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Return of Organization Exempt From Income Tax

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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

INTERNATIONAL COMMUNITY FOUNDATION
2505 N AVENUE
NATIONAL CITY, CA 91950

D Employer Identification Number

33-0457858

E Telephone number

619-336-2250

G Gross receipts \$ 15,060,474.

F Name and address of principal officer
RICHARD KIY
SAME AS C ABOVEH(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

If 'No,' attach a list (see instructions)

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

J Website: WWW.ICFDN.ORG

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 1990

M State of legal domicile CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>INSPIRE CHARITABLE GIVING INTERNATIONALLY BY U.S. DONORS WITH AN EMPHASIS ON MEXICO AND LATIN AMERICA</u>			
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	9	
	6	Total number of volunteers (estimate if necessary)	6	30	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
9		Program service revenue (Part VIII, line 2g)	6,318,747.	7,200,041.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,620.	34,804.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	214,064.	1,026,647.	
12		Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,600,431.	8,245,381.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,834,698.	4,965,532.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	470,034.	456,136.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 105,183.			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-240)	622,314.	889,220.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,927,046.	6,310,888.	
	19	Revenue less expenses Subtract line 18 from line 12	-3,326,615.	1,934,493.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	11,579,251.	13,263,002.	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,659,152.	1,302,497.	
			9,920,099.	11,960,505.	

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	RICHARD KIY, PRESIDENT + CEO	2-14-2012			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	CHRISTOPHER M. ROBERTS	CHRISTOPHER M. ROBERTS	2/14/12		N/A
	Firm's name	Firm's EIN ▶ N/A			
	Firm's address	Phone no 619-615-5380			
SAN DIEGO, CA 92103					

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:

INSPIRE CHARITABLE GIVING INTERNATIONALLY BY U.S. DONORS WITH AN EMPHASIS ON MEXICO
AND LATIN AMERICA.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If 'Yes,' describe these changes on Schedule O

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code 2840000) (Expenses \$ 5,511,083. including grants of \$ 4,965,532.) (Revenue \$)
IN FY-2011, A TOTAL OF \$4.9 MILLION IN GRANTS WERE ISSUED TO NON-U.S. CHARITIES IN
MEXICO AND LATIN AMERICA AS WELL AS SOME U.S. CHARITIES WITH INTERNATIONALLY FOCUSED
MISSIONS. GRANT FUNDING SUPPORTED CHARITABLE CAUSES IN THE AREAS OF ENVIRONMENT,
COMMUNITY, ECONOMIC DEVELOPMENT, EDUCATION, HEALTH AND HUMAN SERVICES. THE
FOUNDATION ALSO EXPANDED ITS COMMUNITY BASED LEADERSHIP ON ISSUES OF BORDER HEALTH IN
THE SAN DIEGO-BAJA CALIFORNIA BORDER REGION.

4b (Code 2840000) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code 2840000) (Expenses \$ including grants of \$) (Revenue \$)

- 4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)4e Total program service expenses ▶ 5,511,083.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 24		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 9		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b		

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	12
b Enter the number of voting members included in line 1a, above, who are independent	1b	12
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers of key employees of the organization	15b	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply

☒ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► INT'L COMMUNITY FOUNDATION 2505 N AVENUE NATIONAL CITY CA 91950 619-336-2250

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY CORREIA-MORENO BOARD MEMBER	1	X						0.	0.	0.
(2) GABRIELA MANRIQUEZ BOARD MEMBER	1	X						0.	0.	0.
(3) YURI A. CALDERON BOARD MEMBER	1	X						0.	0.	0.
(4) IRMA GIGLI BOARD MEMBER	1	X						0.	0.	0.
(5) ANTHONY A. KINNINGER BOARD MEMBER	1	X						0.	0.	0.
(6) ALEJANDRA MIER Y TERAN BOARD MEMBER	1	X						0.	0.	0.
(7) RICHARD L. ROMNEY BOARD MEMBER	1	X						0.	0.	0.
(8) SAMUEL SIMON DYCHTER BOARD MEMBER	1	X						0.	0.	0.
(9) MARY L. WALSHOK, PH.D. VICE CHAIR	1	X		X				0.	0.	0.
(10) CHERYL HAMMOND CHAIR	1	X		X				0.	0.	0.
(11) ATUL PATEL TREASURER	1	X		X				0.	0.	0.
(12) ROI L. EWELL SECRETARY	1	X		X				0.	0.	0.
(13) RICHARD KIY PRES. & CEO	40			X	X			181,731.	0.	17,762.
(14)										
(15)										
(16)										
(17)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
(26) -----										
(27) -----										
(28) -----										
(29) -----										
1 b Sub-total								181,731.	0.	17,762.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								181,731.	0.	17,762.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ **1**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X

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

4	X	
----------	---	--

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

5		X
----------	--	---

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	72,830.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,127,211.			
	g Noncash contributions included in lns 1a-1f		\$			
	h Total. Add lines 1a-1f		7,200,041.			
PROGRAM SERVICE REVENUE	2a <u>MANAGEMENT FEES</u>	Business Code 900099	34,804.	34,804.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		34,804.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		199,628.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	7,587,637.			
b Less cost or other basis and sales expenses			6,760,618.			
c Gain or (loss)			827,019.			
d Net gain or (loss)			827,019.	827,019.		
8a Gross income from fundraising events (not including \$ 72,830. of contributions reported on line 1c). See Part IV, line 18		a	17,700.			
b Less direct expenses		b	54,475.			
c Net income or (loss) from fundraising events			-36,775.			-36,775.
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a <u>OTHER INCOME</u>	900099	20,664.	20,664.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		20,664.				
12 Total revenue. See instructions		8,245,381.	882,487.	0.	162,853.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,254,616.	1,254,616.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	3,710,916.	3,710,916.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	195,256.	0.	169,578.	25,678.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	218,458.		189,746.	28,712.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	14,965.		12,998.	1,967.
10 Payroll taxes	27,457.		23,848.	3,609.
11 Fees for services (non-employees):				
a Management				
b Legal	9,782.		8,496.	1,286.
c Accounting	18,000.		15,634.	2,366.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,702.		3,215.	487.
14 Information technology	29,961.		26,023.	3,938.
15 Royalties				
16 Occupancy	33,000.		28,663.	4,337.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,663.		20,553.	3,110.
20 Interest	329.		286.	43.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,691.		2,337.	354.
23 Insurance	5,724.		4,972.	752.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CHARITABLE EXPENSE	545,551.	545,551.		
b CONSULTING FEES	123,773.		107,506.	16,267.
c BANK FEES	27,645.		24,012.	3,633.
d CUSTODIAN FEES	17,237.		14,972.	2,265.
e PRINTING AND PUBLICATIONS	9,886.		8,587.	1,299.
f All other expenses	38,276.		33,196.	5,080.
25 Total functional expenses. Add lines 1 through 24f	6,310,888.	5,511,083.	694,622.	105,183.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	4,453,797.	2	2,173,058.
	3 Pledges and grants receivable, net	100,000.	3	
	4 Accounts receivable, net	15,915.	4	4,020.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,272.	9	11,229.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 26,407.		
	b Less accumulated depreciation	10b 18,379.	10c	8,028.
	11 Investments — publicly traded securities	5,320,548.	11	6,176,510.
	12 Investments — other securities See Part IV, line 11	1,675,000.	12	4,890,157.
	13 Investments — program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,579,251.	16	13,263,002.	
LIABILITIES	17 Accounts payable and accrued expenses	160,209.	17	68,516.
	18 Grants payable	1,498,943.	18	1,233,981.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,659,152.	26	1,302,497.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	4,333,552.	27	5,901,153.
	28 Temporarily restricted net assets	1,002,583.	28	1,467,388.
	29 Permanently restricted net assets	4,583,964.	29	4,591,964.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,920,099.	33	11,960,505.
	34 Total liabilities and net assets/fund balances	11,579,251.	34	13,263,002.

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Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,245,381.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,310,888.
3	Revenue less expenses Subtract line 2 from line 1	3	1,934,493.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,920,099.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	105,913.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,960,505.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants'.)	4,733,763.	10317937.	6,936,538.	6,318,747.	7,217,741.	35,524,726.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	4,733,763.	10317937.	6,936,538.	6,318,747.	7,217,741.	35,524,726.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						11,652,557.
6 Public support. Subtract line 5 from line 4						23,872,169.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,733,763.	10317937.	6,936,538.	6,318,747.	7,217,741.	35,524,726.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	377,620.	330,977.	268,886.	209,072.	199,628.	1,386,183.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	21,437.	32,192.	13,201.		20,664.	87,494.
11 Total support. Add lines 7 through 10						36,998,403.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	64.5 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	68.4 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information.
(See instructions).

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545 0047

2010**Open to Public
Inspection**

Employer identification number

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	45	126
2 Aggregate contributions to (during year)	4,868,223.	2,270,422.
3 Aggregate grants from (during year)	3,571,714.	1,393,818.
4 Aggregate value at end of year	3,658,555.	3,355,527.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- | | |
|--|--|
| ☐ Preservation of land for public use (e.g., recreation or education) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,583,964.	4,578,864.	4,572,964.		
b Contributions	8,000.	5,100.	5,900.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,591,964.	4,583,964.	4,578,864.		

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

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ 100.00 %
 c Term endowment ▶ _____ %

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	26,407.		18,379.	8,028.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,028.

BAA

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other <u>CERTIFICATE OF DEPOSITS</u>	4,890,157.	END OF YEAR MARKET VALUE
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶	4,890,157.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) -----		
(2) -----		
(3) -----		
(4) -----		
(5) -----		
(6) -----		
(7) -----		
(8) -----		
(9) -----		
(10) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) -----	
(2) -----	
(3) -----	
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
(10) -----	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) -----	
(3) -----	
(4) -----	
(5) -----	
(6) -----	
(7) -----	
(8) -----	
(9) -----	
(10) -----	
(11) -----	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) **SEE PART XIV**

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

N/A

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 5 Donated services and use of facilities
- 6 Investment expenses
- 7 Prior period adjustments
- 8 Other (Describe in Part XIV)
- 9 Total adjustments (net) Add lines 4 through 8
- 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

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

2a

2b

2c

2d

1

2e

3

4a

4b

4c

5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

2a

2b

2c

2d

1

2e

3

4a

4b

4c

5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

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

Part XIV Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE**

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701 (D) OF THE STATE REVENUE AND TAXATION CODE. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS CODIFICATION NO. 740-10, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS REVIEWED ITS POSITIONS FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT NO PROVISION FOR INCOME TAX POSITIONS IS REQUIRED.

Part XIV	Supplemental Information (continued)
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[illegible]

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- ▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			GRANTMAKING		2,781,254.
(2) CENTRAL AMERICA			GRANTMAKING		614,362.
(3) SOUTH AMERICA			GRANTMAKING		315,300.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					3,710,916.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			3,710,916.

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

Schedule F (Form 990) 2010

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SEE ATTACHMENT						
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 108

3 Enter total number of other organizations or entities 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

BAA

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713) ☐ Yes ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

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

2. WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUESTS FORMAL NONPROFIT

DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) 3 OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR

TAX AUTHORITY FROM THE COUNTRY OF THE GRANTEE IN QUESTION

-BY LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

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

OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-REQUEST GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-ANNUAL REPORT

-VARIOUS WEBSITES, INCLUDING THAT OF THE U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN

ASSET CONTROL (OFAC), ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS

-RISK ASSESSMENT EVALUATED

3. IN ADDITION TO BACK GROUND INFORMATION, FOR EACH NEW GRANT, WE REQUEST A PROPOSAL

FOR EACH SPECIFIC PROJECT FROM THE GRANTEE.

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

DIRECTORS FOR APPROVAL.

5. UPON BOARD APPROVAL (MAJORITY MUST APPROVE), ICF WILL ISSUE AN AWARD

LETTER-CONTRACTUAL AGREEMENT TO THE GRANTEE TO RECEIVE FUNDING.

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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

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

7. WIRE TRANSFER IS SENT TO THE RECIPIENT ORGANIZATION.

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

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

10. GRANTEE SUBMITS A COMPLETE REPORT FOR FUNDING RECEIVED 6 MONTHS TO A YEAR AFTER THE FUNDING WAS AWARDED (NARRATIVE AND FINANCIAL). SITE VISITS ARE DONE ON AN AD HOC BASIS.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts	90,530.			90,530.
	2 Less. Charitable contributions	72,830.			72,830.
	3 Gross income (line 1 minus line 2)	17,700.			17,700.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	54,475.			54,475.
	10 Direct expense summary Add lines 4- through 9 in column (d)				54,475.
	11 Net income summary. Combine line 3, column (d), and line 10				-36,775.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
REVENUE				
1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes			
	3 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

☐ Yes ☐ No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

☐ Yes ☐ No

b If 'Yes,' explain. _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

- 13** Indicate the percentage of gaming activity operated in:

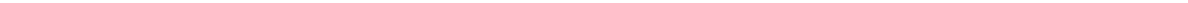
a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name 

Address ▶

- 15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$_____ and the amount of gaming revenue retained by the third party ▶ \$_____

c If 'Yes,' enter name and address of the third party.

Name ▶ _____

Address ▶

- ## 16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

- ## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

OMB No 1545-0047

2010

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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection.

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHMENT			1,254,616.	0.	FMV		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

29

3 Enter total number of other organizations

0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

PART I. LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

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

2. WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUESTS FORMAL NONPROFIT

DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) 3 OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR

TAX AUTHORITY FROM THE GOVERNMENT OF THE GRANTEE IN QUESTION

-BY LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

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

BAA

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

- ▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2010**Open to Public
Inspection**

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III.

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

- a** The organization?
b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

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

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

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

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

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	RICHARD KIY	(i) 181,731.	(ii) 0.	(iii) 0.	0.	17,762.	199,493.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
3		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
4		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
5		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
6		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
7		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
8		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
9		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
10		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
11		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
12		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
13		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
14		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
15		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----
16		(i) -----	(ii) -----	(iii) -----	-----	-----	-----	-----
		(ii) -----	-----	-----	-----	-----	-----	-----

BAA

TEEA4102L 11/15/10

Schedule J (Form 990) 2010

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.
► **Attach to Form 990.**

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	259,763.	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2010

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

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

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE INTERNATIONAL COMMUNITY FOUNDATION HAS A BOARD-APPROVED CONFLICT OF INTEREST
POLICY THAT COVERS ALL ASPECTS OF ITS OPERATIONS AND APPLIES TO BOARD, STAFF, AND
STANDING BOARD COMMITTEE MEMBERS. THE CONFLICT OF INTEREST POLICY IS SIGNED BY ALL
BOARD, STAFF AND STANDING COMMITTEE MEMBERS ON AN ANNUAL BASIS.

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

THE INTERNATIONAL COMMUNITY FOUNDATION HAS AN ANNUAL REPORT THAT SHOWS FINANCIAL
INFORMATION WITH A NOTE THAT COMPLETE FINANCIALS ARE AVAILABLE ON REQUEST.

ADDITIONALLY, THE FORM 990 IS ON THE ICF WEBPAGE AT

WWW.ICFDN.ORG/ABOUTUS/FORMS990.PHP. ALL OF THE POLICIES INCLUDING CONFLICT OF

INTEREST POLICY ARE LISTED ON THE WEBPAGE AT WWW.ICFDN.ORG/POLICIES.PHP.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number

33-0457858

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1) ICE CENTER FOR CROSS-BORDER PHILAN 2502 N. AVENUE						Yes No
(2) NATIONAL CITY, CA 91950 26-1640148	SUPPORTING CHARITY	CA	501 C (3)	GOOD STANDING	N/A	X
(3) -----						
(4) -----						
(5) -----						
(6) -----						
(7) -----						

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

TEEA5001L 12/22/10

Schedule R (Form 990) 2010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- ----- -----												
(2) ----- ----- ----- -----												
(3) ----- ----- ----- -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ----- ----- ----- -----							
(2) ----- ----- ----- -----							
(3) ----- ----- ----- -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ICF CENTER FOR CROSS-BORDER PHILANTHROPY	B	336,725.	CASH
(2) ICF CENTER FOR CROSS-BORDER PHILANTHROPY	J	33,000.	CASH
(3) ICF CENTER FOR CROSS-BORDER PHILANTHROPY	K	34,804.	CASH
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) ----- ----- ----- -----										
(2) ----- ----- ----- -----										
(3) ----- ----- ----- -----										
(4) ----- ----- ----- -----										
(5) ----- ----- ----- -----										
(6) ----- ----- ----- -----										
(7) ----- ----- ----- -----										
(8) ----- ----- ----- -----										

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

This image shows a full page of handwriting practice paper. It features multiple rows of horizontal dashed lines spaced evenly apart, providing a guide for letter height and placement. The background is white, and the lines are black, creating a clear contrast for tracing or writing practice. There are no margins, text, or other markings on the page.

2010 . . . SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 03695

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

2/06/12

08 49AM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
OTHER	20,664.		13,201.	32,192.	21,437.
TOTAL	\$ 20,664.	\$ 0.	\$ 13,201.	\$ 32,192.	\$ 21,437.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT 03695

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

2/06/12

08:49AM

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS .
PRIOR PERIOD ADJUSTMENT

\$	107,716.
	-1,803.
TOTAL \$	<u>105,913.</u>

CLIENT 03695

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

2/06/12

08.49AM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-REQUEST GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-VARIOUS WEBSITES ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS

-RISK ASSESSMENT EVALUATED

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

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

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

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

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

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

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

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

2010

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

PAGE 4

CLIENT 03695

INTERNATIONAL COMMUNITY FOUNDATION

33-0457858

2/06/12

08 49AM

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

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

International Community Foundation									
USA Grants									
Fiscal Year 2010-2011									
Region	Grantee	Address 1	Address 2	City, State, Zip	EIN	Amount of Grant	Purpose of Grant	Manner of Disb	
USA	ANAL INC	1120 Meadow Road		Franklin, NC 28734	56-1618989	11,365 00	To research migratory fish and shrimp species in three rivers in Panama	wire transfer	
USA	Bilateral Safety Corridor Coalition	2050 Wilson Ave	Ste C	National City, CA 91950	55-0806460	50,000 00	Programmatic support for publications, training and capacity building	wire transfer	
USA	Children of Promise International, Inc	6844 Loop Road		Dayton, OH 45459-2159	43-1027276	6,361 63	General Operating support to benefit Niños de la Promesa, A C an orphanage located in Tijuana	wire transfer	
USA	Ecology Project International	PO BOX 9192		Missoula, MT 59807	91-2169552	50,142 50	For the pilot phase to establish a field program in Panama	wire transfer	
USA	Elementary Institute of Science	608 51st Street		San Diego, CA 92114	94-1669545	25,000 00	To partner with Olivewood Gardens at the ICF Center to support EIS hands-on programs for youth ages 7-17 in San Diego County by providing for equipment, tools, supplies Field trips and special presentations	wire transfer	
USA	Foundation for the Children of the Californias	2555 Camino del Rio South	Suite # 210	San Diego, CA 92108-3704	33-0415572	106,399 95	To support the construction of the CURARTE building for the Hospital Infantil de las Californias in Tijuana	wire transfer	
USA	Future Generations Inc	HC73 Box 100		Franklin, WV 26807	54-1651305	148,000 00	To support the development of a model eco-community in the township of Linglinton in the Taoyuan County, Hunan Province, China	wire transfer	
USA	Give2Asia	465 California St., 14th Floor		San Francisco, CA 94104-18	94-3373670	35,000 00	To provide charitable support to benefit the 2010 Pakistan flood victims with aid provided through the Pakistan based Mahwash and Janangr Siddiqui Foundation (MJSF)	wire transfer	
USA	Gombe School of Environment and Society -USA Inc	C/O Wayne H. Turner	P O Box 62	Moose, WY 83012	26-2099102	132,000 00	To provide operational and programmatic support	wire transfer	
USA	International Center for Journalists	1616 H St., NW, Third Floor		Washington, DC 20006	56-1618989	9,973 00	To support a journalist workshop on mining in Panama	wire transfer	
USA	International Community Foundation Center-Olivewood	2525 N Avenue		National City, CA 91950	26-1640148	6,300 00	To collaborate with Urban Ecology Center in Milwaukee, WI	wire transfer	
USA	International Community Foundation Center-Olivewood	2525 N Avenue		National City, CA 91950	26-1640148	215,000 00	For general support	wire transfer	
USA	International Community Foundation Center-Olivewood	2525 N Avenue		National City, CA 91950	26-1640148	50,000 00	to provide charitable support towards 18 educational interpretive signs and other signage that are envisioned for Olivewood Gardens	wire transfer	
USA	International Community Foundation Center-Olivewood	2525 N Avenue		National City, CA 91950	26-1640148	5,000 00	For general operating support	wire transfer	
USA	International Community Foundation Center-Olivewood	2525 N Avenue		National City, CA 91950	26-1640148	60,424 90	For the "Promoting Healthy Eating and Living" program	wire transfer	
USA	International Sea Turtle Society	NOAA-National Marine Fishel Southwest Fisheries Sci		La Jolla, CA 92037	57-1029746	1,000 00	For the International Sea Turtle Symposium in San Diego, CA	wire transfer	
USA	IPODERAC's Children Fund	2965 Akron Court		Denver, CO 80238	27-1395489	3,000 00	Completion of a playground on the grounds of IPODERAC, A C, in Atlixco, Puebla, Mexico	wire transfer	
USA	Los Niños	717 3rd Avenue		Chula Vista, CA 91910	95-2961670	20,000 00	To provide capital to four loan groups in the US/Mexico border region to support the "Family Financial Security-Micro Enterprise" program in Tijuana, Mexico	wire transfer	
USA	Pacific Clinical Research Foundation dba Smiles Intern	7668 El Camino Real # 104-502		Carlsbad, CA 92009	33-0282767	10,000 00	For medical-surgical supplies and equipment for the Smiles of Tecate clinic in Tecate, California	wire transfer	
USA	Project Amigo		Cofradia de Suchitlan	Colima,	68-0396073	104,800 00	To provide continued support for educational scholarships, community development projects, health clinics, university housing for rural students, and volunteer service projects	wire transfer	
USA	Resource Conservation District	11769 Waterhill Rd		Lakeside, CA 92040	95-2586060	(32,010 00)	Previous year grant refund/cancellation		
USA	Resource Conservation District	11769 Waterhill Rd		Lakeside, CA 92040	95-2586060	(3,994 14)	Charitable support to the St James-St. Leo Catholic community for further benefit to the	wire transfer	
USA	Roman Catholic Bishop of San Diego/ For the Benefit of St. James Church	625 S Nardo Ave		Solana Beach, CA 92075-235	95-1644613	20,493 32	scholarship fund for St. Leo Mission Youth Group, Solana Beach, Ca	wire transfer	
USA	San Diego Natural History Museum	PO Box 121390		San Diego, CA 92112	95-1643375	75,000 00	To implement PROBEA's watershed curriculum in La Paz schools	wire transfer	
USA	Scripps Institution of Oceanography	9500 Gilman Drive	MC 0210	La Jolla, CA 92093-0210	95-2872494	15,000 00	To provide scholarship support to benefit Mexican students from the Baja California peninsula to pursue graduate studies through the Center for Marine Biodiversity and Conservation (CMBC) at Scripps Institution of Oceanography	wire transfer	
USA	Scripps Institution of Oceanography	UCSD	9500 Gilman Drive, MC	La Jolla, CA 92093-0225	95-2872494	41,860 00	To develop a research-based survey of the oceanography in Cabo Pulmo National Park	wire transfer	
USA	The Ocean Foundation	1990 M Street NW Ste 250		Washington, DC 20036	71-0863908	1,000 00	To support the NW Mexico Science Symposium		
USA	UC San Diego Foundation	9500 Gilman Dr	Dept 0510	La Jolla, CA 92093-0510	95-2872494	75,000 00	To provide funding for UNITE (Unraveling the Nucleus and Neuroscience via an International Technology Exchange)	wire transfer	
USA	Wildcoast	925 Seacoast Drive		Imperial Beach, CA 91932	77-0536297	12,500 00	To support "Blue On Tour" for the Baja Peninsula		
						1,254,616 16			

International Community Foundation

Non USA Grants

Fiscal Year 2010-2011

Region	Grantee	Address 1	Address 2	City, State, Zip	Amount of Grant	Purpose of Grant	Manner of Disb
Central America and the Caribbean	Centro de Incidencia Ambiental (CIAM)	Los Angeles, Ave. de Los Peris Casa G14 Primer Alto		Panama,	250,302.00	For general support	wire transfer
Central America and the Caribbean	Fundación Avifauna Eugene Eisenmann	World Trade Center	Apartado Postal 0832	Panama City,	15,000.00	To complete the cafeteria	wire transfer
Central America and the Caribbean	Fundación MarViva	Clayton, Ciudad del Saber, Edificio 168		Panama City,	150,000.00	for patrolling and enforcement	wire transfer
Central America and the Caribbean	Fundación Miguel Batista	Calle 1ra #39, Urbanización Italia		Santo Domingo,	119,286.88	To provide programmatic support	wire transfer
Central America and the Caribbean	Junta Administrativa Escuela Enseñanza Especial De S	Detras de la Escuela Jorge Washington		San Ramon, Alajuela	79,773.00	for a handicapped equipment	wire transfer
Central America and the Caribbean Total					614,361.88		
North America	ALCOSTA Alianza Para La Sustentabilidad del Noroeste	Avenida de los panaderos 17 La verbena		Hermosillo, Sonora, 83288	3,500.00	To oversee and participate	wire transfer
North America	Amigos para la Conservacion de Cabo Pulmo, A C	Luc Primo Verdad No 1120-5e/Morelos y Victoria		La Paz, BCS 23020	20,000.00	To strengthen local capacity	wire transfer
North America	Anat Kah	Punta Matzoma Mza 24 lote 7		Puerto Aventuras, Q Roo	2,000.00	To sponsor a capacity-building	wire transfer
North America	Anat Kah	Punta Matzoma Mza 24 lote 7		Puerto Aventuras, Q Roo	10,000.00	To construct the first phase	wire transfer
North America	Anat Kah, A C	Punta Matzoma Mza 24 lote 7		Puerto Aventuras, Q Roo	9,000.00	To complete construction	wire transfer
North America	Anat Kah, A C	Punta Matzoma Mza 24 lote 7		Puerto Aventuras, Q Roo	13,218.00	To provide programmatic support	wire transfer
North America	Asociación de Artes del Mar de Cortez, A C.	Domicilio Conocido -	Apdo Postal	Los Barilles, BCS, 23501	6,338.22	General Operating Fund	wire transfer
North America	Casa Albergue Temporal Para Niños, IBP	Matamoros No 59	Fracc Bahía	Ensenada, BC, 22880	700.00	to support emergency support	wire transfer
North America	Centro de Educacion Comunitaria Valle de Chalco I A P	Poniente 11A 4413	Col Alfredo del Mazo	Edo de Mexico,	1,080.00	Educational needs and materials	wire transfer
North America	Centro Mexicano de Derecho Ambiental, A C (CEMDA)	Atlixco #138	Col Condesa	Mexico, DF,	7,200.00	to protect the natural resources	wire transfer
North America	Centro Mexicano de Derecho Ambiental, A C (CEMDA)	Atlixco #138	Col Condesa	Mexico, DF,	1,800.00	to protect the natural resources	wire transfer
North America	Centro Mexicano de Derecho Ambiental, A C (CEMDA)	Atlixco #138	Col Condesa	Mexico, DF,	60,000.00	to strengthen communication	wire transfer
North America	Centro Mexicano de Derecho Ambiental, A C (CEMDA)	Atlixco #138	Col Condesa	Mexico, DF,	200,000.00	For general operational support	wire transfer
North America	Centro Mexicano de Derecho Ambiental, A C (CEMDA)	Atlixco #138	Col Condesa	Mexico, DF,	6,000.00	To analyze the hydrology	wire transfer
North America	CENTRO MEXICANO PARA LA DEFENSA DEL MEDIO AMBIENTE	Calle Decima No 60 Interior	Zona Centro	Ensenada, BC, BC 22800	10,000.00	to provide legal and technical	wire transfer
North America	CENTRO MEXICANO PARA LA DEFENSA DEL MEDIO AMBIENTE	Calle Decima No 60 Interior	Zona Centro	Ensenada, BC, BC 22800	130,000.00	For general operational support	wire transfer
North America	CENTRO MEXICANO PARA LA DEFENSA DEL MEDIO AMBIENTE	Calle Decima No 60 Interior	Zona Centro	Ensenada, BC, BC 22800	20,000.00	to support programmatic support	wire transfer
North America	Centro Mujeres	Márquez de León #480-B E	Revolución y Serdán	La Paz, BCS, 23000	40,000.00	To support ADVOCATES	wire transfer
North America	Comunidad Vision y Desarrollo, A C.	Boulevard Agua Marina No 4	Colonia Delicias	La Paz, BCS,	2,010.64	For general operating support	wire transfer
North America	Comunidad y Biodiversidad A C.	Boulevard Agua Marina No 4	Colonia Delicias	Guaymas, Son, 85420	125,000.00	To strengthen communication	wire transfer
North America	Comunidad y Biodiversidad A C	Boulevard Agua Marina No 4	Colonia Delicias	Guaymas, Son, 85420	200,000.00	For general support over	wire transfer
North America	Consentido Producciones A C	Calle Revolucion 1035	Col Centro	Loreto, BCS	1,000.00	To support the Marearte	wire transfer
North America	Conservación del Territorio Insular Mexicano ISIA	Dunas No 155	La Esperanza 1	La Paz, BCS, 23090	60,000.00	To support a community	wire transfer
North America	Corredor Historico CAREM, A C.	P O Box 280		Tecate, CA 91980	2,500.00	For repairs and electrical	wire transfer
North America	Cruz Roja Mexicana IAP-Tijuana	664 East San Ysidro Blvd		San Ysidro, CA 92173	13,000.00	For general operating support	wire transfer
North America	East Cape Community Urgent Care Clinic	Calle Sin Nombre-Los Barriles	20 Noviembre y Trailer	Los Barriles, BCS, 23562	20,000.00	To support East Cape's Clinic	wire transfer
North America	Eco-Alianza de Loreto	APTO Postal 282		Loreto Centro, BCS, 23880	-	to support the Executive	wire transfer
North America	Eco-Alianza de Loreto	APTO Postal 282		Loreto Centro, BCS, 23880	20,000.00	To support after school program	wire transfer
North America	Eco-Alianza de Loreto	APTO Postal 282		Loreto Centro, BCS, 23880	26,543.00	to support the Loreto Prison	wire transfer
North America	Eco-Alianza de Loreto	APTO Postal 282		Loreto Centro, BCS, 23880	50,000.00	for general support over	wire transfer
North America	Eco-Alianza de Loreto	APTO Postal 282		Loreto Centro, BCS, 23880	2,000.00	To support activities related	wire transfer
North America	Fondo Accion Solidaria, A C	Legaspy #760 Colonia Centro		La Paz, BCS,	10,000.00	for general support	wire transfer
North America	Fondo Mexicano para la Conservación de la Naturaleza	Damas 49 San José Insurgentes		México, DF, 03900	20,000.00	To support conservation	wire transfer
North America	Fronteras Unidas Pro Salud, A C.	Av Juan Ojeda Robles No 14 Col Guadalupe Victoria		Tijuana, B C P 22426, Mex	20,000.00	To support the "Mujer Se	wire transfer
North America	Fronteras Unidas Pro Salud, A C	Av Juan Ojeda Robles No 14 Col Guadalupe Victoria		Tijuana, B C P 22426, Mex	30,390.00	to support the library at	wire transfer
North America	Fronteras Unidas Pro Salud, A C	Av Juan Ojeda Robles No 14 Col Guadalupe Victoria		Tijuana, B C P 22426, Mex	12,000.00	To purchase a car to offer	wire transfer
North America	Fronteras Unidas Pro Salud, A C.	Av Juan Ojeda Robles No 14 Col Guadalupe Victoria		Tijuana, B C P 22426, Mex	3,450.00	Teens against cervical cancer	wire transfer
North America	Fronteras Unidas Pro Salud, A C	Av Juan Ojeda Robles No 14 Col Guadalupe Victoria		Tijuana, B C P 22426, Mex	92,000.00	Support for Gente Joven	wire transfer
North America	Fronteras Unidas Pro Salud, A C.	Av Juan Ojeda Robles No 14 Col Guadalupe Victoria		Tijuana, B C P 22426, Mex	6,692.00	Programmatic support to	wire transfer
North America	Fundación Accion Comunitaria del Bajío, A C	Manuel Altamirano No 4801-Zona Centro		Irapuato, GTO, 36510	6,500.00	For community development	wire transfer
North America	Fundación Accion Comunitaria del Bajío, A C	Manuel Altamirano No 4801-Zona Centro		Irapuato, GTO, 36510	21,376.99	For the Recovery of Tradition	wire transfer
North America	Fundación Accion Comunitaria del Bajío, A C	Manuel Altamirano No 4801-Zona Centro		Irapuato, GTO, 36510	2,895.00	For the Recovery of Tradition	wire transfer
North America	Fundacion Ayuda Niños La Paz, A C	Santiago 320	Col Bellavista	La Paz, BCS, 23050	40,000.00	To support the program	wire transfer

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization INTERNATIONAL COMMUNITY FOUNDATION	Employer identification number 33-0457858
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions 2505 N AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions NATIONAL CITY, CA 91950	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► INT'L COMMUNITY FOUNDATION

Telephone No. ► 619-336-2250 FAX No. ► 619-336-2249

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 12, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning 7/01, 20 10, and ending 6/30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
3b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)