2,384,442.	27	2,010,249					
28	Temporarily restricted net assets			60,000.	28						
29	Permanently restricted net assets.		. <u></u>	100,241.	29	89,073					
	Organizations that do not follow SFAS 117, check he	re 🟲	and complete		P . 34	是是特别的					
i	lines 30 through 34.			المراقب المرا	1824 M	A CONTRACTOR OF THE PARTY OF TH					
30	Capital stock or trust principal, or current funds				30						
31	Paid-in or capital surplus, or land, building, and equip	ment :	fund		31						
32	Retained earnings, endowment, accumulated income,	or oth	ner funds		32						
33	Total net assets or fund balances.			2,544,683.	33	2,099,322					
34	Total liabilities and net assets/fund balances.			2,760,662.	34	2,839,369.					
31 32 33 34 art X	Paid-in or capital surplus, or land, building, and equip Retained earnings, endowment, accumulated income, Total net assets or fund balances. Total liabilities and net assets/fund balances. I Financial Statements and Reporting			2,544,683. 2,760,662.	31 32 33						
	• • • • • • • • • • • • • • • • • • • •		ليبا لسا			*******					
	ere the organization's financial statements compiled or			accountant?		. 2a X					
	ere the organization's financial statements audited by a				•	. 26 Х					
	Yes' to 2a or 2b, does the organization have a committivew, or compilation of its financial statements and sele					. 2c					
	a result of a federal award, was the organization required to the and OMP Circular A 1323	red to	undergo an audit or au	dits as set forth in the	Single						
	dit Act and OMB Circular A-133?			•	•	3a X					
D IT	Yes,' did the organization undergo the required audit or	audit	s' .			Form 990 (2008					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

<u>LAS</u>	CUMB	RES COM	NUNITY	SERVICES	, INC.						23-7	14426	8		
Par	t 🖳 Re	eason for l	Public (Charity Stati	us (All orga	anızatıons	must (comple	ete this	s part.) (see	ınstruc	tions)		
he d	organiza	tion is not a	private f	oundation beca	use it is: (Ple	ease check o	only one	organiz	ation)						
1	A c	hurch, conve	ntion of	churches or ass	sociation of c	hurches des	cribed in	n sectio	n 170(b))(1)(A)(i).				
2	A s	chool describ	oed in se	ction 170(b)(1)	(A)(ii). (Attac	h Schedule	E.)								
3	Ah	ospital or co	operative	e hospital service	e organizatio	on described	ın secti	ion 170(b)(1)(A)	(iii). (A	ttach Sc	hedule H	1.)		
4	∏ A m	nedical resea	rch orga	nization operati	ed in conjund	tion with a h	nospital	describe	ed in se	ction 17	70(b)(1)(A)(iii) Er	nter the hos	pital's	s
	nan	ne, city, and	state [.]												
5	An 170	organization (b)(1)(A)(iv).	operated (Comple	for the benefit ete Part II.)	of a college	or university	y owned	or ope	rated by	a gove	rnmenta	I unit de	scribed in s	ection	n
6				government or											
7	∰ in s	ection 170(b)(1)(A)(v	mally receives a i). (Complete F	Part II.)	`	•		overnme	ental un	it or fron	n the ger	neral public	descr	ribed
8		_		ibed in section											
9	from	n activities rel estment incoi	ated to its	ally receives: (1) s exempt function unrelated busine ion 509(a)(2). (0	ns – subject t ess taxable ir	o certain exc ncome (less	eptions	and (2) r	no more	than 33-	-1/3 % of	its suppo	ort from aross	5	fter
10	_			ed and operated	-		ublic saf	etv. See	section	n 509(a)	(4) . (se	e instruc	tions)		
11	≔	•	_	ed and operated	-	•		-					-	of or	ne or
• •	mor ك	re publicly su	pported	organizations organi	described in	section 509(a)(1) or	section	509(a)(2). See	section	509(a)(3	3). Check the	e box	that
		Type I		b Type II		с 💹 Туре II						d	Type III- (
е	thar	checking this n foundation (a)(2).	box, I c manage	ertify that the ors and other that	rganization is an one or mo	s not control re publicly s	led dired upported	ctly or in d organi	idirectly zations	by one describ	or more ed in se	disqualiction 509	ified person 9(a)(1) or se	is oth ction	er
f	If th		on receiv	red a written de	termination f	rom the IRS	that is a	а Туре І	, Type I	l or Typ	e III sup	porting (organization	•	
g	Sind	ce August 17	, 2006, ł	nas the organiza	ation accepte	ed any gift o	r contrib	oution fr	om any	of the f	ollowing	persons	, 7		
_		_												Yes	No
	(i)	a person w	vho direc	tly or indirectly ng body of the s	controls, eith	ner alone or anization?	together	r with pe	ersons d	escribe	d ın (ıı) a	and (III)	11 g (i)		
	(ii)			of a person des									11 g (ii)	$\neg \neg$	
	٠,	=		ntity of a persoi			bove?						11 g (iii)		
h				ormation about				n suppo	orts						
		e of Supported		(u) EIN				is the		ou notify	(vi) !	s the	(vii) Amount	of Supr	port
	Or	rganization		(., _	above or	organization on lines 1-9 IRC section ructions))	organizat (i) listed gove	tion in col d in your erning ment?	the organ	nization in (i) of upport?	lorganizat		(,	•	
]				Yes	No	Yes	No	Yes	No			
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otal			対点が	等可以開始學生	214200	思感情。在黑	C. C. S. 45	Property Charles	[年]	125. 11 . 1	逐黨為	14 1 1 F			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008

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.) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 405,608 108,867 428,015. 1,072,126 755,732 2,770,348. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to <u>89,270</u> 89,270 89,270 91,860 91,860 451,530. the public without charge 494,878 198,137 517,285. 1 ,163,986 847,592 3,221,878. Total. Add lines 1-3 7.77 The portion of total contributions by each person 34 (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). م مالور م (a t 0. はなるので Public support. Subtract line 5 - ii . 3,221,878. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total (b) 2005 494,878 198,137 517,285 1,163,986 847,592 3,221,878. Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 229 325 3,040 3,237 -58,154-51,323. similar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.) 0. Property of the second ٠,٠ Total support. Add lines 7 3,170,555. through 10. 12 0. Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 100.0% 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. 15 99.8% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. 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 — 2008. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in)►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Gross receipts from				<u> </u>		
	admissions, merchandise sold or services performed, or	[[[[
	facilities furnished in a activity				ļ		
	that is related to the organization's tax-exempt	<u>'</u>					
	purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1					
4	Tax revenues levied for the		<u> </u>				
	organization's benefit and either paid to or expended on its behalf	ļ					
5	The value of services or						
	facilities furnished by a governmental unit to the organization without charge.						
6	Total. Add lines 1-5.				 		
	Amounts included on lines 1,						·
	2, 3 received from disqualified persons	1			-		
t	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9, 10c, 11,					· ·	
	and 12 for the year or \$5,000						
c	Add lines 7a and 7b .			ļ <u> </u>			
8	Public support (Subtract line	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	20	200	This is the second of the second	100	
	7c from line 6)	沙沙縣 医黄丹	美地區 學過去於生	人及其他自己以及	1215年来发展的	all the street like	
	tion B. Total Support		r = = = = = = = = = = = = = = = = = = =				
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest,	<u> </u>			<u> </u>		
10 a	dividends, payments received			}	1	1	
	on securities loans, rents, royalties and income form						
	similar sources	ľ			1		
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses				1	İ	
	acquired after June 30, 1975				 		
	Add lines 10a and 10b Net income from unrelated business				 		
••	activities not included inline 10b,						
	whether or not the business is regularly carried on				1	1	
12	Other income Do not include		-				· · · · · · · · · · · · · · · · · · ·
	gain or loss from the sale of capital assets (Explain in				1	ł	
12	Part IV.)	Charles States	The same of the sa	以 10 mm 12	1234 631 - 26	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	First five years. If the Form 990	is for the organiza			<u> </u>		3)
	organization, check this box and	stop here				·· ···· ····	<u> </u>
	tion C. Computation of Pul Public support percentage for 20			o 13 column (f)		15	9/
	Public support percentage from 2		· · ·			16	<u>%</u> %
	tion D. Computation of Inv				·· ·		
	Investment income percentage for				umn (f))	17	%
	Investment income percentage fr			-	.,,	18	%
	33-1/3 support tests - 2008. If the omore than 33-1/3%, check this be	organization did not	check the box on I	ine 14, and line 15	is more than 33-1/3° ublicly supported o	%, and line 17 is not irganization	- □
b	33-1/3 support tests - 2007. If the soft more than 33-1/3%, check	ne organization di	d not check a box	on line 14 or 19	a, and line 16 is m	nore than 33-1/3%,	and line 18 ☐
20	Private foundation. If the organiz	·	-				▶

و ومن

Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	<u></u>
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

LA	S CUMBRES COMMUNITY SERVICES,	INC.	23-7144268
		Advised Funds or Other Similar Fund	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	or recording of mprove in
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3			
4	Aggregate value at end of year		
_			
5	funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	··· Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or othe	s may be er Yes No
Pa	rt II Conservation Easements Comple	ete if the organization answered 'Yes' t	
	Purpose(s) of conservation easements held by		5. 5 356, Farett, III. 5.
•	Preservation of land for public use (e.g., r		f an historically important land area
	Protection of natural habitat	 1	f certified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a of the tax year.	a qualified conservation contribution in the form	of a conservation easement on the last day
			Held at the End of the Year
	a Total number of conservation easements .		2a
	b Total acreage restricted by conservation easer	nents	2b
	c Number of conservation easements on a certif		2c
	d Number of conservation easements included in	n (c) acquired after 8/17/06	2d
	Number of conservation easements modified,		ed by the organization during the taxable
	year ►		, ,
4	Number of states where property subject to co		-
5	enforcement of the conservation easement it t	nolds?	∐ Yes ∐ No
6		, inspecting, and enforcing easements during th	
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the y	/ear ► \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of sec	ction Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote toonservation easements.	conservation easements in its revenue and expens o the organization's financial statements that de	se statement, and balance sheet, and escribes the organization's accounting for
Pa	rt.III. Organizations Maintaining Colle Complete if the organization ansi	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets 3.
1	a If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in furtherar	ent and balance sheet works of art, historical nee of public service, provide, in Part XIV,
I	amounts relating to these items:	ic exhibition, education, or research in furtherar	nce of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$
	(ii) Assets included in Form 990, Part X	line 1	. •\$
	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items:	or financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line		* \$
ı	Assets included in Form 990, Part X		> \$

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 LAS CUME			23-71	
Part III Organizations Maintaining	Collections of Art, Histor	<u>rical Treasures, </u>	or Other Similar As	sets (continued)
3 Using the organization's accession and that apply):	d other records, check any of the	e following that are a	significant use of its co	itection items (check al
a Public exhibition	d 🗌 Loan o	r exchange programs	5	
b Scholarly research	e 🗌 Other			
c Preservation for future generation				
4 Provide a description of the organizati Part XIV.				ose in
5 During the year, did the organization s assets to be sold to raise funds rather	than to be maintained as part of	f the organization's c	ollection? .	Yes No
Part IV. Trust, Escrow and Custod IV, line 9, or reported an a	lial Arrangements Comple Imount on Form 990, Part	te if organization X, line 21.	answered 'Yes' to	Form 990, Part
1 a Is the organization an agent, trustee, or included on Form 990, Part X?			ther assets not	Yes No
b If 'Yes,' explain the arrangement in Pa	irt XIV and complete the followin	g table.		
				Amount
c Beginning balance			1 c	
d Additions during the year .		•	1 d	
e Distributions during the year			1e	
f Ending balance	•		. <u> 1f </u>	
2a Did the organization include an amour	it on Form 990, Part X, line 21?		•	∐ Yes
b If 'Yes,' explain the arrangement in Pa				
Part V Endowment Funds Comple	te if organization answere	d 'Yes' to Form S	<u>90, Part IV, line 10</u>	
(4) Current year (b) Prior year	(c) Two years ba		(e) Four years back
1 a Beginning of year balance .	The state of the s	The State of the S		
b Contributions	大き かだ か	人 表现现代的	· · · · · · · · · · · · · · · · · · ·	The state of the s
c Investment earnings or losses	(10) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15	Carlotte Carlotte	TRANSPORT SERVICE	The trade in the state of
d Grants or scholarships .	1731 6 34 12 13 - 3	or is a live of the win the	たいかできる。	高级 电热型温度
e Other expenditures for facilities and programs .	A CONTRACTOR OF THE STATE OF TH	The state of the s		· · · · · · · · · · · · · · · · · · ·
f Administrative expenses .	aller she is the fact	The State of the State of		
g End of year balance	7 17 18 18 18	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	A STATE OF THE AND THE PARTY OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2 Provide the estimated percentage of the				
a Board designated or quasi-endowment	=			
b Permanent endowment ►				
c Term endowment	2			
3a Are there endowment funds not in the organization by	possession of the organization t	hat are held and adn	ninistered for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(ii), are the related organi	zations listed as required on Sch	nedule B2	•	3b
4 Describe in Part XIV the intended uses			• • •	
Part VI Investments—Land, Buildi			/ line 10	
Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Depreciation	(d) Book Value
Description of investment	(investment)	basis (other)	(c) Depreciation	(d) Book Value
1 a Land			では、大きないのでは、	
b Buildings .	845,033.			845,033.
c Leasehold improvements				· · · · · · · · · · · · · · · · · · ·
d Equipment	507,637.	 -	454,772.	52,865.
e Other				
Total. Add lines 1a-1e (Column (d) should e	gual Form 990, Part X, column (B), line 10(c))		897,898.
BAA	7-2	,, <u>.</u>	Scher	dule D (Form 990) 2008
			CONC	-aid = (i diiii 330) 2000

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In Part XIV, 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

Sch	edule D (Form 990) 2008 LAS CUMBRES COMMUNITY SERVICES, INC.	23-714	14268	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	1 age 4
1	Total revenue (Form 990, Part VIII, column (A), line 12).			
2	Total expenses (Form 990, Part IX, column (A), line 25).			
3	Excess or (deficit) for the year Subtract line 2 from line 1		ļ	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4-8	,		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			
	t:XII: Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return	N/A	
	Total revenue, gains, and other support per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	3		
	Net unrealized gains on investments	- 18-53		
	Donated services and use of facilities	7		
•	: Recoveries of prior year grants	- " "		
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	. 3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	八八百		
ě	Investments expenses not included on Form 990, Part VIII, line 7b	2000		
	Other (Describe in Part XIV)	773		
	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	• • • • • • • • • • • • • • • • • • • •	
	tiXIII. Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Retu	rn N/A	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	- (A)		
a	Donated services and use of facilities	1 7 5		
ŀ	Prior year adjustments			
	Losses reported on Form 990, Part IX, line 25	\\ \tau_{\tau_1} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
	Other (Describe in Part XIV)	14/1		
	Add lines 2a through 2d	2 e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	111		
ā	Investments expenses not included on Form 990, Part VIII, line 7b	(in A		
t	Other (Describe in Part XIV)			
	Add lines 4a and 4b.	4c		
5	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5		
	t XIV. Supplemental Information			
Com line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	V, lines	1b and 2b; Par	t V,

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Schedule D (Form 990) 2008 Page 5		
Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

LAS CUMBRES COMMUNITY SERVICES, INC.	23-7144268
Form 990, Part III, Line 4d - Other Program Services Description	
EARLY CHILDHOOD MENTAL HEALTH TRANING - TWO YEAR POST GRADUATE	CERTIFICATE PROGRAM
TO BUILD CAPACITY AMONG EARLY CHILDHOOD PROVIDERS THROUGH COMPE	TITANCY BASED
TRAINING.	
Form 990, Part VI, Line 10 - Form 990 Review Process	
No review was or will be conducted.	