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DLN: 93493133043533

Form **990**

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

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

		e Selvice	<u> </u>					Inspection
			endar year, or tax year beginning C Name of organization	01-01-2012 , 2012, and ending 12-	31-2012	D Emplo	ver ider	ntification number
_		applicable hange	COFFEYVILLE AREA COMMUNITY FOU	NDATION INC			65700	
┌ Na		-	Doing Business As				03/00	,
┌ Init	ıal retu	nw	Number and street (or P.O. hov if ma	all is not delivered to street address) Room/:	cuite			
Tei	mınate	ed	P O Box 635	in is not delivered to street address; Room,	suite	E Telepho		
L Am	ended	return	City or town, state or country, and Z			(620)	251-4	769
		n pending	Coffeyville, KS 67337			G Gross r	acounte d	1,085,048
		. ,	F Name and address of princ	cipal officer	H(a) 1	s this a group		
			Mark Muller			affiliates?	return	⊤Yes ▽ No
			505 Tyler Coffeyville,KS 67337		Ш			E V E N
					l l			ded?
I Ta	x-exer	mpt status	▼ 501(c)(3)	nsert no) 4947(a)(1) or 527				
J W	ebsit	e:► coff	feyvillefoundation org		H(c)	Group exempt	ion nun	nber ►
 К For	n of o	rganization	Corporation Trust Association	Other ►	L Year	of formation 20	01 M	State of legal domicile KS
	rt I	_	mary	,				
	1	Briefly de	escribe the organization's mission	n or most significant activities				
			ve the quality of life for the citize					
ပို								
룓								
E S	2	Check th	is box 🛏 if the organization dis	continued its operations or disposed	of more th	nan 25% of its	net as	sets
Governance								•
න් ග්				ng body (Part VI, line 1a)			3	8
Activities &				f the governing body (Part VI, line 1)			4	8
톴				alendar year 2012 (Part V, line 2a)			5 6	2 50
đ			·	ort VIII, column (C), line 12			7a	0
	1			om Form 990-T, line 34			7b	0
						Prior Year	1	Current Year
	8	Contri	butions and grants (Part VIII, lin	e1h)	. 🗀	131,1	.69	218,155
횰	9			ne 2g)		,	0	0
Rayenue	10			(A), lines 3, 4, and 7d)		123,9	941	195,113
益	11	Other	revenue (Part VIII, column (A), l	ınes 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12			(must equal Part VIII, column (A), lı	ne	255,1	1.0	413,268
	13			IX, column (A), lines 1–3)		157,3	_	159,737
	14			<pre>(, column (A), line 4)</pre>		157,5	0	0
	15			e benefits (Part IX, column (A), lines				
\$		5-10)				59,2	208	64,324
Expenses	16a	Profes	sional fundraising fees (Part IX, o	column (A), line 11e)	•		0	0
置	Ь		ndraising expenses (Part IX, column (D)	,				
	17			nes 11a-11d, 11f-24e)		54,1		61,907
	18			t equal Part IX, column (A), line 25)		270,7		285,968
_ 07	19	Reven	ue less expenses. Subtract line 1	.8 from line 12		-15,6		127,300
8 ⊕					Begi	nning of Curre Year		End of Year
Not Assets or Fund Balances	20	Totala	assets (Part X, line 16)			4,047,7	32	4,148,854
A PE	21					157,7	13	160,225
žZ	22	Net as	sets or fund balances Subtract I	ıne 21 from lıne 20		3,890,0	19	3,988,629
Pa	rt II	Sign	ature Block					
my k	nowle arer h	dge and l	pelief, it is true, correct, and com	mined this return, including accompa plete Declaration of preparer (other				
Her		Larry	Fischer Treasurer					
			or print name and title					
		Р	rınt/Type preparer's name	Preparer's signature	Date	Check If	PTIN	
Paid			ırm's name 🕨			self-employed Firm's EIN 🟲		_
	pare					Dha		
Use	On	ılv F	ım's address 🟲			Phone no		

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

┌Yes ┌No

Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	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	3		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? <i>If</i> "Yes," complete Schedule C, Part II	4		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	5		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	6	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? <i>If</i> "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		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	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		N o
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

			Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3		1 65	144
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
F-	Manatha announce to a newty to a number to the day of allow two neathern at any time a discuss of the tay year	F-		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		N
		5b		I IN
С	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 as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	 7a	Yes	
	services provided to the payor?	7u 7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	-	165	
_	file Form 8282?	7 c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
а	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	-54		_
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
				l
c	Enter the amount of reserves on hand			

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.

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	re Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
L0a				No
LOa b	Did the organization have local chapters, branches, or affiliates?	10a		No
LOa b L1a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
LOa b L1a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No No
LOa b L1a b L2a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No No

- List the States with which a copy of this Form 990 is required to be filed
- 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
 - Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Janie Devore Gillis 1314 West 11th Suite A Coffeyville, KS (620) 251-4769

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Dickie Rolls	1	х						0	0	(
N/A (2) Beth Littlebear N/A	5	Х						0	0	(
(3) Renee Sharpe N/A	5	Х						0	0	(
(4) Ann Marie Vannoster	1	х						0	0	(
(5) Mark Muller	4 00			х				0	0	(
President (6) Fawn Lin	3			х				0	0	(
Secretary (7) Larry Fischer	16			х				13,800	0	
Treasurer (8) Debbie Allen	15			х				0	0	1
Vice President (9) Janie Devore Gillis	44				х			41,750	0	
Executive Director (10) Marci Roberts Program Director	25				х			18,000	0	(
Flogram Director										
_										

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

	(A) Name and Title A verage hours per week (list any hours and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				<u> </u>	(D) Reporta compens from t	able atıon he	(E) Reportable compensation from related		(F) Estima mount of	other ation			
		any hours for related organizations below dotted line)	or director	d Institutional Trustee			e Highest compensated	Former	organizati 2/1099-M		organizations (W 2/1099-MISC)	no	from t rganızatı relate organıza	on and ed
1b	Sub-Total							Þ						
C	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
d	Total (add lines 1b and 1c) .							•		73,550		0		0
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received	more th	an			
3	Did the organization list any f o								, or highest	compen	sated employee		Yes	No
4	on line 1a? If "Yes," complete S For any individual listed on line organization and related organ	e 1a, is the sum	of repo	rtabl	есо	mpei	nsatıo	n an				3		N o
5	ındıvıdual				•	•		•				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? If "Yes," complete Schedule J for such person											5		No_	
Se	ction B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												tax vear	
		(A) lame and business	-		101		· urcira	a, , c	Lar chang w		(B) cription of services		(C Comper	
												+		

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 $\blacktriangleright 0$

Form 99								Page 9
Part \	ЛΠ		o f Revenue ule O contains a respoi	nse to any question i	n this Part VIII .			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
के क	1a	Federated cam	paigns 1a	0				
ani	ь	Membership du	ıes 1b	0				
يَّ ق	С	Fundraising eve	ents 1c	0				
ffs, ⊏ A	d	Related organiz	zations 1d	0				
5	e	Government grants		0				
ms Sin				210.155				
	f	similar amounts no	ons, gifts, grants, and 1f ot included above	218,155				
를 돌	g	Noncash contribution	ons included in lines	32,665	İ	İ		İ
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f		218,155			
				Business Code				
Program Service Revenue	2a			Business code				
exe Se Xe	Ь							
ě. E	c							
7	d							
Ä	e							
튵	f	All other progra	am service revenue					
Š		T-4-1 A dd l	- 2- 25					
	3		s 2a-2f		0			
			ar amounts)		137,244	0	0	137,244
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0	0	0	
	5	Royalties			0	0	0	0
		C	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
	-	expenses Rental income	0	0				
	C	or (loss)						
	d	Net rental inco	me or (loss)	· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount	(ı) Securities	(II) Other				
	'"	from sales of assets other	729,649	o				
		than inventory						
	Ь	Less cost or other basis and	671,780	o				
	c	sales expenses Gaın or (loss)	57,869	0				
	d	Net gain or (los	ss)		57,869	o	0	57,869
	8a	Gross income f						
Other Revenue		events (not inc \$	luding 0					
कें >		of contributions	reported on line 1c)					
æ		See Part IV, lin	ne 18 a					
her	ь	Less directex	penses b					
₹	c		(loss) from fundraising	events 🛌				
	9a		rom gaming activities				'	
		See Part IV, lin	ne 19 a					
	ь	less directev	penses b					
	c		(loss) from gaming acti	vities				
		Gross sales of	inventory, less	-				
		returns and allo						
	ь	less cost of -	a oods sold b					
			(loss) from sales of inv	entory 🛌				
		Miscellaneous		Business Code				
	11a							
	ь		_					
	С		_					
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	0			
	12	Total revenue.	See Instructions .	🕨		2	•	105 113
	1				413,268	0	0	195,113

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	rt IX T			· · · · · · · · · · · · · · · · · · ·
	ot include amounts reported on lines 6b, o, 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	159,737	159,737		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	41,751	6,263	16,700	18,788
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	18,000	4,500	9,000	4,500
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,573	824	1,967	1,782
11	Fees for services (non-employees)				
а	Management	1,000	250	500	250
b	Legal				_
c	Accounting	17,450	5,235	8,725	3,490
d	Lobbying				_
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	14,477	10,858	3,619	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	2,523	631	1,261	631
12	Schedule O)	621	155	1,261	311
		621	155	155	311
13	Office expenses	0.504	2.146	4 202	2.146
14	Information technology	8,584	2,146	4,292	2,146
15	Royalties				
16	Occupancy				
17	Travel	396	99	99	198
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,461	365	365	731
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above (List	1,528	382	764	382
	miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Rents & Utilities	10,489	3,147	2,622	4,720
b	Mailing Expense	428	214	107	107
c	Telephone	1,325	663	331	331
d	Dues & Subs	900	225	450	225
e	All other expenses	725	181	255	289
25	Total functional expenses. Add lines 1 through 24e	285,968	195,875	51,212	38,881
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing		1	-
	2	Savings and temporary cash investments	590,784	2	435,244
	3	Pledges and grants receivable, net	18,640	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		_	
sts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
₹.	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	509	9	496
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a	300	-	400
	Ь	Less accumulated depreciation	ا،	10c	
	11	Investments—publicly traded securities	3,240,104	11	3,523,314
	12	Investments—other securities See Part IV, line 11	180,907	12	185.973
	13	Investments—program-related See Part IV, line 11	1.55,551	13	
	14	Intangible assets		14	
	15		16,788		3,827
	1	Other assets See Part IV, line 11	4,047,732		4,148,854
	16	Total assets. Add lines 1 through 15 (must equal line 34)	, ,		
	17	Accounts payable and accrued expenses	1,454		1,355
	18	Grants payable	2,793	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.</u>		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	153,466	25	158,870
	26	D	157,713	26	160,225
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete	107,710	20	100,220
У		lines 27 through 29, and lines 33 and 34.			
달	27	Unrestricted net assets	299,026	27	241,014
<u>≅</u>	28	Temporarily restricted net assets	273,581	28	369,681
	29	Permanently restricted net assets	3,317,412	29	3,377,934
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	, ,		<u> </u>
	30	Capital stock or trust principal, or current funds		30	
Ď.	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
ğ	33	Total net assets or fund balances	3,890,019	33	3,988,629
Z	34	Total liabilities and net assets/fund balances	4,047,732	34	4,148,854

Par	Reconcilliation 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		4	113,268
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	285,968
3	Revenue less expenses Subtract line 2 from line 1	3		1	127,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,8	390,019
5	Net unrealized gains (losses) on investments	5			-23,287
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-5,403
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3.0	988,629
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990				
•	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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ו			
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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		

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As Filed Data -

DLN: 93493133043533

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

COFFEYVILLE AREA COMMUNITY FOUNDATION INC

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.

Inspection

			Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
	rt I									nstruction	ıs.			
Γhe	organı		•	e foundation becaus	•			•	•					
1	Γ	A churc	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170((b)(1)(A)(i).					
2	Γ	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedu	ıle E)							
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1	.)(A)(iii).					
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se	ection 170(b)((1)(A)(iii).	. Enter the			
				ty, and state										
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	or universit	ty owned or o	perated by	a governmen	tal unit des	scribed 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	<u>~</u>	_		at normally receives		•	support from	a governm	ental unit or f	rom the ge	neral public			
_	_			n 170(b)(1)(A)(vi).										
8	<u> </u>		-	described in section			-	-	h	h				
9	1	_		at normally receives					•	-				
		· ·		ities related to its ex	•	=		-						
		•		oss investment inco				•		tax) from I	ousinesses			
	_	•	,	janization after June	•			•	•					
10	<u> </u>	_		ganized and operated										
11	ı	one or	more public	ganized and operated ly supported organiz	ations descr	ıbed ın secti	on 509(a)(1)) or section	509(a)(2) S					
				bes the type of supp						-				
	_			b	* *		=				· -			
е	ı	,	_	ox, I certify that the on managers and otl	-		,		, ,		•			
			1509(a)(2)	on managers and oc	ner than one	or more pub	mery support	ca organiza	acionis deserib	cu iii secti	011 50 5 (4)(1) 01			
f		If the o	rganization	received a written de	etermination	from the IR	S that it is a	Type I, Typ	oe II, or Type	III suppo	rtıng organızatıon,			
			this box			_		_			Г			
g				2006, has the organi	ızatıon accep	oted any gift	or contributi	on from any	y of the					
			ng persons? erson who di	rectly or indirectly o	controls eith	eralone ort	ogether with	nersons de	escribed in (ii	١	Yes No			
				governing body of th	•		•	persons de	ssembed in (ii)	· .—	lg(i)			
				er of a person descri		_					g(ii)			
							ahaya?							
h		• •	(iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s)											
"		FIOVIDE	the following	ig illiormation about	the supporte	eu organizati								
•	i) Nan		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is		(vii) A mount of			
	suppoi			organization	organizati		the organiz		organizat		monetary			
0	rganiz	ation		(described on lines 1- 9 above	col (i) list		ın col (i) o	•	col (i) org		support			
		lines 1- 9 above your governing support? in the U.S.? or IRC section document?								J'				
		(see												
				instructions))	Yes	No	Yes	No	Yes	No	\dashv			
					163	140	1 63	140	1 63	140	+			
							-			+				

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,405,060 24,694 195,069 131,169 218,155 1,974,147 include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,405,060 24,694 195,069 131,169 218,155 1,974,147 4 Total. Add lines 1 through 3 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 **Public support.** Subtract line 5 from 1,974,147 line 4 Section B. Total Support Calendar year (or fiscal year beginning **(b)** 2009 (a) 2008 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1,405,060 24,694 195,069 131,169 218,155 1,974,147 Amounts from line 4 Gross income from interest, dividends, payments received on 52,767 62,536 62,837 127,015 137,244 442,399 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 2,416,546 through 10) **12** Gross receipts from related activities, etc (see instructions) 12 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 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 81 693 % Public support percentage for 2011 Schedule A, Part II, line 14 15 85 910 % 16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. 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 - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493133043533

Inspection

OMB No 1545-0047

SCHEDULE D (Form 990)

3

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Supplemental Financial Statements

Name of the organization COFFEYVILLE AREA COMMUNITY FOUNDATION INC 31-1765700

Employer identification number

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 0 Total number at end of year 22 116,577 0 Aggregate contributions to (during year) Aggregate grants from (during year) 91,442 0 0 Aggregate value at end of year 2,276,958 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space

- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year
- Total number of conservation easements Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲
- Number of states where property subject to conservation easement is located **\(\mathbb{F}_{\top}\)**
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)?
- In Part XIII, 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.

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

2a

2b

2c

Par	t III Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Treasi	ures, or C)the	<u>r Similar A</u>	ssets	<i>(coi</i>	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of the fol	llowing that	are a	sıgnıfıcant us	e of its	5	
а	Public exhibition		d	Γ	Loan or exc	change prog	rams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y further the	organızatıoı	n's ex	empt purpose	ın		
5	During the year, did the organization solicit							ılar	_		_
	assets to be sold to raise funds rather than t								Γ Y∈	<u></u>	│ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answere	ed "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					or other ass	sets r	not	┌ Ye	: S	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follov	ving t	able	г					
_						}		A	mount	<u>:</u>	
C	Beginning balance					}	1c				
d	Additions during the year					}	1d			—	
e	Distributions during the year					}	1e				
f	Ending balance					L	1 f		_		
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						ΓY€	25	□ No
_ь	If "Yes," explain the arrangement in Part XII										J
Pa	ert V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year 3,433,956	(D)	Prior y 3.	446,894	3,351,069		hree years back 2,992,394			ars back 2,520,809
b	Contributions	60,100			47,739	20,63	-	9,350			1,117,224
c	Net investment earnings, gains, and losses				,		+				-,,
		144,755			46,327	270,012	+	446,782			-595,260
d	Grants or scholarships	101,540			58,213	19,52	2	60,850			16,104
е	Other expenditures for facilities and programs	795			2,225	129,300		7,004			9,517
f	Administrative expenses	43,942			46,566	45,99	8	29,603			24,758
g	End of year balance	3,492,534		3,	433,956	3,446,89	4	3,351,069			2,992,394
2	Provide the estimated percentage of the cur	rent vear end balan	ce (lın	e 1a	. column (a))	held as					
а	Board designated or quasi-endowment	4 55 %			,						
b	Permanent endowment ► 95 45 %										
c) %									
	The percentages in lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		ation	that	are held and	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations								(i)		No
	(ii) related organizations								(ii)		No
b	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	•					•		Bb		
4	rt VI Land, Buildings, and Equipme										
ГG	Description of property	ent. See ronn 53	70, FE	Τ (a) Cost or othe		r other	(c) Accumula	ted	(d) Bo	ook value
				ba	asis (investmen			depreciatio		-	
	Land			+							
	Buildings			\vdash							
	Leasehold improvements								\dashv		
	Equipment								\dashv		
	Other			\vdash					\dashv		
	al. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	ımn (B), line 10(c).	.)		🕨			
	,	· · · · · · · · · · · · · · · · · · ·						Schedule	D (Foi	rm 99	90) 2012

Part VII Investments—Other Securities. Securities.	e Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line :	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
	المما	
Part IX Other Assets. See Form 990, Part X,	ime 15.	
Part IX Other Assets. See Form 990, Part X, (a) Desc		(b) Book value
	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	ription	
Total. (Column (b) must equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part (a) Description of liability	ription	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part (a) Description of liability	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Funds Held for Others	15.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part 1 (a) Description of liability Federal income taxes Funds Held for Others	15.)	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	381,177
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII) 2d 0	1	
e	Add lines 2a through 2d	2e	-20,475
3	Subtract line 2e from line 1	3	401,652
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 0		
b	Other (Describe in Part XIII) 4b 11,616	1	
С	Add lines 4a and 4b	4c	11,616
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	413,268
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	282,567
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	282,567
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 0		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	3,401
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	285,968

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
SchD_P05_S00_L04	, ,	To improve the quality of life for the citizens of the Coffeyville Area
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	Fund held for others
SchD_P12_S00_L04b	, ,	Funds held for Others administrative cost and expense adjustment

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COFFEYVILLE AREA COMMUNITY FOUNDATION INC

Data - I

Schedule I (Form 990)

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

OMB No 1545-0047

Employer identification number

31-1765700

2012

DLN: 93493133043533

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Attach to Form 990

Inspection

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part II Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) A mount of non-(f) Method of **(b)** EIN (c) IRC Code section (d) Amount of cash (g) Description of (h) Purpose of grant (a) Name and address of organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) (1) American Ramp Co 35-2353308 8,000 Development of a skate park facility for Coffeyville Kids 48-0698570 5,194 Scholarships and (2) Coffeyville Community Theatre productions College 400 West 11th Coffeyvile, KS 67337 (3) Coffeyville Friends of 26-1804726 Expenses for the 22,200 Animals operation of a P O Box 1654 comunity animal Coffeyville, KS 67337 shelter (4) CRMC Foundation 48-0981990 16,247 Assist in purchase of 1400West 4th a Pediatric glidescope Coffeyville, KS 67337 and other medical equipment for the community hospital (5) Dalton Defenders Day 31-1765700 13,409 To assist in the P O Box 655 promotions of the Coffeyville, KS 67337 Dalton Defenders day honoring the event that local citizens defended the community against the Daltons gangs attempt to rob 2 Coffeyville banks (6) Just Say Yes 27-0005595 Provide seminars for 15,335 P O Box 670863 the high school Dallas, TX 75367 student on living a better life style without drugs bullying and other facits occuring at high schools (7) USD 445 48-0698616 11,883 Assist in fit for kids 615 Ellis programs at the Jerry Coffeyville, KS 67337 Hamm learning center building Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

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

1

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

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	A grant expenditure report is given to each recipient (other than scholarships) to be completed and returned to the Foundation office

Schedule I (Form 990) 2012

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DLN: 93493133043533

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization COFFEYVILLE AREA COMMUNITY FOUNDATION INC

Employer identification number

31-1765700

Pa	rt I Types of Property				31 1703700			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art			- 3				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	424	32,665	Market Value			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
14	Oualified 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							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	Other ▶()							
	Other ▶()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization complete.				29		Yes	0 No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it		1 63	140
Jou	must hold for at least three year							
	for exempt purposes for the enti				a to be useu	20-		No
L	If "Yes," describe the arrangement					30a		110
31	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	ioncasn	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	an amount	ın column (c) for a type of	property for which column (a) is checked,			
	describe in Part II							

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493133043533

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.

2012
Open to Public Inspection

Name of the organization COFFEYVILLE AREA COMMUNITY FOUNDATION INC	Employer identifi	cation number
	31-1765700	

ldentifier	Return Reference	Explanation
F990_P04_S00_L38	Form 990, Part IV, Line 38	The 990 was prepared by the foundation treasurer and reviewed by a member of the finance committee and the foundation staff prior to mailing. Due to filing by the due date the board of trustee will have a copy to review at the first meeting after the filing of the return by the due date
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	A member of the finance committee and the foundation staff will review the 990 prior to mailing
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The Executive Director will periodically review the policies for compliance
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The executive director's salary is recommended by the individual preparing the annual budget and the board of trustee's take final action at the time of approval of the foundation budget for the year
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The governing documents, conflict of interest policy, and financial statements are made availble at the foundation office upon request from the party seeking the information. The request may be written or oral
F990_P11_S00_L09	Form 990, Part XI, Line 9	Funds held for others