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Form 990



Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Coastal Bend Community Foundation

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

600 Leopard Street No 1716

Room/suite

City or town, state or country, and ZIP + 4

Corpus Christi, TX 78401

F Name and address of principal officer

Karen W Selim

600 Leopard Street No 1716

Corpus Christi, TX 78401

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.cbcbfoundation.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1980

M State of legal domicile

TX

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities To enhance the quality of life in the Coastal Bend area of Texas through charitable & educational grants		
	2	Check this box <input type="checkbox"/> 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	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
Revenue	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	34,154
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	38,802
	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,508,881	5,911,828
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,082	3,680
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,087,434	2,408,602
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	611,753	750,525
			6,213,150	9,074,635
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,949,109	2,766,890
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	360,917	358,027
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
Net Assets or Fund Balances	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 114,856		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,103,856	1,212,022
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,413,882	4,336,939
	19	Revenue less expenses Subtract line 18 from line 12	1,799,268	4,737,696
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	43,412,381	47,066,102
	21	Total liabilities (Part X, line 26)	3,914,251	3,905,973
	22	Net assets or fund balances Subtract line 21 from line 20	39,498,130	43,160,129

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

2012-07-20

Date

Karen W Selim President and CEO

Type or print name and title

Preparer's signature

Phillip G Monroe

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00231323

Firm's name (or yours if self-employed), address, and ZIP + 4

Kirk Monroe & Klostermann LLP

1016 Santa Fe Suite 201

Corpus Christi, TX 78404

EIN

74-2727133

Phone no

(361) 882-7131

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ ☒

1

Briefly describe the organization's mission

To enhance the quality of life in the Coastal Bend area of Texas through charitable and educational grants

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,920,057 including grants of \$ 1,797,472) (Revenue \$ 2,689,455)

The Foundation makes grants to nonprofit organizations to improve the quality of life in the Coastal Bend area of Texas from unrestricted, field-of-interest, designated, special project and donor advised funds Ongoing activities from project funds include "Maps in Schools", whereby the Corpus Christi Geological Society presents laminated, framed USGS Maps of Time and Terrain to schools across the country, primarily in Oklahoma and Texas Other projects of the Corpus Christi Geological Society includes "Bones in Schools" whereby schools are presented with an Ice Age Mammoth bone, a framed Ice Age Mural along with a presentation by a geologist and "Boulders in Schools" whereby schools are presented with large boulders of three rock types - Sedimentary, metamorphic and igneous The rocks are labeled as rock type, composition, location and age Another project fund provides bikes to needy children at Christmas time In 2011, 160 bicycles with kickstands and helmets were presented to needy children "Destination Bayfront Special Project Fund" is involved in coordinating the study of a land-use plan for the Corpus Christi Bayfront area, thereafter turning over the plan to the City of Corpus Christi for its consideration and implementation New programs include the Corpus Christi Geological Society History Project which is in the process of recording a television documentary about how the oil and gas industry in South Texas was built called "Oilmen Tales from the South Texas Oil Patch " The program is intended for broadcast by public television stations in South Texas, and other areas of Texas and beyond A modified version will be offered to schools in South Texas The project is incomplete at the end of 2011 but should be completed by the end of 2012 Another project fund, "Citizens in Support of the Corpus Christi Police Department" along with its ongoing programs for nonweapon police supplies, counseling and training for police personnel, sponsored two community programs in 2011 The first was a "Walk/Run to Honor the Fallen Heroes of September 11, 2001 " The other project was "Decision House" a two day activity with skits and support to Help Children/Teenagers Understand the Consequences of Bad Decisions

4b

(Code) (Expenses \$ 698,602 including grants of \$ 621,282) (Revenue \$ 350,174)

The Foundation provides scholarships and fellowships to students from the seven county area of the Coastal Bend of Texas in accordance with the terms of the approximately 100 scholarship and fellowship funds it holds During 2011, 412 scholarships were awarded

4c

(Code) (Expenses \$ 379,568 including grants of \$ 348,136) (Revenue \$ 94,045)

The Foundation provides hardship grants for employees of one organization These grant requests are reviewed on a case by case basis in accordance with the terms of the employee assistance fund agreements During 2011, 524 grants were awarded and 129 grants were denied, cancelled or withdrawn

4d

Other program services (Describe in Schedule O)



















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 3,998,227

Form **990** (2011)

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 	Yes	
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 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
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 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
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. 	Yes	
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. 		No
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. 		No
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. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
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. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
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 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	Yes	
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 U S ? If "Yes," complete Schedule F, Part II and IV 	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV 		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	Yes	
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	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	64
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	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	6
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	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes
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 or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country <u>▶CJ, BD</u> 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
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	No
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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	
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	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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 lines 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	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24
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	Yes
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, 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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	Yes
b	Other officers or key employees of the organization	15b	Yes
	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	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed TX
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Beverly Harper 600 Leopard Street Suite 1716 Corpus Christi, TX 78401 (361) 882-9745

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Clare Atkinson Wonders Director	1 00	X						0	0	0
(2) Nancy Johnson Bellows Director	1 00	X						0	0	0
(3) Rumaldo Juarez Director	1 00	X						0	0	0
(4) F John Shepherd III Director	1 00	X						0	0	0
(5) Laura Fischer Director	1 00	X						0	0	0
(6) Richard Bianchi Director	1 00	X						0	0	0
(7) Leah Pagan Olivarr Director	1 00	X						0	0	0
(8) Dale K Wilson Director	1 00	X						0	0	0
(9) Hank Nuss Director	1 00	X						0	0	0
(10) Jack W Wright Director	1 00	X						0	0	0
(11) Jon Whatley Director	1 00	X						0	0	0
(12) Susan Hutchinson Director	1 00	X						0	0	0
(13) Robert Furgason Director	1 00	X						0	0	0
(14) Kathleen M White Director	1 00	X						0	0	0
(15) Larry Aduddell Director	1 00	X						0	0	0
(16) Laura Miller Director	1 00	X						0	0	0
(17) Fred J Nemec Director	1 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) Joe Henkel Director	1 00	X						0	0	0
(19) Karen O'Connor Urban Director	1 00	X						0	0	0
(20) Bobby Galvan Director	1 00	X						0	0	0
(21) Lou Adele May Chairman	5 00	X		X				0	0	0
(22) Sylvia Whitmore Vice Chairman	1 00	X		X				0	0	0
(23) William Whitworth Treasurer	1 00	X		X				0	0	0
(24) Jean Claire Turcotte Secretary	1 00	X		X				0	0	0
(25) Karen Selim President & CEO	40 00			X				102,682	0	18,128
(26) Martha Daniels Assistant Secretary/Director of Development	40 00			X				56,700	0	9,257
(27) Susan Jackson Assistant Secretary/Director of Grants	40 00			X				51,950	0	14,486
(28) Beverly Harper Finance Director	40 00			X				61,500	0	17,013
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								272,832	0	58,884

2

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1

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

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

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶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	93,093			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,818,735			
	g	Noncash contributions included in lines 1a-1f \$ 2,133,886					
	h	Total. Add lines 1a-1f		5,911,828			
Program Service Revenue			Business Code				
	2a	Educational Maps/Books	900099	2,615	2,615		
	b	Asthma Camp	900099	1,065	1,065		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,680			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,187,527	1,187,527		
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties		73,861	73,861		
	6a	(i) Real					
		203,856					
		(ii) Personal					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		161,513	127,359	34,154	
	7a	(i) Securities					
		43,517,718					
		(ii) Other					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		1,221,075	1,221,075		
	8a	Gross income from fundraising events (not including \$ 93,093 of contributions reported on line 1c) See Part IV, line 18					
		a	65,032				
		b	70,053				
	c	Net income or (loss) from fundraising events . .		-5,021			-5,021
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b							
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	Administrative Fees	561000	518,299	518,299			
b	Class action lawsuit	900099	1,873	1,873			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		520,172				
12	Total revenue. See Instructions		9,074,635	3,133,674	34,154	-5,021	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,786,522	1,786,522		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	964,968	964,968		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	15,400	15,400		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	272,832	97,913	111,702	63,217
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,554	11,128	14,426	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,472	3,110	3,466	1,896
9	Other employee benefits	28,894	13,497	12,387	3,010
10	Payroll taxes	22,275	7,908	9,478	4,889
11	Fees for services (non-employees)				
a	Management	31,585	31,585		
b	Legal	28,117	2,015	15,559	10,543
c	Accounting	10,000		10,000	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	229,380	229,380		
g	Other	448	448		
12	Advertising and promotion	19,784	4,207		15,577
13	Office expenses	22,613	10,076	8,300	4,237
14	Information technology	24,641	11,296	9,395	3,950
15	Royalties				
16	Occupancy	23,424	10,775	9,135	3,514
17	Travel	4,307	2,027	1,116	1,164
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,545		2,935	610
20	Interest	23,555	23,555		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,271		3,271	
23	Insurance	7,547	1,575	5,972	
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	Administrative Fee Expenses	518,299	518,299		
b	Educational Projects	112,809	112,809		
c	Community and health projects	101,867	101,867		
d	Park Projects	27,769	27,769		
e					
f	All other expenses	19,061	10,098	6,714	2,249
25	Total functional expenses. Add lines 1 through 24f	4,336,939	3,998,227	223,856	114,856
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			353,875	1	357,195
	2	Savings and temporary cash investments				2	67,117
	3	Pledges and grants receivable, net			34,070	3	66,971
	4	Accounts receivable, net			5,424	4	18,626
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			18,889	9	25,995
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	3,264,474			
	b	Less: accumulated depreciation	10b	79,120	2,802,459	10c	3,185,354
	11	Investments—publicly traded securities			40,191,431	11	43,337,156
	12	Investments—other securities. See Part IV, line 11			6,233	12	7,688
	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)			43,412,381	16	47,066,102
Liabilities	17	Accounts payable and accrued expenses			9,446	17	17,535
	18	Grants payable			547,359	18	427,114
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			3,357,446	25	3,461,324
	26	Total liabilities. Add lines 17 through 25			3,914,251	26	3,905,973
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,617,611	27	2,612,979
	28	Temporarily restricted net assets			10,271,984	28	12,420,544
	29	Permanently restricted net assets			26,608,535	29	28,126,606
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			39,498,130	33	43,160,129
	34	Total liabilities and net assets/fund balances			43,412,381	34	47,066,102

Part XI Reconciliation of Net Assets

Check 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	9,074,635
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,336,939
3	Revenue less expenses Subtract line 2 from line 1	3	4,737,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,498,130
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,075,697
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	43,160,129

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization Coastal Bend Community Foundation	Employer identification number 74-2190039
---	--

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 **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 Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 it 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 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?

h

☐

Provide the following information about the supported organization(s)

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

(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,385,409	3,901,035	2,715,892	3,508,881	5,911,828	19,423,045
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,385,409	3,901,035	2,715,892	3,508,881	5,911,828	19,423,045
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						19,423,045

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,385,409	3,901,035	2,715,892	3,508,881	5,911,828	19,423,045
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,326,920	1,276,052	945,784	787,477	1,465,244	5,801,477
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	298,505	215,987	392,058	542,918	585,205	2,034,673
11 Total support (Add lines 7 through 10)						27,259,195

12 Gross receipts from related activities, etc (See instructions)

12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	71 250 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	70 070 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the 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—2011. 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—2010. 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

Part IIIPart III

Support Schedule for Organizations Described in IRC 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 year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-2190039
Name: Coastal Bend Community Foundation

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
Coastal Bend Community Foundation

Employer identification number
74-2190039

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	55	80
2 Aggregate contributions to (during year)	2,722,378	588,454
3 Aggregate grants from (during year)	791,213	380,898
4 Aggregate value at end of year	5,026,863	6,121,380
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 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.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

- ☐ Public exhibition

☐ Loan or exchange programs
- ☐ Scholarly research

☐ Other
- ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements. Complete if the 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	

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	31,502,191	27,626,385	22,933,799	32,771,461	
b Contributions	1,606,139	1,113,826	672,512	1,020,397	
c Investment earnings or losses	1,586,864	4,162,305	5,116,638	-9,190,204	
d Grants or scholarships	-677,387	-884,644	-592,992	-1,149,957	
e Other expenditures for facilities and programs	-560,093	-46,792		-63,657	
f Administrative expenses	-461,603	-468,889	-503,572	-454,241	
g End of year balance	32,996,111	31,502,191	27,626,385	22,933,799	

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

- a** Board designated or quasi-endowment ▶

7 300 %
- b** Permanent endowment ▶

78 200 %
- c** Term endowment ▶

14 500 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,757,952			2,757,952
b Buildings	349,441			349,441
c Leasehold improvements	69,200			69,200
d Equipment		87,881	79,120	8,761
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				3,185,354

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,074,635
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,336,939
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,737,696
4	Net unrealized gains (losses) on investments	4	-976,942
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-98,755
9	Total adjustments (net) Add lines 4 - 8	9	-1,075,697
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,661,999

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	7,983,793
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-976,942
b	Donated services and use of facilities	2b	18,175
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-958,767
3	Subtract line 2e from line 1	3	8,942,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	132,075
c	Add lines 4a and 4b	4c	132,075
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	9,074,635

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	4,321,794
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	18,175
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	18,175
3	Subtract line 2e from line 1	3	4,303,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	33,320
c	Add lines 4a and 4b	4c	33,320
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,336,939

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	The Foundation's endowment funds are used for unrestricted grants to nonprofit organizations to improve the quality of life in the Coastal Bend area of Texas.
Description of Uncertain Tax Positions Under FIN 48	Part X	Financial Accounting Standards Board(FASB)Interpretation 48, Accounting for Uncertainty in Income Taxes(FASB)Accounting Standards Codification(ASC)740 requires the Foundation to disclose its policy for evaluating uncertain tax positions. The Foundation evaluates its uncertain tax positions using the provisions of ASC 450, Contingencies. Accordingly, a loss contingency is recognized when it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimate. The amount recognized is subject to estimate and management judgment with respect to the likely outcome of each uncertain tax position. Managment has evaluated all tax positions taken by the Foundation and has recognized no liability as of the date of the financial statements. The amount that is ultimately sustained for an individual uncertain tax position or for all uncertain tax positions in the aggregate could differ from the amount recognized. With few exceptions, the Foundation is no longer subject to examinations by the U S federal, state or local tax authorities for years before 2008, which is the standard statute of limitations look-back period.
Part XI, Line 8 - Other Adjustments		Change in Agency Endowment Funds -98,755
		Part XI,Line 8 - Change in Agency Endowment Funds -98,755 Part XII,Line 4b - Agency Endowment Revenue 248,468, Expenses Netted Against Revenue -116,393 Part XIII,Line 4b -Agency Endowment Expenses 149,713, Expenses Netted Against Revenue -116,393 Part X, Line 2 See Schedule O

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

Use Part V if additional space is needed.

[illegible]

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 ▶	6
3	Enter total number of other organizations or entities ▶	0

Part III

[illegible]

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 (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 and/or Form 3520-A. (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

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Coastal Bend Community Foundation

Employer identification number
74-2190039

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Harvey Weil Fundraising Dinner (event type)	Citizens-Support of Pol Dept Dinner (event type)	<u>1</u> (total number)	(Add col (a) through col (c))	
Revenue	1	Gross receipts	125,996	23,000	9,129	158,125
	2	Less Charitable contributions	70,087	13,877	9,129	93,093
	3	Gross income (line 1 minus line 2)	55,909	9,123		65,032
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	381			381
	6	Rent/facility costs	14,318			14,318
	7	Food and beverages	43,613	11,454		55,067
	8	Entertainment				
	9	Other direct expenses			287	287
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				(70,053)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				-5,021

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 col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			()
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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 Provide 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 contract 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
Coastal Bend Community Foundation

Employer identification number
74-2190039

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

3

Enter total number of other organizations listed in the line 1 table ▶

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Funeral Assistance	43	111,990			
(2) Rent/Mortgage Assistance	220	133,661			
(3) Medical/Prescription Assistance	96	55,025			
(4) Food/Clothing Assistance	50	13,350			
(5) Utility Assistance	105	23,049			
(6) Scholarship/Fellowship Awards	412	616,832			
(7) Other Assistance	10	11,061			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Unrestricted grant requests are reviewed by the Grants Committee and recommendations are given to the Board of Directors for approval in our spring and fall grant award process The Director of Grants obtains reports from the grantees annually for their use of funds to determine the grantee's compliance with the intended use of the funds Scholarship applications are reviewed by the Scholarship Committee and recommendations are given to the Board of Directors for approval in our spring and fall scholarship review process in accordance with the scholarship agreements The scholarship checks are sent to the college or university financial aid office The Director of Development obtains outside scholarship and fellowship committee information to determine their compliance with IRS regulations Employee assistance grant requests are reviewed by our Director of Development for compliance with the fund agreement specifications These grants are not sent directly to the individuals except for hurricane relief, which are restricted for redemption Grants from donor advised, field-of-interest, designated or other types of funds are reviewed for compliance with the terms of the fund agreement The Director of Grants reviews the 501(c)(3) status for all grantees The Foundaiton does not send grants to nonexempt organizations All grants are approved by the Board of Directors at the quarterly board meeting

Software ID:
Software Version:
EIN: 74-2190039
Name: Coastal Bend Community Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foster Youth Life Investment PartnersPO Box 7743 Corpus Christi,TX 78467	20-0014082	501 (c) (3)	13,385				College assistance, Housing,medical and utility assistance
Coastal Bend Wildlife Habitat Educational Program Inc711 N Carancahua Street Ste 120 Corpus Christi,TX 78475	20-0960059	501 (c) (3)	15,593				General Program Support
Aransas County ISD Education Foundation IncPO Box 195 Rockport, TX 78381	74-2998660	501 (c) (3)	10,500				General Educational Program Support
Texas State Aquarium Association2710 N Shoreline Blvd Corpus Christi,TX 78402	23-7044950	501 (c) (3)	8,000				General program support
Aransas County Medical Services IncPO Box 821 Rockport, TX 78381	74-1850482	501 (c) (3)	18,441				Communication system
Salvation Army 416 West Colonial Orlando,FL 32804	58-0660607	501 (c) (3)	42,972				Diabetic shoe program, Operating expenses,General Program Support
Baker Middle School3445 Pecas Street Corpus Christi,TX 78411	74-6000581	State Agency	8,000				Educational support
Young Womens Christian Association of Corpus Christi 4601 Corona Drive Corpus Christi,TX 78411	74-1157366	501 (c) (3)	5,250				General Program support
First United Methodist Church 900 South Shoreline Blvd Corpus Christi,TX 78401	74-1166910	501 (c) (3)	106,500				General Program support
Wesley Community CenterPO Box 586 Robstown, TX 78380	74-1185657	501 (c) (3)	12,972				Senior food and nutrition program and General Program support
Camp Aranzazu Inc5420 FM 1781 Rockport, TX 78382	74-3032285	501 (c) (3)	7,300				Scholarships for children to attend camp
American Red Cross Coastal Bend Texas ChapterPO Box 3429 Corpus Christi,TX 78463	74-1207551	501 (c) (3)	12,500				General Program support
United Way of the Coastal Bend Inc 711 N Carancahua Street Suite 302 Corpus Christi,TX 78475	74-1207552	501 (c) (3)	6,209				Christmas appeal, Jim Wells County Support, General program support
YMCA of Corpus Christi417 South Upper Broadway Corpus Christi,TX 78401	74-1211670	501 (c) (3)	19,450				Partner with Youth Campaign,General Program support
Braggin Rights Volleyball Club Inc PO Box 2861 Corpus Christi,TX 78403	32-0163434	501 (c) (3)	40,000				Sports program support
Mary McLeod Bethune Day Nursery Inc900 Kinney Street Corpus Christi,TX 78401	74-1238426	501 (c) (3)	10,114				General operating support
Cathedral Conert Series Inc505 N Upper Broadway Corpus Christi,TX 78401	74-2863573	501 (c) (3)	12,000				Arts support
Catholic Charities of Corpus Christi Inc1322 Comanche Street Corpus Christi,TX 78401	74-2330464	501 (c) (3)	16,582				General Program support
Gulf Coast Humane Society3118 Cabaniss Pkwy Corpus Christi,TX 78415	74-1266245	501 (c) (3)	7,339				General Program support
Boys & Girls Club of Corpus Christi Inc3902 Greenwood Drive Corpus Christi,TX 78416	74-1294586	501 (c) (3)	8,000				After School program support, underserved youth support general program support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Counseling Service3833 South Staples St Suite S203 Corpus Christi, TX 78411	74-1321308	501 (c) (3)	10,000				Senior Counseling Support
Coastal Bend Council of GovernmentsPO Box 9909 Corpus Christi, TX 784699909	74-1586230	State Agency	7,500				General program support
Corpus Christi Chamber Music Society IncPO Box 60124 Corpus Christi, TX 784660124	74-2217829	501 (c) (3)	10,000				General program support
Coastal Bend Alcohol-Drug Rehab CenterPO Box 4996 Corpus Christi, TX 78469	74-1595867	501 (c) (3)	20,972				Support Drug & Alcohol Abuse for Homeless, General operating support
Good Samaritan Rescue MissionPO Box 65 Corpus Christi, TX 78403	74-1611894	501 (c) (3)	27,972				Unfunded Meals for Low Income Clients, General Program Support
South Texas Public Broadcasting System Inc939 South Stadium Road Columbia, SC 29201	74-1616224	501 (c) (3)	31,200				Challenge Program, General Program Support
Art Community Center of Corpus Christi100 North Shoreline Blvd Corpus Christi, TX 78401	74-1716003	501 (c) (3)	12,500				General Program and Operating Support
Texas A & M University at Corpus Christi 6300 Ocean Drive Corpus Christi, TX 78412	74-1760663	State Agency	64,760				President's Council Support,Scholarship Programs,mechanical engineering program, diabetes research support, MoM student research program, general program support
Aransas County Council on Aging 912 South Church Street Rockport, TX 78382	74-1796095	501 (c) (3)	12,972				General Program support
Christus Spohn Health System Development Foundation600 Elizabeth Street Corpus Christi, TX 78404	74-1906005	501 (c) (3)	45,750				General program support
Women's Shelter of South TexasPO Box 3368 Corpus Christi, TX 78463	74-1943398	501 (c) (3)	19,972				Battering Program, General Program Support
Special Olympics Texas Inc7715 Chevy Chase Drive Suite 120 Austin, TX 78752	74-1998367	501 (c) (3)	10,000				General Program Support
Episcopal Church of the AdventPO Box 1937 Alice, TX 78333	74-6022217	501 (c) (3)	7,543				General Program Support
Palmer Drug Abuse Program of Corpus Christi Inc3104 South Alameda Street Corpus Christi, TX 78404	74-2200058	501 (c) (3)	25,805				General Progam Support
Food Bank of Corpus Christi826 Krill Street Corpus Christi, TX 78408	74-2234089	501 (c) (3)	35,582				Fund Mobile Food Pantries, General Program Support
Corpus Christi Metro MinistriesPO Box 4899 Corpus Christi, TX 78469	74-2247261	501 (c) (3)	184,437				Loaves and Fishes Program Support, Breakfast Fund, General Program Support
Beeville Vineyard Inc210 North Monroe Street Beeville, TX 78102	74-2314158	501 (c) (3)	15,549				General Program Support
CruPO Box 628222 Orlando, FL 328629841	95-6006173	501 (c) (3)	5,300				General program support
Communities in School Corpus Christi IncPO Box 331203 Corpus Christi, TX 78463	74-2429445	501 (c) (3)	8,750				General Program Support
First United Methodist Church PO Box 808 Taft, TX 78390	74-2524820	501 (c) (3)	6,500				Exercise equipment

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Corpus Christi Hope House Inc658 Robinston Street Corpus Christi, TX 78404	74-2480299	501 (c) (3)	7,172				Celebration for Life Project Support, General Program Support
Foster Angels of South Texas FoundationPO Box 18863 Corpus Christi, TX 78480	41-0604440	501 (c) (3)	16,472				General program support
Junior League of Corpus Christi4050 Weber Road Corpus Christi, TX 78411	74-6053163	501 (c) (3)	5,250				Fairy Tale Ball, general program support
Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana Inc Suite 255 Houston, TX 77005	76-0116615	501 (c) (3)	9,138				General Program Support
Driscoll Children's HospitalPO Box 6530 Corpus Christi, TX 78466	74-2577746	501 (c) (3)	11,750				Fiesta de los Ninos, Child Life Program, General Program Support
Coastal Bend Bays Foundation IncPO Box 23025 Corpus Christi, TX 78403	74-2603919	501 (c) (3)	10,139				General Program Support
K Space Contemporary415D Starr Street Corpus Christi, TX 78401	74-3006446	501 (c) (3)	10,000				Arts support
Ark Assessment Center & Emergency Shelter for Youth 12960 Leopard Street Corpus Christi, TX 78410	74-2859907	501 (c) (3)	19,072				General Progam Support
Rockport-Fulton Good Samaritans Inc 507 S Ann Street Rockport, TX 78382	74-2592626	501 (c) (3)	12,972				General Program Support
Make-A-Wish of Central and South Texas2224 Walsh Tarlton Lane Ste 200 Austin, TX 78746	74-2357788	501 (c) (3)	10,000				General program support
Locher Food Pantry 501 S Staples Street Corpus Christi, TX 78401	74-2393413	501 (c) (3)	7,500				General program support
Corpus Christi Symphony Society Inc555 N Carancahua Ste 410 Corpus Christi, TX 78401	74-6011470	501 (c) (3)	47,000				Sponser 2011/2012 season, General Program Support
Taft Little LeaguePO Box 481 Taft, TX 78390	74-2724361	501 (c) (3)	6,307				Concession stand equipment`
South Texas Institute for the Arts 1902 North Shoreline Blvd Corpus Christi, TX 78401	74-6025882	501 (c) (3)	40,050				Exhibit Support, collector's club,General Program Support
Most Precious Blood Catholic Church 3502 Saratoga Blvd Corpus Christi, TX 78415	74-6089686	501 (c) (3)	10,000				General Program Supprt
HALO Flight Inc315 Pinson Drive Corpus Christi, TX 78406	74-2235660	501 (c) (3)	13,974				General Program Support
Boy Scouts of America Council700 Everhart Terrace Bldg A Corpus Christi, TX 78411	75-2675978	501 (c) (3)	18,383				General Program Support
Christ Evangelical Presbyterian Church 8300 Katy Freeway Houston, TX 77024	76-0332175	501 (c) (3)	20,000				General Program Support
Mission of Mercy Inc PO Box 102 Fairfield, PA 17320	86-0704883	501 (c) (3)	8,672				General Program support
Timon's Ministries 10501 South Padre Island Drive Corpus Christi, TX 78418	31-1638327	501 (c) (3)	38,772				General Program support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Texas at AustinPO Box 7758 UT Station Austin, TX 787137758	74-6000203	State Agency	18,850				Conservation research projects, other projects and general support
USS Lexington Museum on the Bay PO Box 23076 Corpus Christi, TX 784033076	74-2615466	501 (c) (3)	7,500				Museum support
Windsor Park Elementary School 4525 S Alameda Corpus Christi, TX 78412	74-6000581	State Agency	9,000				General school support
Virginia Tech Foundation Inc902 Prices Fork Road Blacksburg, VA 24060	54-0721690	501 (c) (3)	8,750				Scholarship and educational support
Del Mar College Foundation Inc101 Baldwin Corpus Christi, TX 78404	74-2286234	501 (c) (3)	38,471				Vocational Scholarships, General Program Support
Congregation Beth Israel4402 Saratoga Blvd Corpus Christi, TX 78413	74-6000619	501 (c) (3)	16,085				Rabbi's Discretionary Fund, General program support
Youth Odyssey Inc PO Box 331394 Corpus Christi, TX 78463	74-2817641	501 (c) (3)	8,550				General program support
Texas A&M University - Kingsville700 University Blvd MSC 101 Kingsville, TX 78363	74-6001530	state Agency	17,500				Historic Documentation Program, Symphony Support
St Anthony Catholic Church3818 CR 61 Robstown, TX 783805737	74-1483603	501 (c) (3)	11,000				Program Support
American Cancer Society4101 S Alameda Corpus Christi, TX 78411	13-1788491	501 (c) (3)	7,500				Program Support
Nueces County Dept of Human Services901 Leopard St Rm 302 Corpus Christi, TX 78401	74-6000585	State Agency	10,000				Elderly Program Support
Corpus Christi ISD PO Box 110 Corpus Christi, TX 78403	74-6000581	State Agency	10,000				Educational support
Texas A & M University- Kingsville Foundation IncPO Box 2202 Kingsville, TX 78363	23-7166534	501 (c) (3)	7,500				Javelina Camp
Peewee's Pet Adoption World 1307 Saratoga Corpus Christi, TX 78417	74-2746680	501 (c) (3)	9,932				General Program Support
Island Presbyterian Church14031 Fortuna Bay Drive Corpus Christi, TX 78418	74-2781786	501 (c) (3)	10,006				General Program Support
University of Iowa FoundationPO Box 4550 Iowa City, IA 522444550	42-0796760	501 (c) (3)	8,000				College of Medicine

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
Coastal Bend Community Foundation

Employer identification number
74-2190039

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Joe Henkel	Director	43,000	Purchased CD at Kleberg Bank		No

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
Coastal Bend Community Foundation

Employer identification number
74-2190039

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	10	2,127,671	Stock Market Quotation
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				
Mineral				
25 Other ► (Interests)	X	4	4	Fair Market Value
Note				
26 Other ► (Receivable)	X	2	6,211	Fair Market Value
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

	Yes	No
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?	30a	No
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?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

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.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	Part 1, column b The number of contributions for gifts of securities is the number of gifts by gift date without regard to the quantity of stock certificates or other securities For all other types of property the number of gifts is the quatity of items received

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Coastal Bend Community Foundation

Employer identification number

74-2190039

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Chairman of Board is parent to one of the Directors
	Form 990, Part VI, Section B, line 11	Draft input for the Form 990 is prepared by the Director of Finance for review and approval by the President/CEO. That information is then provided to our tax preparer for input to the form. A draft copy of that form is then provided to staff for review. Staff then presents it to the Board's Executive Committee for review and discussion. Upon adoption by the Executive Committee, it is then presented to the full Board of Directors for review and approval.
	Form 990, Part VI, Section B, line 12c	Annually, staff provides copies of the foundation's conflict of interest policy to all Board members. For new Board members, the policy is presented and discussed during their orientation briefing. After review, all Board members sign and submit to the President a certification of compliance with the policy, noting any potential conflicts they may have, if any. During committee meetings, Board members are asked to identify any potential conflicts of interest if they arise and those are dealt with by the committee chairman at that time.
	Form 990, Part VI, Section B, line 15	The Board Chairman is annually provided with a compensation history for the CEO. He is also provided with a performance evaluation form to complete for the CEO as well as the most recent salary comparability data available from independent sources, like the Council on Foundations. These documents are used by the Chairman to review the CEO's performance with the Executive Committee (in executive session) and to determine a compensation amount for the CEO for that year. For key employees, the process is similar except that the independent review official is the CEO. He uses comparable salary information provided by the independent Council on Foundations as well as performance appraisal information to make salary adjustment determinations. The latter are proposed by the CEO and approval, in turn, by the Finance Committee, the Executive Committee and the full Board of Directors as part of the annual budget determination.
	Form 990, Part VI, Section C, line 19	Governing documents, conflict of interest policy and financial statements are available to the public upon request. Financial statements are also published in the foundation's annual report, which is available online.
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -976,942. Change in Agency Endowment Funds -98,755. Total to Form 990, Part XI, Line 5 -1,075,697.
Review by Audit Committee	Form 990, Part XII, line 3c	There has been no change since 2010.

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

2011

Open to Public Inspection

Name of the organization
Coastal Bend Community Foundation

Employer identification number
74-2190039

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on 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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

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

Part IV

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

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

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)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation
Primary Activity	Line 1, Line 2 and Line 3	Line 1 Duff & Phelps Real Estate Securities Trust's primary activity is investing primarily in real estate investment trusts for the investment objective of capital appreciation and income Line 2 Kayne Anderson MLP Fund, LP's primary activity is investing in the marketable securities of issuers of energy-related master limited partnerships, MLP affiliates, and other midstream or infrastructure energy companies, particularly those participating in the business of operating oil and gas pipelines, terminals and storage facilities The investment objective is to provide high reurns with capital preservation Line 3 Barrow, Hanley, Mewhinney & Strauss Core Fixed Income Fund's primary activity is investing in stocks, bonds and any other securities The investment objective is income