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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

OMB No 1545-0052

2009

Department of the Treasury  
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2009, or tax year beginning , 2009, and ending

G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

|                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                |                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Use the IRS label. Otherwise, print or type. See Specific Instructions.                                                                                                                                                                           | Name of foundation<br><b>PASO DEL NORTE HEALTH FOUNDATION</b>                     |                                                                                                                                                                                                | A Employer identification number<br><b>74-1143071</b>                                                                                                                      |
|                                                                                                                                                                                                                                                   | Number and street (or P.O. box number if mail is not delivered to street address) | Room/suite                                                                                                                                                                                     | B Telephone number (see the instructions)<br><b>(915) 544-7636</b>                                                                                                         |
|                                                                                                                                                                                                                                                   | City or town<br><b>EL PASO</b>                                                    | State ZIP code<br><b>TX 79902</b>                                                                                                                                                              | C If exemption application is pending, check here <input type="checkbox"/>                                                                                                 |
|                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                | D 1 Foreign organizations, check here <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation |                                                                                   |                                                                                                                                                                                                | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>                                                              |
| I Fair market value of all assets at end of year (from Part II, column (c), line 16)<br>\$ <b>177,598,518.</b>                                                                                                                                    |                                                                                   | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>                                                           |

## Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions).)

|                                                                         | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|-------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| <b>REVENUE</b>                                                          |                                    |                           |                         |                                                             |
| 1 Contributions, gifts, grants, etc., received (att sch)                | 859,960.                           |                           |                         |                                                             |
| 2 <input type="checkbox"/> if the foundn is not req to att Sch B        |                                    |                           |                         |                                                             |
| 3 Interest on savings and temporary cash investments                    | 160,491.                           | 160,491.                  |                         |                                                             |
| 4 Dividends and interest from securities                                | 2,912,489.                         | 2,912,489.                |                         |                                                             |
| 5a Gross rents                                                          |                                    |                           |                         |                                                             |
| b Net rental income or (loss)                                           |                                    |                           |                         |                                                             |
| 6a Net gain/(loss) from sale of assets not on line 10                   | -16,247,624.                       |                           |                         |                                                             |
| b Gross sales price for all assets on line 6a                           | 40,301,913.                        |                           |                         |                                                             |
| 7 Capital gain net income (from Part IV, line 2)                        |                                    | 0.                        |                         |                                                             |
| 8 Net short-term capital gain                                           |                                    |                           |                         |                                                             |
| 9 Income modifications                                                  |                                    |                           |                         |                                                             |
| 10a Gross sales less returns and allowances                             |                                    |                           |                         |                                                             |
| b Less: Cost of goods sold                                              |                                    |                           |                         |                                                             |
| c Gross profit/(loss) (att sch)                                         |                                    |                           |                         |                                                             |
| 11 Other income (attach schedule)                                       |                                    |                           |                         |                                                             |
| See Line 11 Stmt                                                        | 2,806,311.                         | 2,471,692.                | 9,045.                  |                                                             |
| 12 Total. Add lines 1 through 11                                        | -9,508,373.                        | 5,544,672.                | 9,045.                  |                                                             |
| <b>ADMINISTRATIVE AND OPERATING EXPENSES</b>                            |                                    |                           |                         |                                                             |
| 13 Compensation of officers, directors, trustees, etc                   | 332,838.                           |                           |                         | 345,651.                                                    |
| 14 Other employee salaries and wages                                    | 657,205.                           | 27,645.                   | 2,239.                  | 658,682.                                                    |
| 15 Pension plans, employee benefits                                     | 259,593.                           | 7,173.                    | 684.                    | 276,850.                                                    |
| 16a Legal fees (attach schedule)                                        | 1,933.                             |                           |                         | 2,621.                                                      |
| b Accounting fees (attach sch)                                          | 60,190.                            |                           |                         | 64,127.                                                     |
| c Other prof fees (attach sch)                                          | 719,606.                           | 554,420.                  | 6,122.                  | 178,145.                                                    |
| 17 Interest                                                             |                                    |                           |                         |                                                             |
| 18 Taxes (attach schedule) (see instr) See Line 18 Stmt                 | 49,722.                            |                           |                         |                                                             |
| 19 Depreciation (attach sch) and depletion                              | 51,683.                            |                           |                         |                                                             |
| 20 Occupancy                                                            | 65,787.                            |                           |                         | 65,906.                                                     |
| 21 Travel, conferences, and meetings                                    | 19,461.                            | 1,465.                    |                         | 17,360.                                                     |
| 22 Printing and publications                                            | 12,909.                            |                           |                         | 12,375.                                                     |
| 23 Other expenses (attach schedule) See Line 23 Stmt                    | -6,917,310.                        | 2,463.                    |                         | 101,534.                                                    |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | -4,686,383.                        | 593,166.                  | 9,045.                  | 1,723,251.                                                  |
| 25 Contributions, gifts, grants paid                                    | 2,848,988.                         |                           |                         | 6,361,645.                                                  |
| 26 Total expenses and disbursements. Add lines 24 and 25                | -1,837,395.                        | 593,166.                  | 9,045.                  | 8,084,896.                                                  |
| 27 Subtract line 26 from line 12:                                       |                                    |                           |                         |                                                             |
| a Excess of revenue over expenses and disbursements                     | -7,670,978.                        |                           |                         |                                                             |
| b Net investment income (if negative, enter -0-)                        |                                    | 4,951,506.                |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                          |                                    |                           | 0.                      |                                                             |

6-17-28

4

**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

|                                    |                                                                                                                                        | Beginning of year | End of year    |                       |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                                    |                                                                                                                                        | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>ASSETS</b>                      | 1 Cash — non-interest-bearing                                                                                                          |                   |                |                       |
|                                    | 2 Savings and temporary cash investments                                                                                               | 179,051.          | 488,433.       | 488,433.              |
|                                    | 3 Accounts receivable 97,080.                                                                                                          |                   |                |                       |
|                                    | Less: allowance for doubtful accounts 0.                                                                                               | 29,081.           | 97,080.        | 97,080.               |
|                                    | 4 Pledges receivable                                                                                                                   |                   |                |                       |
|                                    | Less: allowance for doubtful accounts                                                                                                  |                   |                |                       |
|                                    | 5 Grants receivable                                                                                                                    |                   |                |                       |
|                                    | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)          |                   |                |                       |
|                                    | 7 Other notes and loans receivable (attach sch.)                                                                                       |                   |                |                       |
|                                    | Less: allowance for doubtful accounts                                                                                                  |                   |                |                       |
|                                    | 8 Inventories for sale or use                                                                                                          |                   |                |                       |
|                                    | 9 Prepaid expenses and deferred charges                                                                                                | 30,296.           | 33,595.        | 33,595.               |
|                                    | 10a Investments — U.S. and state government obligations (attach schedule)                                                              |                   |                |                       |
|                                    | b Investments — corporate stock (attach schedule) L-10b Stmt                                                                           | 87,476,127.       | 111,213,225.   | 111,213,225.          |
|                                    | c Investments — corporate bonds (attach schedule) L-10c Stmt                                                                           | 44,046,149.       | 49,732,879.    | 49,732,879.           |
|                                    | 11 Investments — land, buildings, and equipment: basis                                                                                 |                   |                |                       |
| <b>LIABILITIES</b>                 | Less: accumulated depreciation (attach schedule)                                                                                       |                   |                |                       |
|                                    | 12 Investments — mortgage loans                                                                                                        |                   |                |                       |
|                                    | 13 Investments — other (attach schedule) L-13 Stmt                                                                                     | 16,942,285.       | 15,639,871.    | 15,639,871.           |
|                                    | 14 Land, buildings, and equipment: basis 633,366.                                                                                      |                   |                |                       |
|                                    | Less: accumulated depreciation (attach schedule) L-14 Stmt                                                                             | 468,541.          | 215,310.       | 164,825.              |
|                                    | 15 Other assets (describe)                                                                                                             | 180,000.          | 180,000.       | 228,610.              |
|                                    | 16 <b>Total assets</b> (to be completed by all filers — see instructions. Also, see page 1, item I)                                    | 149,098,299.      | 177,549,908.   | 177,598,518.          |
|                                    | 17 Accounts payable and accrued expenses                                                                                               | 518,944.          | 459,274.       |                       |
|                                    | 18 Grants payable                                                                                                                      | 9,964,077.        | 6,451,419.     |                       |
|                                    | 19 Deferred revenue                                                                                                                    |                   |                |                       |
| <b>NET ASSETS OR FUND BALANCES</b> | 20 Loans from officers, directors, trustees, & other disqualified persons                                                              |                   |                |                       |
|                                    | 21 Mortgages and other notes payable (attach schedule)                                                                                 |                   |                |                       |
|                                    | 22 Other liabilities (describe L-22 Stmt)                                                                                              | 8,322,218.        | 1,000,000.     |                       |
|                                    | 23 <b>Total liabilities</b> (add lines 17 through 22)                                                                                  | 18,805,239.       | 7,910,693.     |                       |
|                                    | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/> |                   |                |                       |
|                                    | 24 Unrestricted                                                                                                                        | 130,125,251.      | 169,466,836.   |                       |
|                                    | 25 Temporarily restricted                                                                                                              | 167,809.          | 167,809.       |                       |
|                                    | 26 Permanently restricted                                                                                                              |                   | 4,570.         |                       |
|                                    | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>                         |                   |                |                       |
|                                    | 27 Capital stock, trust principal, or current funds                                                                                    |                   |                |                       |
|                                    | 28 Paid-in or capital surplus, or land, building, and equipment fund                                                                   |                   |                |                       |
|                                    | 29 Retained earnings, accumulated income, endowment, or other funds                                                                    |                   |                |                       |
|                                    | 30 <b>Total net assets or fund balances</b> (see the instructions)                                                                     | 130,293,060.      | 169,639,215.   |                       |
|                                    | 31 <b>Total liabilities and net assets/fund balances</b> (see the instructions)                                                        | 149,098,299.      | 177,549,908.   |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|                                                                                                                                                              |   |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 130,293,060. |
| 2 Enter amount from Part I, line 27a                                                                                                                         | 2 | -7,670,978.  |
| 3 Other increases not included in line 2 (itemize) See Other Increases Stmt                                                                                  | 3 | 47,017,133.  |
| 4 Add lines 1, 2, and 3                                                                                                                                      | 4 | 169,639,215. |
| 5 Decreases not included in line 2 (itemize)                                                                                                                 | 5 |              |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30                                                      | 6 | 169,639,215. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company) | (b) How acquired<br>P — Purchase<br>D — Donation | (c) Date acquired<br>(month, day, year) | (d) Date sold<br>(month, day, year) |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>                                                                                                     | P                                                | Various                                 | Various                             |
| <b>b CAPITAL LOSSES THAT FLOW THROUGH PARTNERSHIPS</b>                                                                                   | P                                                | Various                                 | Various                             |
| c                                                                                                                                        |                                                  |                                         |                                     |
| d                                                                                                                                        |                                                  |                                         |                                     |
| e                                                                                                                                        |                                                  |                                         |                                     |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| a 40,301,913.         |                                            | 46,246,080.                                     | -5,944,167.                                  |
| b 0.                  |                                            | 10,303,457.                                     | -10,303,457.                                 |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                     | (i) Gains (Column (h)<br>gain minus column (k), but not less<br>than -0-) or Losses (from column (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| (j) Fair Market Value<br>as of 12/31/69                                                     | (k) Adjusted basis<br>as of 12/31/69 | (l) Excess of column (j)<br>over column (k), if any |                                                                                                       |
| a                                                                                           |                                      |                                                     | -5,944,167.                                                                                           |
| b                                                                                           |                                      |                                                     | -10,303,457.                                                                                          |
| c                                                                                           |                                      |                                                     |                                                                                                       |
| d                                                                                           |                                      |                                                     |                                                                                                       |
| e                                                                                           |                                      |                                                     |                                                                                                       |

|                                                                                |                                                                                                                                                                                                              |   |              |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 2 Capital gain net income or (net capital loss).                               | <div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7<br/>           If (loss), enter -0- in Part I, line 7         </div>                                    | 2 | -16,247,624. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) | <div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0-<br/>           in Part I, line 8         </div> | 3 |              |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

| 1 Enter the appropriate amount in each column for each year; see the instructions before making any entries |                                          |                                                 |                                                                 |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| (a)<br>Base period years<br>Calendar year (or tax year<br>beginning in)                                     | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of<br>noncharitable-use assets | (d)<br>Distribution ratio<br>(column (b) divided by column (c)) |
| 2008                                                                                                        | 7,028,323.                               | 188,482,043.                                    | 0.037289                                                        |
| 2007                                                                                                        | 11,322,316.                              | 217,569,699.                                    | 0.052040                                                        |
| 2006                                                                                                        | 10,807,312.                              | 200,281,331.                                    | 0.053961                                                        |
| 2005                                                                                                        | 9,129,570.                               | 188,679,861.                                    | 0.048387                                                        |
| 2004                                                                                                        | 9,604,527.                               | 180,131,788.                                    | 0.053319                                                        |

|                                                                                                                                                                                |   |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 2 Total of line 1, column (d)                                                                                                                                                  | 2 | 0.244996     |
| 3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years | 3 | 0.048999     |
| 4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5                                                                                                 | 4 | 154,054,582. |
| 5 Multiply line 4 by line 3                                                                                                                                                    | 5 | 7,548,520.   |
| 6 Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                   | 6 | 49,515.      |
| 7 Add lines 5 and 6                                                                                                                                                            | 7 | 7,598,035.   |
| 8 Enter qualifying distributions from Part XII, line 4                                                                                                                         | 8 | 8,086,092.   |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

|                                                                                                                                                                                                                              |    |          |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|---------|
| 1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1<br>Date of ruling or determination letter. (attach copy of letter if necessary - see instr.) |    | 1        | 49,515. |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b                                                                 |    |          |         |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)                                                                                                  |    |          |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                  |    | 2        | 0.      |
| 3 Add lines 1 and 2                                                                                                                                                                                                          |    | 3        | 49,515. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                |    | 4        | 0.      |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                                                                                    |    | 5        | 49,515. |
| 6 Credits/Payments:                                                                                                                                                                                                          |    |          |         |
| a 2009 estimated tax pmts and 2008 overpayment credited to 2009                                                                                                                                                              | 6a | 131,699. |         |
| b Exempt foreign organizations – tax withheld at source                                                                                                                                                                      | 6b |          |         |
| c Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                        | 6c |          |         |
| d Backup withholding erroneously withheld                                                                                                                                                                                    | 6d |          |         |
| 7 Total credits and payments. Add lines 6a through 6d                                                                                                                                                                        | 7  | 131,699. |         |
| 8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached                                                                                                          | 8  |          |         |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                                                                              | 9  |          |         |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                                                                                 | 10 | 82,184.  |         |
| 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                              | 11 | 82,184.  |         |

**Part VIII Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                             |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?<br><i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i> |     | X  |
| c Did the foundation file Form 1120-POL for this year?                                                                                                                                                                                                                                                                                               |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation <input type="checkbox"/> \$ (2) On foundation managers <input type="checkbox"/> \$                                                                                                                                     |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$                                                                                                                                                                                   |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If 'Yes,' attach a detailed description of the activities.</i>                                                                                                                                                                               |     | X  |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>                                                                                                                  |     | X  |
| 4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                      | X   |    |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year?                                                                                                                                                                                                                                                                                   | X   |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If 'Yes,' attach the statement required by General Instruction T</i>                                                                                                                                                                          |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?                  | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>                                                                                                                                                                                                         | X   |    |
| 8 a Enter the states to which the foundation reports or with which it is registered (see the instructions)<br>TX - Texas                                                                                                                                                                                                                             |     |    |
| b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If 'No,' attach explanation</i>                                                                                                                                 | X   |    |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>                                                                                        |     | X  |
| 10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i>                                                                                                                                                                                                        |     | X  |

BAA

Form 990-PF (2009)

**Part VII-A Statements Regarding Activities Continued**

|                                                                                           |                                                                                                                                                                                         |    |   |   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|---|
| 11                                                                                        | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions) | 11 |   | X |
| 12                                                                                        | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?                                                                   | 12 |   | X |
| 13                                                                                        | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                                     | 13 | X |   |
| Website address <u>www.pdnhf.org</u>                                                      |                                                                                                                                                                                         |    |   |   |
| 14                                                                                        | The books are in care of <u>MARCELA GARCIA, CFO</u> Telephone no. <u>(915) 544-7636</u>                                                                                                 |    |   |   |
| Located at <u>1100 N STANTON STE 510 EL PASO TX</u> ZIP + 4 <u>79902</u>                  |                                                                                                                                                                                         |    |   |   |
| 15                                                                                        | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/>                                                            |    |   |   |
| and enter the amount of tax-exempt interest received or accrued during the year <u>15</u> |                                                                                                                                                                                         |    |   |   |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                                                 | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| 1a During the year did the foundation (either directly or indirectly):                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |    |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)?                                                                                                                                                                                                                                                                        |                                                                     |    |
| Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                       | 1b                                                                  | X  |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?                                                                                                                                                                                                                                                                                                         | 1c                                                                  | X  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                  |                                                                     |    |
| a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |    |
| b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions.)                                                                                                                                                                            | 2b                                                                  |    |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.                                                                                                                                                                                                                                                                                                                                                                                |                                                                     |    |
| <u>20__ , 20__ , 20__ , 20__</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |    |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.) | 3b                                                                  |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                | 4a                                                                  | X  |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?                                                                                                                                                                                                                                                               | 4b                                                                  | X  |

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Form 990-PF (2009)

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)

☒ Yes ☐ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b X

Organizations relying on a current notice regarding disaster assistance check here

☐

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☒ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

If 'Yes' to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

| (a) Name and address                                            | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|-----------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| MYRNA J. DECKERT<br>1100 N. STANTON STE 510<br>EL PASO TX 79902 | PRESIDENT/CEO<br>40.00                                   | 215,399.                                  | 24,255.                                                               | 1,200.                                |
| MARCELA GARCIA<br>1100 N. STANTON STE 510<br>EL PASO TX 79902   | CFO<br>40.00                                             | 117,439.                                  | 23,727.                                                               | 0.                                    |
| BERT MIJARES<br>1100 N. STANTON<br>EL PASO TX 79902             | CHAIRMAN<br>3.50                                         | 0.                                        | 0.                                                                    | 0.                                    |
| See Information about Officers, Directors, Trustees, Etc.       |                                                          |                                           |                                                                       |                                       |
|                                                                 |                                                          | 332,838.                                  | 47,982.                                                               | 1,200.                                |

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| ENRIQUE MATA<br>1100 N. STANTON STE 510<br>EL PASO TX 79902   | SENIOR PROGRAM OFFICER<br>40.00                          | 95,975.          | 21,312.                                                               | 600.                                  |
| MICHAEL KELLY<br>1100 N. STANTON STE 510<br>EL PASO TX 79902  | SENIOR PROGRAM OFFICER<br>40.00                          | 95,057.          | 20,425.                                                               | 600.                                  |
| SYLVIA SOTO<br>1100 N. STANTON STE 510<br>EL PASO TX 79902    | DIRECTOR OF OPERATIONS<br>40.00                          | 63,342.          | 12,913.                                                               | 0.                                    |
| JON LAW<br>1100 N. STANTON STE 510<br>EL PASO TX 79902        | PROGRAM OFFICER<br>40.00                                 | 78,396.          | 16,722.                                                               | 600.                                  |
| ANGELA PLAZA<br>1100 N. STANTON<br>EL PASO TX 79902           | DIRECTOR OF ACCOUNTING<br>40.00                          | 67,771.          | 15,685.                                                               | 0.                                    |

Total number of other employees paid over \$50,000

3

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'

| (a) Name and address of each person paid more than \$50,000                            | (b) Type of service | (c) Compensation |
|----------------------------------------------------------------------------------------|---------------------|------------------|
| ENNIS KNUPP AND ASSOCIATES<br>10 SOUTH RIVERSIDE PLAZA, SUITE 1600<br>CHICAGO IL 60606 | CONSULTANT          | 112,218.         |
| FRANKLIN TEMPLETON<br>ONE FRANKLIN PARKWAY<br>SAN MATEO CA 94403                       | MONEY MANAGER       | 95,657.          |
| PIMCO<br>1345 AVENUE OF THE AMERICAS 49TH FLOOR<br>NEW YORK NY 10105                   | MONEY MANAGER       | 83,204.          |
| METROPOLITAN WEST<br>11766 WILSHIRE BLVD. #1500<br>LOS ANGELES CA 90025                | MONEY MANAGER       | 81,873.          |
| KEECHA HARRIS AND ASSOCIATES, INC<br>2334 FOREST LAKES LANE<br>STERRET AL 35147        | CONSULTANT          | 73,158.          |
| Total number of others receiving over \$50,000 for professional services               |                     | 5                |

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|        | Expenses |
|--------|----------|
| 1 NONE | 0.       |
| 2      |          |
| 3      |          |
| 4      |          |

**Part IX-B** Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|-------------------------------------------------------------------------------------------------------------------|--------|
| 1 NONE                                                                                                            | 0.     |
| 2                                                                                                                 |        |
| All other program-related investments. See instructions.                                                          |        |
| 3                                                                                                                 |        |
| Total. Add lines 1 through 3                                                                                      | None   |

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Form 990-PF (2009)



**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |                                                                                                            |    |              |
|---|------------------------------------------------------------------------------------------------------------|----|--------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes |    |              |
| a | Average monthly fair market value of securities                                                            | 1a | 155,905,726. |
| b | Average of monthly cash balances                                                                           | 1b | 218,804.     |
| c | Fair market value of all other assets (see instructions)                                                   | 1c | 276,061.     |
| d | Total (add lines 1a, b, and c)                                                                             | 1d | 156,400,591. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  | 1e |              |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                       | 2  |              |
| 3 | Subtract line 2 from line 1d                                                                               | 3  | 156,400,591. |
| 4 | Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)  | 4  | 2,346,009.   |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4       | 5  | 154,054,582. |
| 6 | Minimum investment return. Enter 5% of line 5                                                              | 6  | 7,702,729.   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                    |    |            |
|----|----------------------------------------------------------------------------------------------------|----|------------|
| 1  | Minimum investment return from Part X, line 6                                                      | 1  | 7,702,729. |
| 2a | Tax on investment income for 2009 from Part VI, line 5                                             | 2a | 49,515.    |
| b  | Income tax for 2009. (This does not include the tax from Part VI)                                  | 2b | 0.         |
| c  | Add lines 2a and 2b                                                                                | 2c | 49,515.    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                              | 3  | 7,653,214. |
| 4  | Recoveries of amounts treated as qualifying distributions                                          | 4  | 353,314.   |
| 5  | Add lines 3 and 4                                                                                  | 5  | 8,006,528. |
| 6  | Deduction from distributable amount (see instructions)                                             | 6  |            |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 8,006,528. |

**Part XII Qualifying Distributions** (see instructions)

|   |                                                                                                                                                      |    |            |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |    |            |
| a | Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26                                                                        | 1a | 8,084,896. |
| b | Program-related investments — total from Part IX-B                                                                                                   | 1b | 0.         |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes                                            | 2  | 1,196.     |
| 3 | Amounts set aside for specific charitable projects that satisfy the:                                                                                 |    |            |
| a | Suitability test (prior IRS approval required)                                                                                                       | 3a |            |
| b | Cash distribution test (attach the required schedule)                                                                                                | 3b |            |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                           | 4  | 8,086,092. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) | 5  | 49,515.    |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4                                                                                       | 6  | 8,036,577. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XII** Undistributed Income (see instructions)

|                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2008 | (c)<br>2008 | (d)<br>2009 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2009 from Part XI, line 7                                                                                                                       |               |                            |             | 8,006,528.  |
| 2 Undistributed income, if any, as of the end of 2009:                                                                                                                     |               |                            |             |             |
| a Enter amount for 2008 only                                                                                                                                               |               |                            | 413,262.    |             |
| b Total for prior years 20__, 20__, 20__                                                                                                                                   |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2009:                                                                                                                         |               |                            |             |             |
| a From 2004                                                                                                                                                                | 0.            |                            |             |             |
| b From 2005                                                                                                                                                                | 0.            |                            |             |             |
| c From 2006                                                                                                                                                                | 0.            |                            |             |             |
| d From 2007                                                                                                                                                                | 0.            |                            |             |             |
| e From 2008                                                                                                                                                                | 0.            |                            |             |             |
| f Total of lines 3a through e                                                                                                                                              | 0.            |                            |             |             |
| 4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ 8,086,092.                                                                                                 |               |                            |             |             |
| a Applied to 2008, but not more than line 2a                                                                                                                               |               |                            | 413,262.    |             |
| b Applied to undistributed income of prior years (Election required — see instructions)                                                                                    |               |                            |             |             |
| c Treated as distributions out of corpus (Election required — see instructions)                                                                                            | 0.            |                            |             |             |
| d Applied to 2009 distributable amount                                                                                                                                     |               |                            |             | 7,672,830.  |
| e Remaining amount distributed out of corpus                                                                                                                               | 0.            |                            |             |             |
| 5 Excess distributions carryover applied to 2009<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                     |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:                                                                                                                   |               |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                        | 0.            |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b                                                                                                         |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               |                            |             |             |
| d Subtract line 6c from line 6b. Taxable amount — see instructions                                                                                                         |               | 0.                         |             |             |
| e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount — see instructions                                                                          |               |                            | 0.          |             |
| f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010                                                              |               |                            |             | 333,698.    |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)                                  |               |                            |             |             |
| 8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)                                                                              | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a                                                                                              | 0.            |                            |             |             |
| 10 Analysis of line 9:                                                                                                                                                     |               |                            |             |             |
| a Excess from 2005                                                                                                                                                         | 0.            |                            |             |             |
| b Excess from 2006                                                                                                                                                         | 0.            |                            |             |             |
| c Excess from 2007                                                                                                                                                         | 0.            |                            |             |             |
| d Excess from 2008                                                                                                                                                         | 0.            |                            |             |             |
| e Excess from 2009                                                                                                                                                         | 0.            |                            |             |             |

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Form 990-PF (2009)

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| Tax year                                                                                                                                          | Prior 3 years |          |          | (e) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|-----------|
| (a) 2009                                                                                                                                          | (b) 2008      | (c) 2007 | (d) 2006 |           |
|                                                                                                                                                   |               |          |          |           |
| b 85% of line 2a                                                                                                                                  |               |          |          |           |
| c Qualifying distributions from Part XII, line 4 for each year listed                                                                             |               |          |          |           |
| d Amounts included in line 2c not used directly for active conduct of exempt activities                                                           |               |          |          |           |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |               |          |          |           |
| 3 Complete 3a, b, or c for the alternative test relied upon:                                                                                      |               |          |          |           |
| a 'Assets' alternative test — enter:                                                                                                              |               |          |          |           |
| (1) Value of all assets                                                                                                                           |               |          |          |           |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                     |               |          |          |           |
| b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed                              |               |          |          |           |
| c 'Support' alternative test — enter:                                                                                                             |               |          |          |           |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |               |          |          |           |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |               |          |          |           |
| (3) Largest amount of support from an exempt organization                                                                                         |               |          |          |           |
| (4) Gross investment income                                                                                                                       |               |          |          |           |

**Part XV Supplementary Information** (Complete this part only if the organization had \$5,000 or more in assets at any time during the year — see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2) )  
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business)         | If recipient is an individual,<br>show any relationship to<br>any foundation manager or<br>substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount     |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|------------|
| <b>a Paid during the year</b><br>SEE ATTACHMENT 2        |                                                                                                                    |                                      |                                     | 6,361,645. |
| <b>Total</b> .....                                       |                                                                                                                    |                                      | <b>3a</b>                           | 6,361,645. |
| <b>b Approved for future payment</b><br>SEE ATTACHMENT 3 |                                                                                                                    |                                      |                                     | 429,634.   |
| <b>Total</b> .....                                       |                                                                                                                    |                                      | <b>3b</b>                           | 429,634.   |

## **Part XIV-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. |                                                                    | Unrelated business income |               | Excluded by section 512, 513, or 514 |               | (e)<br>Related or exempt<br>function income<br>(see the instructions) |
|-------------------------------------------------|--------------------------------------------------------------------|---------------------------|---------------|--------------------------------------|---------------|-----------------------------------------------------------------------|
|                                                 |                                                                    | (a)<br>Business<br>code   | (b)<br>Amount | (c)<br>Exclu-<br>sion<br>code        | (d)<br>Amount |                                                                       |
| 1                                               | Program service revenue:                                           |                           |               |                                      |               |                                                                       |
| a                                               |                                                                    |                           |               |                                      |               |                                                                       |
| b                                               |                                                                    |                           |               |                                      |               |                                                                       |
| c                                               |                                                                    |                           |               |                                      |               |                                                                       |
| d                                               |                                                                    |                           |               |                                      |               |                                                                       |
| e                                               |                                                                    |                           |               |                                      |               |                                                                       |
| f                                               |                                                                    |                           |               |                                      |               |                                                                       |
| g                                               | Fees and contracts from government agencies .                      |                           |               |                                      |               |                                                                       |
| 2                                               | Membership dues and assessments . . . . .                          |                           |               |                                      |               |                                                                       |
| 3                                               | Interest on savings and temporary cash investments . . . . .       |                           |               | 14                                   | 160,491.      |                                                                       |
| 4                                               | Dividends and interest from securities . . . . .                   |                           |               | 14                                   | 2,912,489.    |                                                                       |
| 5                                               | Net rental income or (loss) from real estate                       |                           |               |                                      |               |                                                                       |
| a                                               | Debt-financed property . . . . .                                   |                           |               |                                      |               |                                                                       |
| b                                               | Not debt-financed property . . . . .                               |                           |               |                                      |               |                                                                       |
| 6                                               | Net rental income or (loss) from personal property . . . . .       |                           |               |                                      |               |                                                                       |
| 7                                               | Other investment income . . . . .                                  |                           |               |                                      |               |                                                                       |
| 8                                               | Gain or (loss) from sales of assets other than inventory . . . . . |                           |               | 18                                   | -16,248,976.  | 0.                                                                    |
| 9                                               | Net income or (loss) from special events . . . . .                 |                           |               |                                      |               |                                                                       |
| 10                                              | Gross profit or (loss) from sales of inventory .                   |                           |               |                                      |               |                                                                       |
| 11                                              | Other revenue:                                                     |                           |               |                                      |               |                                                                       |
| a                                               | RETURNED GRANTS                                                    |                           |               |                                      |               | 353,314.                                                              |
| b                                               | THROUGH PARTNERSHIP INVESTMENTS                                    | 523000                    | -25,998.      | 14                                   | 2,463,764.    |                                                                       |
| c                                               | LIFE INSURANCE                                                     |                           |               | 1                                    | 2,529.        |                                                                       |
| d                                               | UNCLAIMED PROPERTY REFUND                                          |                           |               | 1                                    | 5,008.        |                                                                       |
| e                                               | TEXAS DEPT HEALTH PROGRAM                                          |                           |               |                                      |               | 9,045.                                                                |
| 12                                              | Subtotal. Add columns (b), (d), and (e)                            |                           | -25,998.      |                                      | -10,704,695.  | 362,359.                                                              |
| 13                                              | Total. Add line 12, columns (b), (d), and (e)                      |                           |               |                                      | 13            | -10,368,334                                                           |

(See worksheet in the instructions for line 13 to verify calculations.)

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

[illegible]



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

**2009**

Name of the organization

PASO DEL NORTE HEALTH FOUNDATION

Employer identification number

74-1143071

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Form 990-PF

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule –**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

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

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

PASO DEL NORTE HEALTH FOUNDATION

74-1143071

**Part I Contributors** (see instructions.)

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4                                           | (c)<br>Aggregate<br>contributions | (d)<br>Type of contribution                                                                                                                                                  |
|---------------|-----------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1             | Stading & Bingham Joint Venture I<br>5845 Onyx, Ste 400<br>El Paso TX 79912 | \$ 237,950.                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2             | Stading & Bingham Joint Venture I<br>5845 Onyx, Ste 400<br>El Paso TX 79912 | \$ 617,440.                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|               |                                                                             | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                                             | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                                             | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                                             | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|               |                                                                             | \$                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |



Name of organization

Employer identification number

PASO DEL NORTE HEALTH FOUNDATION

74-1143071

**Part II** Noncash Property (see instructions)

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 1                         | Real Property                                |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$ 237,950.                                    | 12/11/09             |
|                           |                                              |                                                |                      |
| 2                         | Real Property                                |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$ 617,440.                                    | 12/22/09             |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |
|                           |                                              |                                                |                      |
|                           |                                              | \$                                             |                      |
|                           |                                              |                                                |                      |

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

**PASO DEL NORTE HEALTH FOUNDATION**

EIN. 74-1143071

STATEMENT ATTACHED TO SCHEDULE A-2 OF FORM 8865

PANTHEON EUROPE FUND V A, LP

98-0530866

| Name                          | Address                                                         | EIN        | Check if Foreign Partnership |
|-------------------------------|-----------------------------------------------------------------|------------|------------------------------|
| ALCHEMY PLAN (PE V), LP       | TRAFALGAR COURT, LES BANQUES<br>ST PETER PORT, GUERNSEY GY1 3QL | 98-0509276 | X                            |
| CBPE VII CO-INVESTMENT FUND I | 10 THROGMORTON AVENUE<br>LONDON EC2N 2DL                        | N/A        | X                            |
| INDUSTRI KAPITAL, 2007 LP I   | 30-32 NEW STREET, 3RD FLOOR<br>ST. HELIER, JERSEY, JE2 3RA      | N/A        | X                            |

**Form 990-PF**  
**Part I, Line 6a**

**Net Gain or Loss From Sale of Assets**

**2009**

|                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Name<br><b>PASO DEL NORTE HEALTH FOUNDATION</b> | Employer Identification Number<br><b>74-1143071</b> |
|-------------------------------------------------|-----------------------------------------------------|

**Asset Information:**

|                                                                                   |                                                                        |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Description of Property: <u>PUBLICLY TRADED SECURITEIS</u>                        |                                                                        |
| Date Acquired: _____                                                              | How Acquired: _____                                                    |
| Date Sold: _____                                                                  | Name of Buyer: _____                                                   |
| Sales Price: ... <u>40,301,913.</u>                                               | Cost or other basis (do not reduce by depreciation) <u>46,246,080.</u> |
| Sales Expense: .. _____                                                           | Valuation Method: .. _____                                             |
| Total Gain (Loss): ... <u>-5,944,167.</u>                                         | Accumulation Depreciation: .. _____                                    |
| Description of Property: ... <u>CAPITAL LOSSES THAT FLOW THROUGH PARTNERSHIPS</u> |                                                                        |
| Date Acquired: _____                                                              | How Acquired: _____                                                    |
| Date Sold: _____                                                                  | Name of Buyer: _____                                                   |
| Sales Price: _____                                                                | Cost or other basis (do not reduce by depreciation) <u>10,303,457.</u> |
| Sales Expense: _____                                                              | Valuation Method: _____                                                |
| Total Gain (Loss): ... <u>-10,303,457.</u>                                        | Accumulation Depreciation: .. _____                                    |
| Description of Property: ... _____                                                |                                                                        |
| Date Acquired: _____                                                              | How Acquired: _____                                                    |
| Date Sold: _____                                                                  | Name of Buyer: _____                                                   |
| Sales Price: _____                                                                | Cost or other basis (do not reduce by depreciation) _____              |
| Sales Expense: .. _____                                                           | Valuation Method: .. _____                                             |
| Total Gain (Loss): .. _____                                                       | Accumulation Depreciation: .. _____                                    |
| Description of Property: .. _____                                                 |                                                                        |
| Date Acquired: _____                                                              | How Acquired: .. .. _____                                              |
| Date Sold: .. .. _____                                                            | Name of Buyer: .. _____                                                |
| Sales Price: .. _____                                                             | Cost or other basis (do not reduce by depreciation) _____              |
| Sales Expense. _____                                                              | Valuation Method. .. .. _____                                          |
| Total Gain (Loss): _____                                                          | Accumulation Depreciation: .. _____                                    |
| Description of Property: .. .. _____                                              |                                                                        |
| Date Acquired: _____                                                              | How Acquired: _____                                                    |
| Date Sold: .. .. _____                                                            | Name of Buyer: .. .. _____                                             |
| Sales Price: .. .. _____                                                          | Cost or other basis (do not reduce by depreciation) .. .. _____        |
| Sales Expense: .. .. _____                                                        | Valuation Method: .. .. _____                                          |
| Total Gain (Loss): .. .. _____                                                    | Accumulation Depreciation: .. .. _____                                 |
| Description of Property: .. .. _____                                              |                                                                        |
| Date Acquired: _____                                                              | How Acquired: _____                                                    |
| Date Sold: .. .. _____                                                            | Name of Buyer: .. .. _____                                             |
| Sales Price: .. .. _____                                                          | Cost or other basis (do not reduce by depreciation) .. .. _____        |
| Sales Expense: .. .. _____                                                        | Valuation Method: .. .. _____                                          |
| Total Gain (Loss): .. .. _____                                                    | Accumulation Depreciation: .. .. _____                                 |
| Description of Property: .. .. _____                                              |                                                                        |
| Date Acquired: _____                                                              | How Acquired: _____                                                    |
| Date Sold: .. .. _____                                                            | Name of Buyer: .. .. _____                                             |
| Sales Price: .. .. _____                                                          | Cost or other basis (do not reduce by depreciation) .. .. _____        |
| Sales Expense: .. .. _____                                                        | Valuation Method: .. .. _____                                          |
| Total Gain (Loss): .. .. _____                                                    | Accumulation Depreciation: .. .. _____                                 |
| Description of Property: .. .. _____                                              |                                                                        |
| Date Acquired: .. .. _____                                                        | How Acquired: .. .. _____                                              |
| Date Sold: .. .. _____                                                            | Name of Buyer: .. .. _____                                             |
| Sales Price: .. .. _____                                                          | Cost or other basis (do not reduce by depreciation) .. .. _____        |
| Sales Expense: .. .. _____                                                        | Valuation Method: .. .. _____                                          |
| Total Gain (Loss): .. .. _____                                                    | Accumulation Depreciation: .. .. _____                                 |

Form 990-PF, Page 1, Part I, Line 11

**Line 11 Stmt**

| Other income:                                                   | Rev/Exp Book      | Net Inv Inc       | Adj Net Inc   |
|-----------------------------------------------------------------|-------------------|-------------------|---------------|
| UNREALIZED GRANTS                                               | 353,314.          |                   |               |
| TX DEPT OF HEALTH PROJECT<br>THROUGH PARTNERSHIP<br>INVESTMENTS | 9,045.            |                   | 9,045.        |
| UNCLAIMED PROPERTY                                              | 2,436,415.        | 2,464,155.        |               |
| LIFE INSURANCE                                                  | 5,008.            | 5,008.            |               |
|                                                                 | 2,529.            | 2,529.            |               |
| Total                                                           | <u>2,806,311.</u> | <u>2,471,692.</u> | <u>9,045.</u> |

Form 990-PF, Page 1, Part I, Line 18

**Line 18 Stmt**

| Taxes (see the instructions) | Rev/Exp Book   | Net Inv Inc | Adj Net Inc | Charity Disb |
|------------------------------|----------------|-------------|-------------|--------------|
| PROVISION FOR EXCISE TAX     | 49,515.        |             |             |              |
| INCOME TAXES                 | 79.            |             |             |              |
| OTHER                        | 128.           |             |             |              |
| Total                        | <u>49,722.</u> |             |             |              |

Form 990-PF, Page 1, Part I, Line 23

**Line 23 Stmt**

| Other expenses:                  | Rev/Exp Book       | Net Inv Inc   | Adj Net Inc | Charity Disb    |
|----------------------------------|--------------------|---------------|-------------|-----------------|
| MISC/PROJECT OTHER               | 18,350.            | 958.          |             | 17,108.         |
| INSURANCE                        | 20,650.            |               |             | 20,650.         |
| OFFICE SUPPLIES                  | 2,320.             |               |             | 3,979.          |
| TELEPHONE SERVICES               | 2,863.             | 305.          |             | 2,688.          |
| MINOR EQUIPMENT                  | 2,030.             |               |             | 3,169.          |
| EQUIPMENT/FACILITIES LEASE       | 43,583.            |               |             | 46,261.         |
| DUES                             | 6,689.             | 1,200.        |             | 5,524.          |
| PAYROLL/BANK FEES                | 1,908.             |               |             | 2,155.          |
| MEDIA RELATIONS                  | 26,680.            |               |             | 0.              |
| RELEASE OF GENERAL AND PROF LIAB | -7,042,383.        |               |             |                 |
| Total                            | <u>-6,917,310.</u> | <u>2,463.</u> |             | <u>101,534.</u> |

Form 990-PF, Page 2, Part III, Line 3

**Other Increases Stmt**

|                                        |                    |
|----------------------------------------|--------------------|
| UNREALIZED APPRECIATION ON INVESTMENTS | <u>47,017,132.</u> |
| ROUNDING                               | <u>1.</u>          |
| Total                                  | <u>47,017,133.</u> |

Form 990-PF, Page 6, Part VIII, Line 1

## Information about Officers, Directors, Trustees, Etc.

| (a)<br>Name and address                                                                                                                                | (b)<br>Title, and<br>average hours<br>per week<br>devoted to<br>position | (c)<br>Compensation<br>(If not paid,<br>enter -0-) | (d)<br>Contributions<br>to employee<br>benefit plans<br>and deferred<br>compensation | (e)<br>Expense<br>account, other<br>allowances |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>CINDY F. LYONS<br>1100 N. STANTON STE 510<br>EL PASO TX 79902          | VICE CHAIR<br>3.50                                                       | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>DR. EDUARDO SANCHEZ<br>1100 N. STANTON STE 510<br>EL PASO TX 79902     | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>JACK CARDWELL<br>1100 N. STANTON STE 510<br>EL PASO TX 79902           | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>JACK CHAPMAN<br>1100 N. STANTON STE 510<br>EL PASO TX 79902            | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>STEVE FOX<br>1100 N. STANTON STE 510<br>EL PASO TX 79902               | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>GEORGE DRAKE<br>1100 N. STANTON STE 510<br>EL PASO TX 79902            | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>RENE HURTADO<br>1100 N. STANTON STE 510<br>EL PASO TX 79902            | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>ROBERT B. ASH<br>1100 N. STANTON STE 510<br>EL PASO TX 79902           | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>SANDRA SANCHEZ ALMANZAN<br>1100 N. STANTON STE 510<br>EL PASO TX 79902 | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input checked="" type="checkbox"/> Business <input type="checkbox"/><br>DR. SUSANA NAVARRO<br>1100 N. STANTON STE 510<br>EL PASO TX 79902      | DIRECTOR<br>3.50                                                         | 0.                                                 | 0.                                                                                   | 0.                                             |
| Person <input type="checkbox"/> Business <input type="checkbox"/>                                                                                      |                                                                          |                                                    |                                                                                      |                                                |
| Person <input type="checkbox"/> Business <input type="checkbox"/>                                                                                      |                                                                          |                                                    |                                                                                      |                                                |

Form 990-PF, Page 6, Part VIII, Line 1

Continued

**Information about Officers, Directors, Trustees, Etc.**

| (a)<br>Name and address                                           | (b)<br>Title, and<br>average hours<br>per week<br>devoted to<br>position | (c)<br>Compensation<br>(If not paid,<br>enter -0-) | (d)<br>Contributions<br>to employee<br>benefit plans<br>and deferred<br>compensation | (e)<br>Expense<br>account, other<br>allowances |
|-------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------|
| Person <input type="checkbox"/> Business <input type="checkbox"/> |                                                                          |                                                    |                                                                                      |                                                |
|                                                                   |                                                                          | 332,838.                                           | 47,982.                                                                              | 1,200.                                         |

Total

332,838.    47,982.    1,200.

Form 990-PF, Page 2, Part II, Line 10b

**L-10b Stmt**

| Line 10b - Investments - Corporate Stock: | End of Year         |                      |
|-------------------------------------------|---------------------|----------------------|
|                                           | Book<br>Value       | Fair Market<br>Value |
| Common Stock                              | 29,361.             | 29,361.              |
| State Street Global Advisors              | 55,560,090.         | 55,560,090.          |
| Canada MSCI CTF                           | 2,250,660.          | 2,250,660.           |
| Canada MSCI Small Cap Indx                | 307,308.            | 307,308.             |
| MSCI EAFE Index SL CTF                    | 21,695,892.         | 21,695,892.          |
| MSCI EAFE Small Cap Index                 | 2,677,015.          | 2,677,015.           |
| MSCI Emerging Markets Free SL CTF         | 6,904,351.          | 6,904,351.           |
| MSCI Emerging Markets Small Cap Index     | 949,816.            | 949,816.             |
| Templeton Institutional Funds             | 11,899,742.         | 11,899,742.          |
| Walter Scott                              | 8,938,990.          | 8,938,990.           |
| Total                                     | <u>111,213,225.</u> | <u>111,213,225.</u>  |

Form 990-PF, Page 2, Part II, Line 10c

**L-10c Stmt**

| Line 10c - Investments - Corporate Bonds:        | End of Year        |                      |
|--------------------------------------------------|--------------------|----------------------|
|                                                  | Book<br>Value      | Fair Market<br>Value |
| Metropolitan West Total Return Bond Fund Class I | 21,239,477.        | 21,239,477.          |
| PIMCO FDS Total Return                           | 20,325,450.        | 20,325,450.          |
| Allianz Global Investors                         | 8,167,952.         | 8,167,952.           |
| Total                                            | <u>49,732,879.</u> | <u>49,732,879.</u>   |

Form 990-PF, Page 2, Part II, Line 13

**L-13 Stmt**

| Line 13 - Investments - Other:        | End of Year        |                    |
|---------------------------------------|--------------------|--------------------|
|                                       | Book Value         | Fair Market Value  |
| TIFF Realty & Resources               | 894,255.           | 894,255.           |
| TIFF II                               | 184,454.           | 184,454.           |
| TIFF III                              | 696,894.           | 696,894.           |
| Pantheon Europe Fund IV, L.P.         | 861,208.           | 861,208.           |
| Pantheon Europe Fund V, L.P.          | 968,740.           | 968,740.           |
| Pantheon USA Fund VI, L.P.            | 3,934,198.         | 3,934,198.         |
| Commonfund Capital Private Equity VII | 400,942.           | 400,942.           |
| Commonfund Capital Venture Part. VIII | 147,018.           | 147,018.           |
| Guggenheim Plus II L.P.               | 3,717,928.         | 3,717,928.         |
| Guggenheim Real Estate                | 500.               | 500.               |
| RREEF America REIT II, Inc.           | 3,737,608.         | 3,737,608.         |
| Interest Receivable                   | 65.                | 65.                |
| Cash Surrender Value-Life Insurance   | 96,061.            | 96,061.            |
| Total                                 | <u>15,639,871.</u> | <u>15,639,871.</u> |

Form 990-PF, Page 2, Part II, Line 14

**L-14 Stmt**

| Line 14b - Description of Land, Buildings, and Equipment | (a)<br>Cost/Other Basis | (b)<br>Accumulated Depreciation | (c)<br>Book Value |
|----------------------------------------------------------|-------------------------|---------------------------------|-------------------|
| Leasehold Improvements                                   | 248,772.                |                                 | 248,772.          |
| Machinery and Equipment                                  | 237,420.                |                                 | 237,420.          |
| Furniture and Fixtures                                   | 131,332.                |                                 | 131,332.          |
| Software                                                 | 11,664.                 |                                 | 11,664.           |
| Copyright                                                | 4,178.                  |                                 | 4,178.            |
| Total                                                    | <u>633,366.</u>         |                                 | <u>633,366.</u>   |

Form 990-PF, Page 2, Part II, Line 22

**Other Liab Stmt**

| Line 22 - Other Liabilities:       | Beginning Year Book Value | Ending Year Book Value |
|------------------------------------|---------------------------|------------------------|
| GENERAL AND PROFESSIONAL LIABILITY | 8,042,383.                | 1,000,000.             |
| EXCISE TAX PAYABLE                 | 279,835.                  | 0.                     |
| Total                              | <u>8,322,218.</u>         | <u>1,000,000.</u>      |

PASO DEL NORTE HEALTH FOUNDATION  
 DETAIL REALIZED GAINS/LOSSES  
 FORM 2009 990PF

|                                                      | <u>PROCEEDS</u>          | <u>COST</u>              | <u>REALIZED<br/>GAIN/LOSS</u> |
|------------------------------------------------------|--------------------------|--------------------------|-------------------------------|
| CAPITAL GUARDIAN                                     | 11,035,886.94            | 11,847,969.63            | (812,082.69)                  |
| STATE STREET GLOBAL                                  | 2,047,820.12             | 2,653,255.11             | (605,434.99)                  |
| TIFF II                                              | 15,504.00                | -                        | 15,504.00 *                   |
| STATE STREET CANADA                                  | 921,937.64               | 980,095.69               | (58,158.05)                   |
| MSCI EAFE                                            | 9,749,804.99             | 13,354,730.27            | (3,604,925.28)                |
| MSCI EMERGING                                        | <u>2,885,401.53</u>      | <u>3,218,563.54</u>      | <u>(333,162.01)</u>           |
| <br>SUBTOTAL PARTNERSHIPS                            | <br>26,656,355.22        | <br>32,054,614.24        | <br>(5,398,259.02)            |
| <br>METROPOLITAN WEST                                | <br>5,220,000.00         | <br>5,876,276.58         | <br>(656,276.58)              |
| PIMCO                                                | 5,850,249.90             | 5,923,758.31             | (73,508.41)                   |
| GUGGENHEIM                                           |                          | 3,476.20                 | (3,476.20)                    |
| RREEF                                                | 307.58                   |                          | 307.58                        |
| TEMPLETON                                            | <u>2,575,000.00</u>      | <u>2,387,954.65</u>      | <u>187,045.35</u>             |
| <br>SUBTOTAL CORPORATIONS                            | <br>13,645,557.48        | <br>14,191,465.74        | <br>(545,908.26)              |
| <br>CAPITAL LOSSES THAT FLOW<br>THROUGH PARTNERSHIPS | <br>-                    | <br>10,303,457.00        | <br>(10,303,457.00)           |
| <br>GRAND TOTAL-INVESTMENTS                          | <br><u>40,301,912.70</u> | <br><u>56,549,536.98</u> | <br><u>(16,247,624.28)</u>    |

\* Represents distributions in excess of basis



PASO DEL NORTE HEALTH FOUNDATION  
1100 N Stanton Ste 510  
El Paso, TX 79902  
EIN 74-1143071

Attachment to December 31, 2009 Form 990-PF  
Return of Private Foundation

Statement required by Reg. 53.4945-5(d)(2)

Information with respect to expenditure responsibility grants

1.) Grantee: Casa Amiga Centro de Crisis A.C.  
Calle Durango 1916  
Fracc. Paseo de las Torres  
Ciudad Juarez, Chihuahua, Mexico 32575

2.) Date Paid in Current Tax Year:

|              |             |                                                                                |
|--------------|-------------|--------------------------------------------------------------------------------|
| • 1/08/2009  | \$10,000.00 | Goal 4 – 2009 Healthy Family Social Environment<br>Restoring the Social Fabric |
| • 10/07/2009 | \$15,000.00 | Goal 4 2009-2010 All Against the Violence                                      |
| Total Paid   | \$25,000.00 |                                                                                |

3.) Purpose: The project focused on youth and children, addressing sexual abuse and violence in Ciudad Juarez. Activities included a puppet theater, interactive play, adolescent workshops, and small group discussion forums for adolescents.

4.) Amount of Grant Spent by Grantee:

|               |                                                                                |
|---------------|--------------------------------------------------------------------------------|
| • \$10,000.00 | Goal 4 – 2009 Healthy Family Social Environment Restoring<br>the Social Fabric |
| • \$3,750.00  | Goal 4 2009-2010 All Against the Violence                                      |

5.) Diversions: To the knowledge of the Paso del Norte Health Foundation, and based upon the reports furnished by the grantee, no part of the grants have been diverted from any activity for which the grant was originally made.

6.) Date of Reports Received from Grantee:

|                                                                                                                |                |
|----------------------------------------------------------------------------------------------------------------|----------------|
| • Goal 4 – 2009 Healthy Family Social Environment Restoring<br>the Social Fabric<br>Final and Financial Report | May 19, 2009   |
| • Goal 4 2009-2010 All Against the Violence<br>Progress and Financial Report                                   | March 27, 2010 |

7.) Verification: Paso del Norte Health Foundation has no reason to doubt the accuracy or reliability of the reports from the grantee; therefore, no independent verification of the reports was made.

PASO DEL NORTE HEALTH FOUNDATION  
1100 N Stanton Ste 510  
El Paso, TX 79902  
EIN 74-1143071

Attachment to December 31, 2009 Form 990-PF  
Return of Private Foundation

Statement required by Reg. 53.4945-5(d)(2)

Information with respect to expenditure responsibility grants

1.) Grantee: Organizacion Popular Independiente, A.C.  
Calle Morelos #1559  
Colonia Barrio Alto  
Ciudad Juarez, Chihuahua, Mexico 32160

2.) Date Paid in Current Tax Year:

- |             |             |                                                                                                               |
|-------------|-------------|---------------------------------------------------------------------------------------------------------------|
| • 4/02/2009 | \$33,990.00 | Begin at Birth 2008-2009: Los Ninos y Las Ninas Son Primero: Transformando Creencias para el Cuidado Infantil |
| • 9/08/2009 | \$33,660.00 | Begin at Birth 2008-2009: Los Ninos y Las Ninas Son Primero: Transformando Creencias para el Cuidado Infantil |

Total Paid                      \$67,650.00

3.) Purpose: This program was designed to improve child rearing skills in parents, as well as the quality of parent education interventions in the impoverished neighborhoods on the mountain slopes of western Ciudad Juarez. Over 350 children birth to three years of age in 100 families benefited from the program.

4.) Amount of Grant Spent by Grantee:

- \$59,235.00                      Begin at Birth 2008-2009: Los Ninos y Las Ninas Son Primero: Transformando Creencias para el Cuidado Infantil (including \$11,330 from a grant made in fiscal year ending December 31, 2008)

5.) Diversions: To the knowledge of the Paso del Norte Health Foundation, and based upon the reports furnished by the grantee, no part of the grants have been diverted from any activity for which the grants were originally made.

6.) Date of Reports Received from Grantee:

- Begin at Birth 2008-2009: Los Ninos y Las Ninas Son Primero: Transformando Creencias para el Cuidado Infantil  
Progress and Financial Report

September 17, 2009

Progress and Financial Report

February 4, 2010

7.) Verification: Paso del Norte Health Foundation has no reason to doubt the accuracy or reliability of the reports from the grantee; therefore, no independent verification of the reports was made.

PASO DEL NORTE HEALTH FOUNDATION  
1100 N Stanton Ste 510  
El Paso, TX 79902  
EIN 74-1143071

Attachment to December 31, 2009 Form 990-PF  
Return of Private Foundation

Statement required by Reg. 53.4945-5(d)(2)

Information with respect to expenditure responsibility grants

1.) Grantee: Gente a Favor de Gente  
Calle Emilia Perez Payan # 2807  
Colonia Luis Olague  
Ciudad Juarez, Chihuahua, Mexico 32670

2.) Date Paid in Current Tax Year:

- 4/12/2009 \$34,595.00 Begin at Birth 2008-2009: Ayudalo a Crecer Sano II
- 9/08/2009 \$24,631.00 Begin at Birth 2008-2009: Ayudalo a Crecer Sano II

Total Paid \$59,226.00

3.) Purpose: "Help Your Child Grow Up Healthy" program assisted 300 families with children birth to three-years of age in extremely impoverished neighborhoods in Ciudad Juarez.

4.) Amount of Grant Spent by Grantee:

- \$70,757.64 Begin at Birth 2008-2009: Ayudalo a Crecer Sano II (including \$11,531.64 of a grant made in fiscal year ending December 31, 2008)

5.) Diversions: To the knowledge of the Paso del Norte Health Foundation, and based upon the report furnished by the grantee, no part of the grants have been diverted from any activity for which the grant was originally made.

6.) Date of Report Received from Grantee:

- Begin at Birth 2008-2009: Ayudalo a Crecer Sano II  
Final and Financial Report January 15, 2010

7.) Verification: Paso del Norte Health Foundation has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

PASO DEL NORTE HEALTH FOUNDATION  
1100 N Stanton Ste 510  
El Paso, TX 79902  
EIN 74-1143071

Attachment to December 31, 2009 Form 990-PF  
Return of Private Foundation

Statement required by Reg. 53.4945-5(d)(2)

Information with respect to expenditure responsibility grants

1.) Grantee: Instituto Municipal de Investigacion y Planeacion  
Benjamin Franklin y Estocolmo # 4185  
Ciudad Juarez, Chihuahua, Mexico 32310

2.) Date Paid in Current Tax Year:

|             |            |                                            |
|-------------|------------|--------------------------------------------|
| • 12/3/2009 | \$5,000.00 | Non-profits in Ciudad Juarez Serving Youth |
| Total Paid  | \$5,000.00 |                                            |

3.) Purpose: The agency provided a list of approximately fifty nonprofit and governmental organizations in Ciudad Juarez that served children and youth. The list included the organizations' mission, services provided, geographic service area, number of staff, and year founded.

4.) Amount of Grant Spent by Grantee:

- \$2,500.00 Non-profits in Ciudad Juarez Serving Youth

5.) Diversions: To the knowledge of the Paso del Norte Health Foundation, and based upon the report furnished by the grantee, no part of the grant has been diverted from any activity for which the grant was originally made.

6.) Date of Report Received from Grantee:

|                                                                            |                   |
|----------------------------------------------------------------------------|-------------------|
| • Non-profits in Ciudad Juarez Serving Youth<br>Final and Financial Report | February 18, 2010 |
|----------------------------------------------------------------------------|-------------------|

7.) Verification: Paso del Norte Health Foundation has no reason to doubt the accuracy or reliability of the report from the grantee; therefore, no independent verification of the report was made.

**Paso del Norte Health Foundation**  
**74-1143071**

Attachment 2  
2009 990 PF

| Organization & Project Title                                                                                      | Address                                             | Public Entity          | Purpose of Grant                                                                                                                                                                                                                                                                                                                                                                | Amount      |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>General Grants</b>                                                                                             |                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <i>Conference of Southwest Foundations</i>                                                                        | 3102 Maple Ave Ste 260<br>Dallas, TX 75201          | 501(c)(3)              | Supporting grantmakers by providing a forum for the exchange of ideas, experiences and expertise within the southwestern region 2009 member services                                                                                                                                                                                                                            | \$3,500 00  |
| <i>Grants Managers Network</i>                                                                                    | 1101 14th St NW Ste 420<br>Washington, DC 20005     | 501(c)(3)              | Support grantmakers by advancing the knowledge, skill, and ability of grants management professionals 2009 member services                                                                                                                                                                                                                                                      | \$2,000 00  |
| <i>Grantmakers for Children, Youth and Families</i>                                                               | 8757 Georgia Ave Ste 540<br>Silver Spring, MD 20910 | 501(c)(3)              | Supporting grantmakers to improve the children, youth and families' health 2009 member services                                                                                                                                                                                                                                                                                 | \$1,500 00  |
| <i>Council on Foundations</i>                                                                                     | PO Box 75661<br>Baltimore, MD 21275                 | 501(c)(3)              | Serving the public good by promoting and enhancing responsible and effective grantmaking 2009 member services                                                                                                                                                                                                                                                                   | \$9,500 00  |
| <b>American Cancer Society</b>                                                                                    |                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <i>Goal 2 SFI 2009-2010 American Cancer Society Cancer</i>                                                        | 909 E San Antonio<br>El Paso, TX 79901              | 501(c)(3)<br>509(a)(1) | American Cancer Society managed the telephone Qutline and Qutnet website They also provided cessation education classes in the El Paso 79905 area and participated in health fairs and other similar gatherings to disseminate information on smoking cessation and prevention                                                                                                  | \$49,250 00 |
| <b>American Lung Association of the Central States Inc</b>                                                        |                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <i>Goal 2 SFI 2009-2010 Smoke Free Paso del Norte</i>                                                             | 8150 Brookner Dr Ste 102<br>Dallas, TX 75247-4053   | 501(c)(3)<br>509(a)(1) | These programs were presented to approximately 900 youth smokers and 600 pregnant women and their partners in hopes of reducing the number of youth and pregnant women who smoke                                                                                                                                                                                                | \$54,992 30 |
| <b>Arbol De Vida</b>                                                                                              |                                                     |                        |                                                                                                                                                                                                                                                                                                                                                                                 |             |
| <i>Goal 1 Proper Nutrition &amp; Physical Activity for Children and Youth 2009 Tree of Life Nutrition Program</i> | PO Box 13285<br>El Paso, TX 79913                   | 501(c)(3)<br>509(a)(1) | This nutrition program provided balanced nutritious meals to approximately 100 children and youth living at the Arbol de Vida Center Nutrition classes were also provided to the centers food preparers and youth that were interested in cooking The Center houses neglected, abused, and abandoned children including children "repatriated" to Mexico from the United States | \$10,000 00 |

|                                                                                                                               |                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>AVANCE, Inc.</b><br><i>Begin at Birth 2008-2009 AVANCE Parent-Child Education Program</i>                                  | 616 N Virginia, Suite D<br>El Paso, TX 79902                                                | 501(c)(3)<br>509(a)(1) | AVANCE expanded their nine-month Parent-Child Education program to serve families with children birth to three-years of age in the Paso del Norte region                                                                                                                                                                                                                                                                         | \$55,000 00                                              |
|                                                                                                                               |                                                                                             |                        | The program focused on increasing physical activity, proper nutrition, healthy weight, and prevention education on chronic disease in children at an early influential age. The goal of the program was to teach children to make positive lifestyle changes that can foster consistent and healthy diets                                                                                                                        | \$67,500 00<br>\$67,500 00<br>\$67,500 00<br>\$67,500 00 |
| <i>Major Grants 2008 AVANCE Parent-Child Education Program</i>                                                                |                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| <b>Ben Archer Health Center</b><br><i>Goal 4 Sexual Health 2008-2009 Plain Talk/Hablando Claro</i>                            | P.O. Box 370<br>Hatch, NM 87937                                                             | 501(c)(3)<br>509(a)(1) | Plain Talk is a community-based program that aimed to help parents develop the skills and tools they need to reduce sexual risk-taking and talk to their kids. The program was offered in Dona Ana County                                                                                                                                                                                                                        | \$72,805 15<br>\$23,542 20                               |
|                                                                                                                               |                                                                                             |                        | The program was designed to improve parents' ability to raise healthy children and reduce the risk of child abuse by providing the Nurturing Parenting/Crianza con Cariño curriculum to the Hatch, NM community                                                                                                                                                                                                                  | \$20,995 98<br>\$35,451 00                               |
| <i>Begin at Birth 2008-2009 Nurturing Parenting/Crianza con Cariño</i>                                                        |                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| <b>Casa Amiga Centro de Crisis A.C.</b><br><i>Goal 4 - 2009 Healthy Family Social Environment Restoring the Social Fabric</i> | Calle Durango 1916<br>Fracc Paseo de las Torres<br>Cd Juarez, Chihuahua C P 32575<br>Mexico | Foreign<br>Entity      | The project focused on youth and children, addressing sexual abuse and violence in Cd Juarez. Activities included puppet theater, reaching 5,000 children ages 5-11, interactive play to reaching 1,800 children ages 5-11, adolescent workshops for 12-17 year-olds (approx 280), and small group discussion forums for adolescents (approx 300)                                                                                | \$10,000 00                                              |
|                                                                                                                               |                                                                                             |                        | This project focused on youth and children, addressing sexual abuse and violence in Cd Juarez. Activities included a puppet theater, reaching up to 8000 children ages 5-11, interactive play, reaching 3,000 children ages 5-11, a playing and learning workshop reaching 60 children ages 8-11, adolescent workshops for 60 youth ages 12-17, and small group dating violence discussion forums for 700 adolescents ages 12-17 | \$15,000 00                                              |
| <i>Goal 4 2009-2010 All Against the Violence</i>                                                                              |                                                                                             |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          |



|                                                                                                                            |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <u>Center Against Family Violence, Inc.</u><br>Goal 4 Sexual Health 2008-2011 No Means No                                  | 580 Giles<br>El Paso, TX 79915        | 501(c)(3)<br>509(a)(1) | The program aimed to demonstrate a positive impact on the health of children and youth, emphasizing interventions that improve sexual health among adolescents, and primary prevention of child abuse. In addition the program addressed policies that schools must "provide violence prevention education programming"                                                                                                                                                                                                                                                                  | \$58,435 00<br>\$52,679 00  |
|                                                                                                                            |                                       |                        | This grant funded "The Middle Way Parent Program," which was a 15 week program that combined ten-weeks of structured learning with five weeks of support group participation                                                                                                                                                                                                                                                                                                                                                                                                             | \$21,253 50<br>\$3,985 00   |
|                                                                                                                            |                                       |                        | HeRO was a four-hour workshop for men and women working in high-risk professions, such as the police force and border patrol. "Unzipped," a pilot program provided a forum for comfortable, safe, and informed discussions about sexuality among college and college-aged adults                                                                                                                                                                                                                                                                                                         | \$35,383 50<br>\$43,538 00  |
| <hr/>                                                                                                                      |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <u>Centro de Salud Familiar La Fe, Inc.</u><br>Goal 3 SCHIP OUTREACH Program                                               | 1314 E Yandell<br>El Paso, TX 79902   | 501(c)(3)<br>509(a)(1) | The purpose of the project was to significantly increase the applications submitted for eligibility in the State Children's Health Insurance Program (CHIP) by El Paso's working class families. The project consisted of four distinct and target outreach strategies (1) targeted media and information, (2) school/faitth-based and workplace campaigns to establish "CHIP Mentors" in working class areas, (3) training and coordination of a network of organizations, (4) and development of target population specifics GIS maps to assist in strategy and evaluation of outcomes | \$106,095 00                |
|                                                                                                                            |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
|                                                                                                                            |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <hr/>                                                                                                                      |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <u>Centro San Vicente</u><br>Goal 2 SFT 2009-2010 Comprehensive Smoking Cessation Program                                  | 8061 Alameda Ave<br>El Paso, TX 79915 | 501(c)(3)<br>509(a)(1) | Centro San Vicente provided best practice smoking cessation programs within the organization's service area including Mission Valley in east El Paso and San Elizario area in El Paso County. In addition, the organization explored implementation of prevention programs for youth                                                                                                                                                                                                                                                                                                     | \$49,985 00                 |
|                                                                                                                            |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
|                                                                                                                            |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <hr/>                                                                                                                      |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <u>Child Crisis Center of El Paso</u><br>Goal 4 Sexual Health 2008-2011 No Kidding Straight Talk from Teen Parents Parents | 2100 N Stevens<br>El Paso, TX 79930   | 501(c)(3)<br>509(a)(1) | The program provided presentations to middle school students in Socorro Independent School District on the realities and responsibilities of young parenting, including issues related to child support and paternity                                                                                                                                                                                                                                                                                                                                                                    | \$87,172 00<br>\$105,775 06 |
|                                                                                                                            |                                       |                        | Child Crisis Center of El Paso maintained quality communication with the network of organizations in El Paso, Texas and Cd Juárez, Mexico providing the 'Begin at Birth' 'Starting Together Starting Right' Early Childhood Guide for parents' also known as the 'Begin                                                                                                                                                                                                                                                                                                                  | \$28,407 37                 |
|                                                                                                                            |                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |

|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <i>Begin at Birth 2008-2009 Organizing Agency</i>                                                                    | at Birth Calendar' The Begin at Birth Calendar was distributed to new mothers through this network of providers up to December 31, 2009                                                                                                                                                                                                                                                                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    | \$162,561 50                                 |
|                                                                                                                      | The organizing agency assisted with the Foundation's Begin at Birth activities, including media coordination and oversight, calendar distribution in El Paso and Cd Juárez, logistical support for grantee sharing meetings and technical assistance, provision of quality assurance and coordination activities, and logistical support for community outreach and dialogue for planned initiative evolution |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| <i>Begin at Birth 2008-2009 AMOR de Niños</i>                                                                        | The program offered parents access to comprehensive parenting classes and home visitation services The program focused on gestational development, immunizations, car seat safety, fatherhood, and other areas                                                                                                                                                                                                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    | \$35,349 00<br>\$25,996 88                   |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| <b>Children in Need of Services, Inc. (CHINS)</b><br><i>Goal 2 SFI 2009-2010 CHINS Comprehensive Tobacco Program</i> | 501 24th St<br>Alamogordo, NM 88310                                                                                                                                                                                                                                                                                                                                                                           | 501(c)(3)<br>509(a)(1) | CHINS provided tobacco cessation support in Otero County, N M , assisted in facilitating the Otero County Tobacco Coalition, and investigated preventive programming for New Mexico State University satellite campus in Alamogordo, N M                                                                                                                                                                           | \$49,775 50                                  |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| <b>City of El Paso</b><br><i>Goal 2 SFI 2009-2010 Get Real About Tobacco</i>                                         | 2 Civic Center Plaza<br>El Paso, TX 79901                                                                                                                                                                                                                                                                                                                                                                     | Governmental<br>Unit   | This program was designed for students kindergarten through 12th grade Target population were children and youth at risk of tobacco initiation in the greater El Paso area                                                                                                                                                                                                                                         | \$40,952 72                                  |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| <i>Goal 4 Sexual Health 2008-2009 Comprehensive Sexual Health Program</i>                                            | This program was a multi-session curriculum with six components and options for parents and teens to learn about sexual violence, abstinence, sexually transmitted diseases and engaging in family talks on healthy sexuality                                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    | \$41,986 87<br>\$130,510 17                  |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| <b>El Paso Independent School District</b><br><i>Major Grants 2008 Get HIP Now</i>                                   | 6531 Boeung Drive<br>El Paso, TX 79925                                                                                                                                                                                                                                                                                                                                                                        | Governmental<br>Unit   | Get HIP (Health Initiative Program) Now" reinforces key health topics throughout a school day The program integrates a health curriculum into core subject areas (math, language arts, social studies, and science), and physical education Lesson and activities complement the classroom health instruction Over 43,000 kindergarten through 8th grade students from 74 schools are benefiting from this program | \$253,493 25<br>\$253,493 25<br>\$253,493 25 |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |
| <b>FEMAP Foundation</b><br><i>Goal 4 Sexual Health 2008-2009 Jovenes Cultura y Sexualidad III</i>                    | 1400 Hardaway, Ste 210<br>El Paso, TX 79903                                                                                                                                                                                                                                                                                                                                                                   | 501(c)(3)<br>509(a)(1) | The program served 4,000 youth of Cd Juárez with educational workshops, including puppet shows and an art exhibit for the promotion of sexual health                                                                                                                                                                                                                                                               | \$12,853 50<br>\$48,309 25                   |
|                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |

|                                                                                                                                                                       |                                                                                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| <b>Gente a Favor de Gente</b><br><i>Begin at Birth 2008-2009 Ayudado a crecer sano II</i>                                                                             | Calle Emilia Perez Payan<br>#2807 Colonia Luis Olague<br>Cd Juarez, Chihuahua C P. 32670<br>Mexico | Foreign<br>Entity      | "Help Your Child Grow Up Healthy" program assisted 300 families with children birth to three-years of age in extremely impoverished neighborhoods of Aztecas and Oriente XXI in Cd Juarez.                                                                                                                                                                                                                                                                                                                                                                | \$34,595 00<br>\$24,631 00 |
| <b>Instituto Municipal de Investigacion y Planeacion</b><br><i>Leadership Comm Non-profits in Cd Juarez Serving Youth</i>                                             | Benjamin Franklin #4185<br>Y Estocolmo<br>Cd Juarez, Chihuahua C P 32310<br>Mexico                 | Foreign<br>Entity      | The agency provided a list of approximately 50 nonprofit and governmental organizations in Cd Juarez that served children or youth The list included the organization's mission, services provided, geographic service area, number of staff, and year founded                                                                                                                                                                                                                                                                                            | \$5,000 00                 |
| <b>Organización Popular Independiente, A.C.</b><br><i>Begin at Birth 2008-2009 Los Niños y Las Niñas Son Primero Transformando Creencias para el cuidado infantil</i> | Calle Morelos #1559<br>Colonia Barrio Alto<br>Cd Juarez, Chihuahua C P 32160<br>Mexico             | Foreign<br>Entity      | The program was designed to improve child rearing skills in parents, as well as the quality of parent education interventions in the impoverished neighborhoods on the mountain slopes of western Ciudad Juárez Over 350 children birth to three-years of age in 100 families benefited from the program                                                                                                                                                                                                                                                  | \$33,660 00<br>\$33,990 00 |
| <b>Texas A&amp;M Foundation</b><br><i>Goal 2 SFI 2009-2010 Colonias Smoke-Free Project</i>                                                                            | 401 George Bush Drive<br>College Station, TX 77840                                                 | 501(c)(3)<br>509(a)(1) | This project continues to provide smoking cessation and prevention efforts in the outskirts areas of El Paso County and Hudspeth County                                                                                                                                                                                                                                                                                                                                                                                                                   | \$40,856 60                |
| <b>Goal 3 SCHIP INREACH 2009-2010 Colonias SCHIP Inreach Project</b>                                                                                                  |                                                                                                    |                        | The Colonias project worked to increase the access and enrollment to SCHIP applications through an educational approach, reach staff, the clientele base, and partner entities in order to develop systemic change in how health insurance is presented to families in need                                                                                                                                                                                                                                                                               | \$25,442 50                |
| <b>Texas Tech University Health Sciences Center</b><br><i>Begin at Birth 2008-2009 Promoting Breastfeeding through Baby Friendly Steps</i>                            | Office of Sponsored Programs<br>3601 4th Street/MS 6271<br>Lubbock, TX 79430-6271                  | Governmental<br>Unit   | The program continued its joint venture with University Medical Center to improve breastfeeding success in their service population, through the implementation of the Baby Friendly Hospital Initiative, a WHO/UNICEF model program Elements include opening a Baby Café to the public (only the second one in the U S ), expand and improve their Breastfeeding Advice Line, support the work of the Baby Friendly Task Force for training and policy implementation, and promotion and planning for a future Human Milk Bank for the county and region | \$30,678 96<br>\$58,026 00 |
| <b>The Regents of New Mexico State University</b><br><i>Two Should Know Healthy Human Sexuality - Evaluation</i>                                                      | P O Box 30001, MSC OGC<br>Las Cruces, NM 88003                                                     | Governmental<br>Unit   | The three-year grant provided evaluation services for grants related to promoting healthy sexuality                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$148,928 33               |

|                                                                                                                                                 |                                                            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <u>University of Texas at El Paso</u><br><i>Goal 2 SFT 2009-2010 StopLice 4 A Light Smoking Intervention for Youth, Adolescents, and Adults</i> | 500 W University<br>El Paso, TX 79968                      | Governmental<br>Unit    | The UTEP Psychology Department continued the implementation of their Stop Lice program, targeting sometimes smokers in the University and within the Centro San Vicente service area of Mission Valley                                                                                                                                                                                                                                  | \$32,395 66                                              |
| <i>Goal 2 2008-2011 A Comprehensive &amp; Collaborative Approach to Tobacco Control in the Border Region - Organizing Agency</i>                |                                                            |                         | The Psychology Department at UTEP served as Organizing Agency for A Smoke Free Paso del Norte They provided technical assistance to all Foundation grantees, coordinated the Smoke Free media campaign, promoted clean indoor air policies, and supported the initiative across the region                                                                                                                                              | \$319,407 83<br>\$319,407 83                             |
| <i>Goal 5 2009-2011 UTEP SimulationCenter for Health Research and Education</i>                                                                 |                                                            |                         | The purpose of this grant is to develop a state of the art clinical practice simulation laboratory for training of nursing and allied health students and to provide opportunities for continuing professional education for licensed health professionals in the Paso del Norte region                                                                                                                                                 | \$1,500,000 0                                            |
| <u>Young Women's Christian Association of El Paso</u><br><i>Major Grants 2008 YW Zones</i>                                                      | 1918 Texas Ave<br>El Paso, TX 79901                        | 501(c)(3)<br>509(a)(2)  | The YW Zones project was designed to decrease sedentary lifestyles in children, reduce juvenile diabetes and other clinical impacts of obesity in youth A professional instructor works with children in branch base settings to utilize fitness equipment and diverse classes to improve cardiorespiratroy fitness Classes incorporate music, dance, and and body conditioning, challenging children to try new fun fitness activities | \$74,868 50<br>\$74,868 50<br>\$74,868 50<br>\$74,868 50 |
| <i>Goal 3 SCHIP INREACH 2009-2010 YWCA SCHIP Medicaid Inreach</i>                                                                               |                                                            |                         | The YWCA project sought to institutionalize Inreach for Medicaid and SCHIP in all of its program areas Staff worked to encourage those households who are identified as eligible to apply for SCHIP and assist with the completion of applications                                                                                                                                                                                      | \$24,215 00                                              |
| <u>Ysleta Del Sur Pueblo</u><br><i>Goal 4 Sexual Health 2008-2009 Circles of Health</i>                                                         | 119 S Old Pueblo Road<br>PO Box 17579<br>El Paso, TX 79907 | Governmental<br>Unit    | The program was designed to educate tribal youth and tribal youth-descendent children ages 11 to 18 (residing in El Paso and Hudspeth Counties) about healthy human sexuality                                                                                                                                                                                                                                                           | \$40,526 00                                              |
| <u>The University of Texas MD Anderson</u><br><i>Cancer Center</i>                                                                              | P O Box 4486<br>Houston, TX 77210                          | 501(c)(3)<br>509 (a)(1) | Innovative cancer research and compassionate patient care                                                                                                                                                                                                                                                                                                                                                                               | \$237,950 10<br>\$617,440 17                             |
|                                                                                                                                                 |                                                            |                         | Total                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$6,361,645 18                                           |

**Ben Archer Health Center**

Good 4 2010-2011 Plain Talk/Hablando Claro

P O Box 370  
Hatch, NM 87937

501(c)(3)  
509(a)(1)

Plain Talk is a community based program that aims to help adults develop the skills and tools they need reducing sexual risk-taking. The program was offered in Dona Ana County

\$83,352 72  
\$83,352 71

**City of El Paso**

Good 4 2010-2011 Comprehensive Sexual Health Program

2 Civic Center Plaza,  
10th Floor  
El Paso, TX 79901

Governmental  
Unit

The Choices Two Should Know Program is as multi session curriculum with six components and options for parents and teens to learn about sexual violence, abstinence, sexually transmitted diseases and engaging in family talks on healthy sexuality. The program is designed to play a major role in the reduction of unintended pregnancy, sexually transmitted diseases and sexual violence among teens in the Greater El Paso area

\$92,762 31  
\$92,762 31

**The FEMAP Foundation**

Good 4 2010-2011 Jovenes, Cultura y Sexualidad

1400 Hardaway, Ste 210  
El Paso, TX 79903

501(c)(3)  
509(a)(1)

The Youth Culture and Sexuality program will provide 11,000 youth of Ciudad Juárez with educational workshops, including puppet shows, an art exhibit for the promotion of sexual health and teen group discussions

\$38,702 12  
\$38,702 13

**\$429,634.30**

## Entity Classification Election

OMB No. 1545-1516

|                              |                                                                                                                                                                                                                 |                                     |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>Type<br/>or<br/>Print</b> | Name of eligible entity making election<br><b>Pemira IV Continuing L.P.1</b>                                                                                                                                    | Employer identification number<br>: |
|                              | Number, street, and room or suite no. If a P O box, see instructions.                                                                                                                                           |                                     |
|                              | <b>Trafalgar Court</b>                                                                                                                                                                                          |                                     |
|                              | City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code.<br><b>St. Peter Port, Guernsey</b> |                                     |

▶ Check if: ☐ Address change

**1 Type of election** (see instructions):

- a ☒ Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.  
b ☐ Change in current classification. Go to line 2a.

**2a** Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?

- ☐ Yes. Go to line 2b.  
☐ No. Skip line 2b and go to line 3.

**2b** Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?

- ☐ Yes. Go to line 3.  
☐ No. Stop here. You generally are not currently eligible to make the election (see instructions).

**3** Does the eligible entity have more than one owner?

- ☒ Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.  
☐ No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.

**4** If the eligible entity has only one owner, provide the following information:

- a Name of owner ▶ .....  
b Identifying number of owner ▶ .....

**5** If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

- a Name of parent corporation ▶ .....  
b Employer identification number ▶ .....

**6 Type of entity (see instructions):**

- a ☐ A domestic eligible entity electing to be classified as an association taxable as a corporation.  
b ☐ A domestic eligible entity electing to be classified as a partnership.  
c ☐ A domestic eligible entity with a single owner electing to be disregarded as a separate entity.  
d ☐ A foreign eligible entity electing to be classified as an association taxable as a corporation.  
e ☒ A foreign eligible entity electing to be classified as a partnership.  
f ☐ A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

7 If the eligible entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ► Guernsey

**8 Election is to be effective beginning (month, day, year) (see instructions) . . . . . ► 12 / 11 / 2008**

|                                                                               |                                      |
|-------------------------------------------------------------------------------|--------------------------------------|
| 9 Name and title of contact person whom the IRS may call for more information | 10 Contact person's telephone number |
| Kimberley Quezada                                                             | ( 202 ) 639-7056                     |

**Consent Statement and Signature(s) (see instructions)**

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

[illegible]

## Entity Classification Election

OMB No. 1545-1516

|                                                     |                                                                                                                                                                              |  |                                |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|
| <b>Type<br/>or<br/>Print</b>                        | Name of eligible entity making election                                                                                                                                      |  | Employer identification number |
|                                                     | P4 Sub Continuing L.P.1                                                                                                                                                      |  | :                              |
|                                                     | Number, street, and room or suite no. If a P.O. box, see instructions.                                                                                                       |  |                                |
|                                                     | Trafalgar Court                                                                                                                                                              |  |                                |
| <b>Print</b>                                        | City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code. |  |                                |
|                                                     | St. Peter Port, Guernsey                                                                                                                                                     |  |                                |
| ▶ Check if: <input type="checkbox"/> Address change |                                                                                                                                                                              |  |                                |

**1 Type of election** (see instructions):

- a ☒ Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.  
b ☐ Change in current classification. Go to line 2a.

**2a** Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?

- ☐ Yes. Go to line 2b.  
☐ No. Skip line 2b and go to line 3.

**2b** Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?

- ☐ Yes. Go to line 3.  
☐ No. Stop here. You generally are not currently eligible to make the election (see instructions).

**3** Does the eligible entity have more than one owner?

- ☒ Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.  
☐ No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.

**4** If the eligible entity has only one owner, provide the following information:

- a Name of owner ▶ .....  
b Identifying number of owner ▶ .....

**5** If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

- a Name of parent corporation ▶ .....  
b Employer identification number ▶ .....





## Entity Classification Election

OMB No. 1545-1516

|                      |                                                                                                                                                                                                                      |                                                       |  |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|
| <b>Type or Print</b> | Name of eligible entity making election<br><b>Avaline Limited</b>                                                                                                                                                    | Employer identification number<br><b>98   0639881</b> |  |
|                      | Number, street, and room or suite no. if a P.O. box, see instructions.<br><b>Georges Court, 54-62 Townsend Street</b>                                                                                                |                                                       |  |
|                      | City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code.<br><b>Dublin 2, Republic of Ireland</b> |                                                       |  |
|                      | ▶ Check if: <input type="checkbox"/> Address change                                                                                                                                                                  |                                                       |  |

**1** Type of election (see instructions):

- a ☒ Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.  
b ☐ Change in current classification. Go to line 2a.

**2a** Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?

- ☐ Yes. Go to line 2b.  
☐ No. Skip line 2b and go to line 3.

**2b** Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?

- ☐ Yes. Go to line 3.  
☐ No. Stop here. You generally are not currently eligible to make the election (see instructions).

**3** Does the eligible entity have more than one owner?

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☒ No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.

**4** If the eligible entity has only one owner, provide the following information:

- a Name of owner ▶ Avalux S.a.r.l.  
b Identifying number of owner ▶ N/A

**5** If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

- a Name of parent corporation ▶ .....  
b Employer identification number ▶ .....

## 6 Type of entity (see instructions):

- a ☐ A domestic eligible entity electing to be classified as an association taxable as a corporation.  
b ☐ A domestic eligible entity electing to be classified as a partnership.  
c ☐ A domestic eligible entity with a single owner electing to be disregarded as a separate entity.  
d ☐ A foreign eligible entity electing to be classified as an association taxable as a corporation.  
e ☐ A foreign eligible entity electing to be classified as a partnership.  
f ☒ A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

7 If the eligible entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ► Ireland

8 Election is to be effective beginning (month, day, year) (see instructions) . . . . . ► 9 / 17 / 2009

|                                                                               |                                      |
|-------------------------------------------------------------------------------|--------------------------------------|
| 9 Name and title of contact person whom the IRS may call for more information | 10 Contact person's telephone number |
| Elaine McWeeney, Director                                                     | ( 353 ) 15422103                     |

**Consent Statement and Signature(s) (see instructions)**

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

[illegible]

FORM 8865, PAGE 4 SCHEDULE K DETAIL

LINE 13D - OTHER DEDUCTIONS

|                                           |          |
|-------------------------------------------|----------|
| CODE K: DEDUCTIONS - PORTFOLIO (2% FLOOR) | 185,104. |
| TOTAL                                     | 185,104. |

LINE 16 - FOREIGN TRANSACTIONS

|                                                    |          |
|----------------------------------------------------|----------|
| FOREIGN GROSS INCOME SOURCED AT PARTNERSHIP LEVEL: |          |
| 16D PASSIVE                                        | 404,889. |

|                                                            |          |
|------------------------------------------------------------|----------|
| DEDUCTIONS ALLOCATED AND APPORTIONED AT PARTNERSHIP LEVEL: |          |
| 16I PASSIVE                                                | 185,104. |

|                                  |        |
|----------------------------------|--------|
| 16L FOREIGN TAXES BY CATEGORIES: |        |
| PASSIVE                          | 3,009. |
| SUBTOTAL                         | 3,009. |

FORM 8865, PAGE 5 DETAIL

SCH L: LINE 6 - OTHER CURRENT ASSETS

DUE FROM MANAGER  
SUNDRY DEBTORS

TOTAL

BEGINNING

ENDING

24,761.  
127,508.

4,307.  
NONE

152,269.

4,307.

SCH L: LINE 8 - OTHER INVESTMENTS

INVESTMENTS

TOTAL

BEGINNING

ENDING

5,556,276.

6,301,740.

5,556,276.

6,301,740.

SCH L: LINE 17 - OTHER CURRENT LIABILITIES

DUE TO MANAGER  
DUE TO LIMITED PARTNERS

TOTAL

BEGINNING

ENDING

12,019.  
127,508.

18,891.  
105,029.

139,527.

123,920.

STATEMENT 2

FORM 8865, PAGE 6 DETAIL

SCHEDULE M-1: LINE 2 - INCOME INCLUDED ON SCHEDULE K

|                 |          |
|-----------------|----------|
| INTEREST INCOME | 297,424. |
| TOTAL           | 297,424. |

SCHEDULE M-1: LINE 6 - INCOME RECORDED ON BOOKS

|                                          |           |
|------------------------------------------|-----------|
| UNREALIZED GAINS/(LOSSES) ON INVESTMENTS | 545,307.  |
| CAPITAL GAINS/(LOSSES)                   | -740,787. |
| TOTAL                                    | -195,480. |

SCHEDULE M-2: LINE 4 - OTHER INCREASES

|                                    |          |
|------------------------------------|----------|
| UNPAID DISTRIBUTIONS AT 12/31/2008 | 27,532.  |
| TRANSLATION AJUSTMENT - CAPITAL    | 557,643. |
| TOTAL                              | 585,175. |

SCHEDULE M-2: LINE 7 - OTHER DECREASES

|                                    |          |
|------------------------------------|----------|
| UNPAID DISTRIBUTIONS AT 12/31/2009 | 105,029. |
| TRANSLATION AJUSTMENT - EARNINGS   | 4,739.   |
| TOTAL                              | 109,768. |

Alchemy Plan (P€ V) L.P.  
 Schedule P  
 Year ended 31 December 2009

Partner:

Pantheon Europe Fund V "A", LP

**Part I : Acquisitions**

| Name, address and identifying<br>number of person from whom your<br>interest was acquired                           | Date of<br>acquisition | FMV of interest<br>acquired | Basis in interest<br>acquired | % of Interest<br>before acquisition | % of interest<br>after acquisition |
|---------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|-------------------------------|-------------------------------------|------------------------------------|
| Pantheon Europe Fund V "B", LP<br>PO Box 255, Trafalgar Court, Les<br>Banques, St. Peter Port, Guernsey,<br>GY1 3QL | 28-Sep-09              |                             |                               | 60.03%                              | 85.34%                             |

EIN

**Part II : Dispositions**

N/A

**Part III : Changes in Proportional Interest**

N/A

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**Page 1, Question F8b**

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The partnership's books and records are kept in Sterling. The functional currency as defined in Internal Revenue Code Section 985 is the Sterling. Income, gains and deductions have been translated into US Dollars using the weighted average exchange rate for the taxable year ending 31 December 2009 of .6386 Sterling per US Dollar. US Dollar values presented in Balance Sheet Schedule L, including contributions and distributions, were arrived at using the 31 December 2009 exchange rate of .6278 Sterling per US Dollar. Distributions and Contributions paid may not be equal to the US Dollar amounts received due to exchange rate volatility.



Alchemy Plan (P  V) L.P.  
Schedule O  
Year ended 31 December 2009

Partner: Pantheon Europe Fund V "A", LP

Part I : Transfers Reportable Under Section 6038B

| Type of Property | US Exchange<br>Rate on Date<br>of Transfer | Date of Transfer | FMV on Date of<br>Transfer - STG | FMV on Date of<br>Transfer - USD | Percentage<br>Interest in<br>Partnership after<br>Transfer |
|------------------|--------------------------------------------|------------------|----------------------------------|----------------------------------|------------------------------------------------------------|
| Cash             | 0.6672                                     | 8-Jan-09         | 25,494                           | 38,208                           | 60.03%                                                     |
| Cash             | 0.6987                                     | 1-Apr-09         | 513                              | 734                              | 60.03%                                                     |
| Cash             | 0.6855                                     | 3-Apr-09         | 25,777                           | 37,601                           | 60.03%                                                     |
| Cash             | 0.6074                                     | 2-Jul-09         | 13,597                           | 22,386                           | 60.03%                                                     |
| Cash             | 0.5893                                     | 6-Aug-09         | 147,364                          | 250,062                          | 60.03%                                                     |
| Cash             | 0.5992                                     | 10-Aug-09        | (3,169)                          | (5,289)                          | 60.03%                                                     |
|                  |                                            |                  | <u>209,576</u>                   | <u>343,702</u>                   |                                                            |

Part II : Dispositions Reportable Under Section 6038B

N/A

Part III : Is any reportable transfer subject to gain recognition?

No