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Return of Organization Exempt From Income Tax**2008**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Department of the Treasury
Internal Revenue Service

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

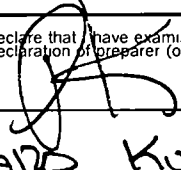
Open to Public Inspection**For the 2008 calendar year, or tax year beginning** 7/01, **2008, and ending** 6/30, **2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type See specific instruc- tions.	INTERNATIONAL COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY, CA 91950		D Employer Identification Number 33-0457858
				E Telephone number 619-336-2250
				G Gross receipts \$ 8,468,678.
		F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If 'No', attach a list (see instructions)
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶		
J Website: WWW.ICFDN.ORG				
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of Formation 1990		M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>FOSTERING PHILANTHROPY TO BENEFIT COMMUNITIES INTERNATIONALLY WITH AN EMPHASIS ON THE AMERICAS.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,317,937.	6,936,538.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330,977.	241,957.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,192.	13,201.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,705,841.	7,191,696.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,603,301.	5,256,141.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	578,619.	650,653.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	95,651.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24)	678,581.	675,429.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,860,501.	6,582,223.
	19 Revenue less expenses. Subtract line 18 from line 12	4,845,340.	609,473.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	13,934,621.	13,793,203.
Net Assets or Fund Balances	22 Net assets or fund balances. Subtract line 21 from line 20	1,262,511.	934,620.
		12,672,110.	12,858,583.

Part II Signature Block

Sign Here	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.		
	Signature of officer  RICHARD KIX	Date 5-13-2010	Preparer's identifying number (see instructions) N/A
Paid Preparer's Use Only	Preparer's signature JAMES H. WEST 	Date 5-11-10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 WEST RHODE & ROBERTS 3104 FOURTH AVE SAN DIEGO, CA 92103	EIN ▶ N/A	Phone no ▶ 619-615-5380
	May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No		

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SCANNED JUL 08 2010

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

FOSTERING PHILANTHROPY TO BENEFIT COMMUNITIES INTERNATIONALLY WITH AN EMPHASIS ON THE AMERICAS.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 5,636,781. including grants of \$ 5,256,141.) (Revenue \$)

WORKING WITH DONORS TO EXPAND CHARITABLE GIVING INTERNATIONALLY AND PROVIDING GRANTS TO CHARITABLE ORGANIZATIONS THROUGHOUT THE AMERICAS FOCUSING ON THE ENVIRONMENT, COMMUNITY, ECONOMIC DEVELOPMENT, EDUCATION, HEALTH AND HUMAN SERVICES.

4b (Code:) (Expenses \$ 305,777. including grants of \$) (Revenue \$)

TO ENGAGE, GROW, AND PROMOTE HEALTHY COMMUNITIES AND DIALOGUE THROUGH CIVIC ENGAGEMENT AND PHILANTHROPY IN THE SAN DIEGO-BAJA CALIFORNIA BORDER REGION.

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 ▶ \$ 5,942,558. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		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		
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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
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	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
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	X	
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	X	
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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a 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		X
b 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		X
26 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		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X

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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		
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	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	X
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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	21	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	10	
2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		
4 a 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		X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a Did the organization solicit any contributions that were not tax deductible?		X
6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7 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?		X
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 8282?		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8 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?		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
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	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from other members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1 a Enter the number of voting members of the governing body		
1 b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O (see instructions)		X
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
 ▶ INT'L COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY CA 91950 619-336-2250

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**

1 a 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.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY CORREIA-MORENO BOARD MEMBER	1	X						0.	0.	0.
ROI L. EWELL BOARD MEMBER	1	X						0.	0.	0.
GABRIELA FLORES BOARD MEMBER	1	X						0.	0.	0.
IRMA GIGLI BOARD MEMBER	1	X						0.	0.	0.
ANTHONY A. KINNINGER BOARD MEMBER	1	X						0.	0.	0.
DR. NANCY A. MARLIN PH.D. BOARD MEMBER	1	X						0.	0.	0.
RICHARD L. ROMNEY BOARD MEMBER	1	X						0.	0.	0.
ALAN A. RUBIN BOARD MEMBER	1	X						0.	0.	0.
MARY L. WALSHOK, PH.D. CHAIR	1	X		X				0.	0.	0.
CHERYL HAMMOND VICE CHAIR	1	X		X				0.	0.	0.
ATUL PATEL TREASURER	1	X		X				0.	0.	0.
ROBERT KELLY SECRETARY	1	X		X				0.	0.	0.
RICHARD KIY PRES. & CEO	40			X	X			169,615.	0.	23,651.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1 b Total								169,615.	0.	23,651.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

3 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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER 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	6,936,538.			
	g Noncash contrbns included in lns 1a-1f:	\$				
	h Total. Add lines 1a-1f		6,936,538.			
PROGRAM SERVICE REVENUE	Business Code					
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		268,886.			268,886.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	1,250,053.			
	b Less cost or other basis and sales expenses		1,276,982.			
	c Gain or (loss)		-26,929.			
	d Net gain or (loss)		-26,929.			-26,929.
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code			
11a OTHER INCOME		13,201.	13,201.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		13,201.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		7,191,696.	13,201.	0.	241,957.	

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,585,424.	1,585,424.		
2 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	3,670,717.	3,670,717.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	192,065.	71,516.	101,601.	18,948.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	381,975.	142,230.	202,061.	37,684.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,257.	2,330.	3,310.	617.
9 Other employee benefits	31,937.	11,892.	16,894.	3,151.
10 Payroll taxes	38,419.	14,305.	20,324.	3,790.
11 Fees for services (non-employees)				
a Management				
b Legal	1,441.	537.	762.	142.
c Accounting	19,347.	2,000.	17,347.	
d Lobbying				
e Prof fundraising svcs. See Part IV, In 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,768.		3,768.	
14 Information technology	32,857.	12,234.	17,381.	3,242.
15 Royalties				
16 Occupancy				
17 Travel	10,111.	3,765.	5,349.	997.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,497.	930.	1,321.	246.
20 Interest	696.	236.	391.	69.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,675.	16,263.	23,103.	4,309.
23 Insurance	19,229.	7,160.	10,172.	1,897.
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CHARITABLE EXPENSE	321,683.	321,683.		
b CONSULTING FEES	55,668.	20,728.	29,448.	5,492.
c MAINTENANCE	32,133.	11,965.	16,998.	3,170.
d CUSTODIAN FEES	25,510.	9,499.	13,494.	2,517.
e UTILITIES	15,563.	5,795.	8,233.	1,535.
f All other expenses	91,251.	31,349.	52,057.	7,845.
25 Total functional expenses. Add lines 1 through 24f	6,582,223.	5,942,558.	544,014.	95,651.
26 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 campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	4,997,038.	2	4,988,959.
	3 Pledges and grants receivable, net	100,000.	3	140,250.
	4 Accounts receivable, net	2,467.	4	21,868.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,725.	9	10,102.
	10a Land, buildings, and equipment cost basis	10a 2,683,938.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 133,886.		
		2,593,726.	10c	2,550,052.
	11 Investments — publicly-traded securities		11	4,331,972.
	12 Investments — other securities. See Part IV, line 11		12	1,750,000.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	6,234,665.	15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,934,621.	16	13,793,203.	
LIABILITIES	17 Accounts payable and accrued expenses	123,121.	17	86,549.
	18 Grants payable	1,139,390.	18	823,071.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	25,000.
	26 Total liabilities. Add lines 17 through 25	1,262,511.	26	934,620.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		4,757,884.	27	4,648,064.
28 Temporarily restricted net assets		3,341,262.	28	3,631,655.
29 Permanently restricted net assets		4,572,964.	29	4,578,864.
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, and equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances.		12,672,110.	33	12,858,583.
34 Total liabilities and net assets/fund balances		13,934,621.	34	13,793,203.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to 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?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits?		

BAA

Form 990 (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 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'.)	5,883,748.	6,569,415.	4,733,763.	10317937.	6,936,538.	34,441,401.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 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 the public without charge.						0.
4 Total. Add lines 1-3.	5,883,748.	6,569,415.	4,733,763.	10317937.	6,936,538.	34,441,401.
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).						9,085,279.
6 Public support. Subtract line 5 from line 4.						25,356,122.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	5,883,748.	6,569,415.	4,733,763.	10317937.	6,936,538.	34,441,401.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	71,427.	184,257.	377,620.	330,977.	268,886.	1,233,167.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.			21,437.	32,192.	13,201.	66,830.
11 Total support. Add lines 7 through 10.						35,741,398.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	70.9 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	63.8 %
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 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. ▶ ☐		
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. ▶ ☐		

BAA

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar 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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

- 19a 33-1/3 support tests – 2008.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- b 33-1/3 support tests – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements****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.**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	47	84
2 Aggregate contributions to (during year)	3,895,251.	3,041,287.
3 Aggregate grants from (during year)	3,155,246.	2,100,895.
4 Aggregate value at end of year	3,455,790.	5,471,823.

- 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? ☒ Yes ☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to 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 pleasure) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a-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 8/17/06	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No	
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9 In Part XIV, 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' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items
- (i) Revenues included in 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 SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2008

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

3 Using the organization's 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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 Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to 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 XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

1a Beginning of year balance.

b Contributions

c Investment earnings or losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	4,572,964.				
b	5,900.				
c					
d					
e					
f					
g	4,578,864.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 13.00 %

b Permanent endowment ▶ 87.00 %

c Term endowment ▶ %

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

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		X

4 Describe in Part XIV the intended uses of the organization's endowment funds SEE PART XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land	1,450,000.			1,450,000.
b Buildings	1,035,000.		103,500.	931,500.
c Leasehold improvements	161,682.		5,838.	155,844.
d Equipment	37,256.		24,548.	12,708.
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ 2,550,052.

BAA

Schedule D (Form 990) 2008

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other <u>CERTIFICATE OF DEPOSITS</u>	1,750,000.	END OF YEAR MARKET VALUE
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶	1,750,000.	

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. Column (b) Total (should equal Form 990, Part X, col. (B), line 15) ▶	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
<u>LINE OF CREDIT</u>	25,000.
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25) ▶	25,000.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	7,191,696.
2	Total expenses (Form 990, Part IX, column (A), line 25)	6,582,223.
3	Excess or (deficit) for the year Subtract line 2 from line 1	609,473.
4	Net unrealized gains (losses) on investments	-423,000.
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	-423,000.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	186,473.

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

1	Total revenue, gains, and other support per audited financial statements	1	6,768,696.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-423,000.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-423,000.
3	Subtract line 2e from line 1	3	7,191,696.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	7,191,696.

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

1	Total expenses and losses per audited financial statements	1	6,582,223.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,582,223.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,582,223.

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY. THE FOUNDATION EXPECTS ITS ENDOWMENT FUNDS, OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN OF APPROXIMATELY 8 PERCENT ANNUALLY. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

Part XIV	Supplemental Information <i>(continued)</i>
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[illegible]

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA	0	0	GRANTMAKING		284,838.
EAST ASIA	0	0	GRANTMAKING		36,678.
NORTH AMERICA	0	0	GRANTMAKING		3,296,580.
SOUTH AMERICA	0	0	GRANTMAKING		52,621.
Totals	0	0			3,670,717.

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

Schedule F (Form 990) (2008)

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. ☐ Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENTRAL AMERICA						
				GENERAL OPERATING EXPENSES					
					119,838.	WIRE			FMV
			CENTRAL AMERICA						
				GENERAL OPERATING EXPENSES					
					125,000.	WIRE			FMV
			CENTRAL AMERICA						
				MICRO CREDIT PROGRAMS					
					25,000.	WIRE			FMV
			CENTRAL AMERICA						
				RAINFOREST DISCOVERY CENTER					
					10,000.	WIRE			FMV
			EAST ASIA	CHARITABLE SUPPORT FOR ART COLLEGE SCHOLARSHIPS					
					11,678.	WIRE			FMV
			EAST ASIA	CHARITABLE SUPPORT FOR THE HOPE SCHOOL PROJECT					
					25,000.	WIRE			FMV

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 44

3 Enter total number of other organizations or entities 0

BAA

Schedule F (Form 990) 2008

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US

1. WE RECEIVE THE GRANT RECOMMENDATION FORM COMPLETED AND SIGNED BY A FUND ADVISOR.

2. WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUESTS FORMAL NONPROFIT DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) 3 OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR TAX AUTHORITY FROM THE GOVERNMENT OF THE GRANTEE IN QUESTION

-BY-LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

-REQUEST A BRIEF DESCRIPTION OF THE GRANTEE'S ORGANIZATION (MISSION, VISION, OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-REQUEST GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-VARIOUS WEBSITES ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS

-RISK ASSESSMENT EVALUATED

3. GRANT RECOMMENDATION IS THEN SUBMITTED TO THE BOARD OF DIRECTORS OF INTERNATIONAL COMMUNITY FOUNDATION FOR APPROVAL.

4. UPON BOARD APPROVAL (MAJORITY MUST APPROVE), INTERNATIONAL COMMUNITY FOUNDATION WILL ISSUE AN AWARD LETTER-CONTRACTUAL AGREEMENT TO THE GRANTEE TO RECEIVE FUNDING.

5. THE AWARD LETTER IS SIGNED BY GRANTEE'S EXECUTIVE DIRECTOR OR FINANCIAL OFFICER AND RETURNED TO OUR FOUNDATION.

6. A CHECK (OR WIRE TRANSFER) IS SENT TO THE RECIPIENT ORGANIZATION.

7. FUND ADVISOR IS NOTIFIED BY EMAIL OR TELEPHONE CALL THAT FUNDS WERE SENT TO THE

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR GRANTS OUTSIDE US (CONTINUED)

GRANTEE.

8. ICF PERFORMS FOLLOW UP AND EVALUATION WITH THE GRANTEE. THIS VARIES FROM PROJECT TO PROJECT.

9. SITE VISITS ARE DONE ON AN AD HOC BASIS.

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	ADVOCATES COPADO					
					40,000.	WIRE			FMV
			NORTH AMERICA	AFTER SCHOOL PROGRAMS AND PROJECTS					
					95,000.	WIRE			FMV
			NORTH AMERICA	BENEFIT BIODIVERSITY CONSERVATION AND ENVIRONMENTAL ISSUES					
					200,000.	WIRE			FMV
			NORTH AMERICA	ENERGY AND TECHNOLOGY FOR ENVIRONMENTAL PROGRAM					
					100,000.	WIRE			FMV
			NORTH AMERICA	ENVIRONMENTAL CONSERVATION					
					276,083.	WIRE			FMV
			NORTH AMERICA	ENVIRONMENTAL PROJECTS					
					155,000.	WIRE			FMV
			NORTH AMERICA	FOR GENERAL OPERATING SUPPORT					
					11,000.	WIRE			FMV
			NORTH AMERICA	GENERAL OPERATING EXPENSES					
					15,000.	WIRE			FMV
			NORTH AMERICA	GENERAL OPERATING SUPPORT					
					175,702.	WIRE			FMV

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	GENERAL OPERATING SUPPORT					
					30,000.	WIRE			FMV
			NORTH AMERICA	GENERAL SUPPORT					
					50,000.	WIRE			FMV
			NORTH AMERICA	GENERAL SUPPORT AND INCREASED CIVIC ENGAGEMENT					
					38,500.	WIRE			FMV
			NORTH AMERICA	GENERAL SUPPORT AND SUPPORT OF "LAND OF CALAFIA"					
					19,500.	WIRE			FMV
			NORTH AMERICA	GENETIC CONSERVATION AND DIABETES CENTER SUPPORT					
					136,803.	WIRE			FMV
			NORTH AMERICA	INTERNATIONAL LEGAL SUPPORT FOR ENVIRONMENTAL PROTECTION					
					125,485.	WIRE			FMV
			NORTH AMERICA	MEDICAL AND DENTAL EXPENSES FOR LOW INCOME FAMILIES					
					30,000.	WIRE			FMV
			NORTH AMERICA	OPERATING AND PROGRAM SUPPORT					
					59,000.	WIRE			FMV
			NORTH AMERICA	OPERATIONAL SUPPORT					
					129,800.	WIRE			FMV

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	OPERATIONAL SUPPORT FOR LEGAL AND ORGANIZATION					
					154,000.	WIRE			FMV
			NORTH AMERICA	PROGRAM AND OPERATING SUPPORT					
					353,753.	WIRE			FMV
			NORTH AMERICA	PROGRAM AND OPERATING SUPPORT					
					111,000.	WIRE			FMV
			NORTH AMERICA	PROGRAM SUPPORT					
					21,400.	WIRE			FMV
			NORTH AMERICA	PROGRAM SUPPORT					
					315,000.	WIRE			FMV
			NORTH AMERICA	PROGRAM SUPPORT					
					51,000.	WIRE			FMV
			NORTH AMERICA	RIVIERA RECICIA					
					6,300.	WIRE			FMV
			NORTH AMERICA	SCHOLARSHIPS AND CONSTRUCTION EXPENSES FOR A SCHOOL					
					117,000.	WIRE			FMV
			NORTH AMERICA	SCHOLARSHIP PROGRAM					
					6,000.	WIRE			FMV

TEEA3602L 08/05/08

Schedule F-1 (Form 990) 2008

BAA

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	SITE CONSERVATION PLAN FOR THE SIERRA JUAREZ	17,000. WIRE				FMV
			NORTH AMERICA	SUPPORT FOR ENGLISH AND STAY IN SCHOOL PROGRAMS	13,450. WIRE				FMV
			NORTH AMERICA	SUPPORT OF RESTORATION OF MARINE NATURAL CAPITAL	274,074. WIRE				FMV
			NORTH AMERICA	SUPPORT THE PROGRAMS OF LAKE CHAPALA SOCIETY	11,000. WIRE				FMV
			NORTH AMERICA	SUSTAINABLE HORTICULTURE GARDEN	20,000. WIRE				FMV
			NORTH AMERICA	TO CARRY OUT COMMUNITY DEVELOPMENT PROGRAMS	25,000. WIRE				FMV
			NORTH AMERICA	TO FUND COMPUTER PROJECT AT MATA ORTIZ SCHOOL	6,000. WIRE				FMV
			NORTH AMERICA	TO HIRE AN EXECUTIVE ASSISTANT AND FOR OFFICE EXPENSES	35,730. WIRE				FMV
			NORTH AMERICA	TO SUPPORT EXISTING SERVICE PROJECTS	70,000. WIRE				FMV

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.**

▶ Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

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

SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form

990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA WATER INSTITUTE 845 N PARK AVE STE 532 TUCSON, AZ 85721	86-6050388		30,550.	0.	FMV		WATER SUSTAINABILITY
CENTER FOR BIOLOGICAL DIVERSITY, INC P O BOX 710 TUCSON, AZ 85702	85-0420285		15,000.	0.	FMV		FOR LEGAL REVIEW AND STRATEGY
CENTER FOR RESPONSIBLE TRAVEL 1333 H STREET NW, STE 300 WASHINGTON, DC 20005	52-2391916		10,000.	0.	FMV		RETIRING RESPONSIBLY ABROAD
CHULA VISTA NATURE CENTER 276 FOURTH AVENUE CHULA VISTA, CA 91910	95-6000690		250,000.	0.	FMV		FOR GENERAL OPERATING SUPPORT
CLEANTECH EDUCATION FOUNDATION 8950 VILLA LA JOLLA DR STE A-124 LA JOLLA, CA 92037	26-1584449		10,000.	0.	FMV		GENERAL OPERATING SUPPORT
ELEMENTARY INSTITUTE OF SCIENCE 608 51ST STREET SAN DIEGO, CA 92114	94-1669545		25,000.	0.	FMV		GENERAL OPERATING SUPPORT
IBEROAMERICAN UNIVERSITY FOUNDATION P O BOX 438210 SAN YSIDRO, CA 92143	33-0097360		5,891.	0.	FMV		READING AND LEARNING SKILLS
IEMANYA OCEANICA 5776-D LINDERO CY #373 WESTLAKE VILLAGE, CA 91362	73-1630556		10,000.	0.	FMV		FUNDING FOR EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations

23

3 Enter total number of other organizations

0

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

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

1. WE RECEIVE THE GRANT RECOMMENDATION FORM COMPLETED AND SIGNED BY A FUND ADVISOR.

2. WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUESTS FORMAL NONPROFIT DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) 3 OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR TAX AUTHORITY FROM THE GOVERNMENT OF THE GRANTEE IN QUESTION

-BY LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

-REQUEST A BRIEF DESCRIPTION OF THE GRANTEE'S ORGANIZATION (MISSION, VISION,

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization		Employer identification number					
INTERNATIONAL COMMUNITY FOUNDATION		33-0457858					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
LOS NINOS 717 3RD AVENUE CHULA VISTA, CA 91910	95-2961670		10,000.		FMV		FAMILY FINANCIAL SECURITY-MICR
MARINE CONSERVATION SCIENCE 2809 S. MISSION RD, STE G FALLBROOK, CA 92054	20-8328051		13,930.		FMV		TO MONITOR POP. OF SHARKS
NEW AMERICANS MUSEUM 2825 DEWEY DRIVE SAN DIEGO, CA 92106	91-2144518		50,000.		FMV		OPERATION, COMMUNITY DEVELOPMENT
PROJECT AMIGO COLIMA MEXICO	63-0396073		91,400.		FMV		EDUCATIONAL SCHOLARSHIPS
SAN DIEGO NATURAL HISTORY MUSEUM P.O. BOX 121390 SAN DIEGO, CA 92112	95-1643375		20,000.		FMV		BI-REGIONAL PROJECT OF EDUCATION
SCRIPPS INSTITUTION OF OCEANOGRAPHY 9500 GILMAN DRIVE, MC0210 LA JOLLA, CA 92093	95-2872494		26,000.		FMV		OPERATIONAL SUPPORT
SCRIPPS WHITTIER INSTITUTE FOR D 9894 GENESEE AVENUE LA JOLLA, CA 92037	95-2872494		171,971.		FMV		PROGRAM AND ADMIN SUPPORT
SDSU FOUNDATION 5250 CAMPANILE DR. SAN DIEGO, CA 92183	95-6042721		57,118.		FMV		TB IN THE SAN DIEGO BAJA REGION
SMITHSONIAN TROPICAL RESEARCH IN UNIT 0948, APA AA WASHINGTON, DC 34002	53-0206027		179,853.		FMV		WHALE SHARK PROJECT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

► **Attach to Form 990** to list additional information for **Part II and Part III, Schedule I (Form 990).**

Department of the Treasury
Internal Revenue Service

Name of the organization

Name of the organization
INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

11-2

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
THE NATURE CONSERVANCY 1815 NORTH LYNN ST. ARLINGTON, VA 22209	53-0242652		20,000.		FMV		ECO. ANALYSIS OF THE GALETA MARINE
U.S.-MEXICO BORDER PHILANTHROPY 2508 HISTORIC DECATUR RD., STE. 1 SAN DIEGO, CA 92106	26-2946180		436,415.		FMV		OPERATION SUPPORT
UC DAVIS DEP. OF WILDLIFE, FISH 1334 ACADEMIC SURGE DAVIS, CA 95616	94-3067788		40,000.		FMV		MARINE AND SHARK RESEARCH
UNITED NATIONS FOUNDATION 1800 MASSACHUSETTS AVE., NW, STE WASHINGTON, DC 20036	58-2368165		58,785.		FMV		CHINA DISASTER RELIEF
WILDCOAST 925 SEACOAST DRIVE IMPERIAL BEACH, CA 91932	77-0536297		15,000.		FMV		GENERAL OPERATING SUPPORT
ZOOLOGICAL SOCIETY OF SAN DIEGO P.O. BOX 120551 SAN DIEGO, CA 92112	95-1648219		22,210.		FMV		CONSERVATION EDU. LAB. VISITS
- - -							
- - -							
- - -							
- - -							

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees****Attach to Form 990. To be completed by organizations that
answered 'Yes' to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

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

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a**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 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in 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' to line 5a or 5b, describe in Part III

6 For persons listed in 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' to line 6a or 6b, describe in Part III

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

2

1

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE PRESIDENT AND CEO REVIEW THE IRS FORM 990 AND IT IS THEN SENT TO THE AUDIT COMMITTEE FOR APPROVAL. THE 990 IS THEN MADE AVAILABLE FOR REVIEW AT A BOARD OF DIRECTORS MEETING PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

THE COMPENSATION COMMITTEE OBTAINED COMPENSATION SUMMARIES ON CEO'S FROM COUNCIL ON FOUNDATIONS AND THE CURRENT COMPENSATION SURVEY FOR NONPROFITS IN THE SOUTHERN CALIFORNIA REGION SERVED AS A DATA POINT FOR DETERMINING EXECUTIVE COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE INTERNATIONAL COMMUNITY FOUNDATION HAS A ANNUAL REPORT THAT SHOWS FINANCIAL INFORMATION WITH A NOTE THAT COMPLETE FINANCIALS ARE AVAILABLE ON REQUEST. ADDITIONALLY, THE FORM 990 IS ON THE ICF WEBPAGE AT WWW.ICFDN.ORG/ABOUTUS/FORMS990.PHP. ALL OF THE POLICIES INCLUDING CONFLICT OF INTEREST POLICY ARE LISTED ON THE WEBPAGE AT WWW.ICFDN.ORG/POLICIES.PHP.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-REQUEST GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-VARIOUS WEBSITES ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS

-RISK ASSESSMENT EVALUATED

3. IN ADDITION TO BACK GROUND INFORMATION, FOR EACH NEW GRANT, WE REQUEST A PROPOSAL FOR EACH SPECIFIC PROJECT FROM THE GRANTEE.

4. GRANT RECOMMENDATION IS SUBMITTED TO INTERNATIONAL COMMUNITY FOUNDATION BOARD OF DIRECTORS FOR APPROVAL.

5. UPON BOARD APPROVAL (MAJORITY MUST APPROVE), ICF WILL ISSUE AN AWARD LETTER-CONTRACTUAL AGREEMENT TO THE GRANTEE TO RECEIVE FUNDING.

6. THE AWARD LETTER IS SIGNED BY GRANTEE'S EXECUTIVE DIRECTOR OR FINANCIAL OFFICER AND RETURNED TO OUR FOUNDATION.

7. A CHECK (OR WIRE TRANSFER) IS SENT TO THE RECIPIENT ORGANIZATION.

8. FUND ADVISOR IS NOTIFIED BY EMAIL OR TELEPHONE CALL THAT FUNDS WERE SENT TO THE GRANTEE.

9. ICF PERFORMS FOLLOW UP AND EVALUATION WITH THE GRANTEE. THIS VARIES FROM PROJECT TO PROJECT.

10. GRANTEE SUBMITS A COMPLETE REPORT FOR FUNDING RECEIVED 6 MONTHS TO A YEAR AFTER

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)

THE FUNDING WAS AWARDED (NARRATIVE AND FINANCIAL). SITE VISITS ARE DONE ON AN AD HOC BASIS.

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER	13,201.	32,192.	21,437.		
TOTAL	<u>\$ 13,201.</u>	<u>\$ 32,192.</u>	<u>\$ 21,437.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	INTERNATIONAL COMMUNITY FOUNDATION	33-0457858
	Number, street, and room or suite number. If a P.O. box, see instructions.	For IRS use only
	WEST RHODE & ROBERTS 3104 FOURTH AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SAN DIEGO, CA 92103	

Check type of return to be filed (File a separate application for each return)

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ☒ INT'L COMMUNITY FOUNDATION
Telephone No ☒ 619-336-2250 FAX No ☒ 619-336-2249
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 10
- 5 For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ James H. West Title ☒ CPA Date ☒ 2-12-10