

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

SCANNED NOV 2 6 2013

Department of the Treasury Internal Revenue Service	Note The foundation m	i reated as a Priva ay be able to use a copy of t			requirements	Open to Public Inspection
For calendar year 201	2 or tax year beginning	1	1/15 ,2012	, and ending		12/31, 2012
Name of foundation					A Employer ident	dification number
KNAPP COMMUNIT	Y CARE FOUNDATION				46-15911	68
Number and street (or P C	box number if mail is not delivere	ed to street address)		Room/suite	1	nber (see instructions)
					(9	56) 968-5402
2300 W. PIKE B	 			L		
City or town, state, and ZIP	code					. —
					pending, check he	ication is
WESLACO, TX 78					-	·
G Check all that apply			of a former p	oublic charity	D 1 Foreign organi	·
	Final return	Amended re				zations meeting the k here and attach
	Address change	Name chang				▶ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
	nization X Section 501				E If private foundate	tion status was terminated
	nonexempt charitable trust	Other taxable p			under section 507	(b)(1)(A), check here
I Fair market value of		ounting method X C		crual	1	is in a 60-month termination
of year (from Part II,	col (c), line	Other (specify)			under section 507	(b)(1)(B), check here
16) ▶ \$, column (d) must be or	i casii dasis)		1	(d) Disbursements
	evenue and Expenses (The in columns (b), (c), and (d)	(a) revenue una	(b) Net inve		(c) Adjusted net	for charitable
may not necessa	anly equal the amounts in	expenses per books	incon	ne	ıncome	purposes
column (a) (see i		 				(cash basis only)
	ants, etc., received (attach schedule). the foundation is not required to					
2 Check ▶ L att	ach Sch B		 			
1	and temporary cash investments				· · ·	
	terest from securities			-		
	or (loss)					
b Gross sales pnce for assets on line 6a Capital gain net	rom sale of assets not on line 10 or all				·	
assets on line 6a						
7 Capital gain net	income (from Part IV, line 2) .	`				
	apital gain					· · ·
10 a Gross sales less retu	ıms İ	+				
and allowances • • b Less Cost of goods						<u> </u>
=	oss) (attach schedule)	†				
	ttach schedule)					
	1 through 11	1 /)			
	fficers, directors, trustees, etc		× -			
44 Other employee	salaries and wages					
	mployee benefits					
16 a Legal fees (attack	n schedule)					
b Accounting-fees	(attach schedule)					
c Other profession	al fees (attach schedule)					
17 Interest	ECEIVED					
18 Taxes (ettach sched	fule) (see instructions)					
E 19 Depreciation (et)	ach schedujej and depletion.					
20 Occupancy						
	ces, and meetings					
22 Printing and pub	licationsV					
21 Travel, conference 22 Printing and pub 23 Other expenses 24 Total operating Add lines 13 thro			<u> </u>			
24 Total operating	and administrative expenses					
Add lines 13 thro	ough 23		 			
	fts, grants paid					
26 Total expenses and d	sbursements Add lines 24 and 25	(1			
27 Subtract line 26	from line 12		_			
	er expenses and disbursements		1			
	income (if negative, enter -0-)		ļ	0		
	ome (if negative, enter -0-)		L			Form 990-PF (2012)

Part II 1

13 14

21

23

Liabilities 20

90-1	F (2012) KNAPP COMMUNITY CARE			6-1591168 Page
IJ	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year (a) Book Value	(b) Book Value	of year (c) Fair Market Value
_	amounts only (See instructions)	(a) BOOK Value	(b) Book value	(c) Fall Ivial Ret Value
	Cash - non-interest-bearing		<u></u>	
	Savings and temporary cash investments			
	Accounts receivable		-	-
l	ess allowance for doubtful accounts			
	Pledges receivable			-
	ess allowance for doubtful accounts			
	Grants receivable			
	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
	Other notes and loans receivable (attach schedule)	-	-	
	.ess allowance for doubtful accounts ▶			
	nventories for sale or use			
	Prepaid expenses and deferred charges	1		
	nvestments - U S and state government obligations (attach schedule)			
)	nvestments - corporate stock (attach schedule)			1
	nvestments - corporate bonds (attach schedule)			
	Investments - land, buildings, and equipment basis Less accumulated depreciation lattach schedule)			-
	nvestments - mortgage loans			
	nvestments - other (attach schedule) and, buildings, and equipment basis	_		
	Less accumulated depreciation attach schedule) Other assets (describe			
	Total assets (to be completed by all filers - see the			
	nstructions Also, see page 1, item I)	o	1	d
	Accounts payable and accrued expenses			
				, ,
	Grants payable			† .
	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	1
	Loans from officers, directors, trustees, and other disqualified persons			-
	Mortgages and other notes payable (attach schedule)			1
	Other liabilities (describe			+
	Total liabilities (add lines 17 through 22)	o	ı	d
	Total liabilities (add lines 17 through 22)	<u> </u>		7
	Foundations that follow SFAS 117, check here Land and complete lines 24 through 26 and lines 30 and 31.			
	Unrestricted			
	Temporarily restricted			-
	Permanently restricted			4
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	Capital stock, trust principal, or current funds			4
	Paid-in or capital surplus, or land, bldg , and equipment fund			4
	Retained earnings, accumulated income, endowment, or other funds			
	Total net assets or fund balances (see instructions)	0		<u>9</u>
	Total liabilities and net assets/fund balances (see	0		0

Part III 1 Total n end-of-year figure reported on prior year's return) 2 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 3 4 Add lines 1, 2, and 3 4 5 5 Decreases not included in line 2 (itemize) ▶_ 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30. 6

_	m 990-PF (2012)					Page 3
2	art IV Capital Gains	and Losses for Tax on Inv	estment income	(b) How	(a) Data	
	(a) List and	acquired P - Purchase	(c) Date acquired	(d) Date sold		
	2-story br	D - Donation	(mo, day, yr)	(mo , day, yr)		
<u>1a</u>				ļ <u>.</u>		
þ						L
C						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a						
b						
c					•	· -
d						
_ <u>~</u>						
_		showing gain in column (h) and owne	ed by the foundation on 12/31/69	//\	Gains (Col (h) g	ain miniis
		(j) Adjusted basis	(k) Excess of col (ı)		(k), but not less	
_	(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any	ļ 	Losses (from co	
<u>a</u>					-	
<u>b</u>			<u> </u>			
_ <u>c</u>						
<u>_d</u>						
<u>e</u>				<u> </u>		
2	Capital gain net income or	(not conital lace)	gain, also enter in Part I, line 7			
		, i	(loss), enter -0- in Part I, line 7	2	.	
		or (loss) as defined in sections 1:				
	•	t I, line 8, column (c) (see inst				
	Part I, line 8		 	3		
			duced Tax on Net Investment I			
(F	or optional use by domestic	c private foundations subject to th	ie section 4940(a) tax on net investi	ment inco	me)	
If s	section 4940(d)(2) applies,	leave this part blank NOT	I AVAILABLE FOR INITIAL	YEAR R	ETURNS	
						
			butable amount of any year in the b	ase perio	d?	Yes No
		not qualify under section 4940(e)				
1	Enter the appropriate am-	ount in each column for each yea	r, see the instructions before making	any entr	ies	
	(a)	(b)	(c)		(d) Distribution r	atio
c	Base period years alendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2011					
_	2010					
_	2009					
_	2008					
_	2007			<u> </u>		
2	Total of line 1 column (d)	1		2		
3	Average distribution ratio	for the 5-year base period - divid	e the total on line 2 by 5, or by the			
3			s than 5 years	3		
	number of years the roun	dation has been in existence in les	5 man 5 years		-	
	Fatan tha mat walking of man		nm Dart V line F	4		
4	Enter the net value of nor	ichantable-use assets for 2012 in	om Part X, line 5			
_				_		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		<u> </u>
7	Add lines 5 and 6			7		
				"		
8	Enter qualifying distribution	ons from Part XII, line 4		8		
	If line 8 is equal to or gr Part VI instructions	eater than line 7, check the box	in Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate See the
	i art vi manacionolia					

KNAPP COMMUNITY CARE FOUNDATION

Page 4

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see if	istruc	tions	<u>) </u>
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter If necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2	_		0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			0
6	Credits/Payments			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a			ì
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld	-		0
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Dec	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
ıa	or intervene in any political campaign?	1a	100	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	· · ·		
U	definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities			l .
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ►\$ (2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$	-		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,			,,
	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Λ.
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1		
	By language in the governing instrument, or Described to a selection of the description of the selection of the selecti			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict the state legislation that effectively amends the governing instrument so that no mandatory directions that the state legislation that the state leg	6		Х
-	with the state law remain in the governing instrument?	7		X
7				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	86		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete			1
	Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10		Х
		om 99	A DE	(2012)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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

_	990-PF (2012) Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employe	Page
	and Contractors (continued)	.03,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
Tot	Il number of others receiving over \$50,000 for professional services	
Pa	t IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	5
or	anizations and other beneficianes served, conferences convened, research papers produced, etc	Expenses
1	N/A	
2		
3		
J		
4		
_		
	t IX-B Summary of Program-Related Investments (see instructions)	Amount
1	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE	Amount
•	NOTE:	
2		
	other reason related mustimate Con relations	
	other program-related investments. See instructions	
3	NONE	
Tot	al. Add lines 1 through 3	
		Form 990 PE /20

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part Fore see instructions.)	ign foundations,	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d		1d	0
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3	Subtract line 2 from line 1d	3	
4	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		
		I I	
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5		0
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here ▶ and do not complete this	part)	
1	Minimum investment return from Part X, line 6	1	
	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI) 2b	1	
C	Add lines 2a and 2b	7 2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	1 - 1	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0
-	Note The amount on line 6 will be used in Port V column (b) in subsequent years when ca		r the foundation

qualifies for the section 4940(e) reduction of tax in those years.

1168	
	Page 9
(d) 2012	
2012	
	,
	
	r
	;
	F
	ŧ
	
	1
	;
	
	:
	t t

	1 990-PF (2012)				Page 9
Pa	rt XIII Undistributed Income (see instru	uctions)			
1	Distributable amount for 2012 from Part XI,	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
2 a	Undistributed income, if any, as of the end of 2012 Enter amount for 2011 only				,
b	Total for prior years 20 10 ,20 09 ,20 08				
3	Excess distributions carryover, if any, to 2012				
а	From 2007				,
b	From 2008				
С	From 2009				,
d	From 2010	•			:
е	From 2011	-			· ·
f	Total of lines 3a through e				<u> </u>
4	Qualifying distributions for 2012 from Part XII,				,
	line 4 ▶ \$,
а	Applied to 2011, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)		·		
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2012 distributable amount				-
	Remaining amount distributed out of corpus				· · · · · · · · · · · · · · · · · · ·
5	Excess distributions carryover applied to 2012		,		
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as			`	
а	indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5	m m m			
	Prior years' undistributed income Subtract				4
	line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				:
d	Subtract line 6c from line 6b Taxable amount - see instructions				
е	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				:
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
a	Excess from 2008				
b	Excess from 2009				
c	Excess from 2010				
d	Excess from 2011				
_e	Excess from 2012				

JSA 2F1490 1 0

Page 11

	990-PF (2012)				Page 11
Pai	rt XV Supplementary Information (continued)			
3	Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	1
	Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (nome or business)	or substantial contributor	recipient		
а	Paid during the year				
		1			
		,			
			1		
	Total	 		▶ 3a	
b	Approved for future payment				
			1		
			1		
		L	1	<u> </u>	
	Total	<u> </u>		3b	<u> </u>

Page **12**

art XVI-	A Analysis of Income-Produ					
nter gross a	amounts unless otherwise indicated	Unrela (a)	ated business income (b)	(c)	y section 512, 513, or 514 (d)	(e) Related or exemp function income
Program	service revenue	Business code	Amount	Exclusion code	Amount	(See instructions
		-		 	-	
	nd contracts from government agencies					····
	hip dues and assessments					
	savings and temporary cash investments			 		
	s and interest from securities					
	financed property					
	ebt-financed property					
	income or (loss) from personal property					
	estment income					
Saın or (lo	ss) from sales of assets other than inventory					
	ne or (loss) from special events					
	ofit or (loss) from sales of inventory					
	enue a			+		
		-				
_				<u> </u>		
,				-		
rt XVI- le No.	Explain below how each activities accomplishment of the foundation	ty for whic	h income is reported	ın column (e) of Part XVI-A contrib	
▼	accomplishment of the foundation	on's exemp	or purposes (other than	by providing	i unos for such purpose	s) (See instruction
		-				
						_
				•		
	***************************************	·				
		- : <u></u>				
						·

Part 2	(VII	Information Re Exempt Organ		ansfers To and T	ransacti	ons and	Relation	ships With Nor	nchar	itable	•
ın	secti	organization direction 501(c) of the Co	ly or indirectly	engage in any of the section 501(c)(3) or	_					Yes	No
	_	ations? ers from the reportin	g foundation t	o a noncharitable exe	empt organi	zation of			-		
		•	-						1a(1)		Х
									1a(2)		Х
		ransactions									
				empt organization					1b(1)		X
				able exempt organizat					1b(2)	$\overline{}$	X
				r assets					1b(3)		X
(5	i) Loa	ins or loan quarantee	es						1b(5)		Х
				hip or fundraising soli							Х
				sts, other assets, or p							Х
				es," complete the fo							
				vices given by the re							
				igement, show in col	 	-					
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt orgai	nization		ription of transf	ers, transactions, and sh	anng arra	ingemei	nts
	+	N/A				N/A					
	+										
	+										
				<u></u>							
											
	_										
											
											
	+										
 											
										•	
de	escrib	•	of the Code (d	ffiliated with, or related the state of the				t organizations	Y	es X] No
		(a) Name of organization		(b) Type of or	ganızatıon		(c) Description of relation	ship		
			<u> </u>								
	Under	nepalties of nepure 1 decla	are that I have even	nned this return, including ac	companying set	edules and s	statements and to	n the hest of my knowler	loe and h	selief it	is trip
Sign	correct	t, and complete Declaration of	preparer (other than	taxpayer) is based on all inform	ation of which p	reparer has an	y knowledge	and best of my knowled	igo ana i	Jener, it	13 (100,
Here	L	end) ela		11/12/	13	PRE	سر تحدید در	- May the if with the p	RS discus		
ileie	Sign	ature of officer or trustee		Date	<u> </u>	Title	700	(see instruction	· —		X No
		•									
Paid		Print/Type preparer's	name	Preparer's signatur	re		Date	Check If	PTIN		
	ror	AMANDA MAYA		14MW1	roya		111112	013 self-employed			7
Prepa			D, LLP	<u>'</u>	0		- ,	Firm's EIN ► 44-0	1602	60	
Use C	nıy	· ·		AK BLVD., STE 3	200	770			00 1	c o o	
		l HO	USTON, TX	`		770	30	Phone no 713-4	99 - 4	bUU	

ATTACHMENT 1

	0	0	0	0	0	0	
	0	0	0	0	0	0	
COMPENSATION	0	0	0	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 5.00	VICE PRESIDENT 5.00	DIRECTOR 5.00	DIRECTOR 5.00	TREASURER 5.00	DIRECTOR 5.00	GRAND TOTALS
NAME AND ADDRESS	JOHN L. LACKEY 2300 W. PIKE BLVD WESLACO, TX 78599-8368	ABRAHAM TANUS 2300 W. PIKE BLVD WESLACO, TX 78599-8368	RUDY SALINAS 2300 W. PIKE BLVD WESLACO, TX 78599-8368	BERTHA SUAREZ 2300 W. PIKE BLVD WESLACO, TX 78599-8368	BRIAN A. HUMPHREYS, JR. 2300 W. PIKE BLVD WESLACO, TX 78599-8368	NORMA MONTALVO 2300 W. PIKE BLVD WESLACO, TX 78599-8368	

Form 8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Mo					X
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868						
a corporation 8868 to req Return for instructions) Part I Au	ling (e-file). You can electronically file Form n required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the tomatic 3-Month Extension of Time. Or n required to file Form 990-T and requesting	nal (not aut forms liste il Benefit (nis form, vis nly submit	tomatic) 3-month extered in Part I or Part II w Contracts, which mus sit www.irs.gov/efile an original (no copies no	nsion of time. You can eleate the exception of Fort to the IRS in the click on e-file for Chant to the IRS.	ectronically film 8870, Infoin paper form ies & Nonprofi	e Form rmation at (see
Part I only .						▶ ∐
All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	Ss, and trusts must use i	Form 7004 to request an e	extension of tin	
to file incom		-4		Enter filer's identifying		tructions
Type or	Name of exempt organization or other filer, see in	structions		Employer identification number (EIN) or		
print	KNAPP COMMUNITY CARE FOUNDATI	ON.		46-1591168		
File by the	Number, street, and room or suite no If a P O bo		ctions	Social security number (SS		
due date for filing your	2300 W. PIKE BLVD	,		Occiai security mumber (Oc	•••	
return See	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions	!		
instructions	WESLACO, TX 78599-8368					
Enter the Re	turn code for the return that this application	is for (file a	separate application for	or each return)	L	0 4
Application		Return	Application		R	eturn
ls For		Code	Is For	· · · · · · · · · · · · · · · · · · ·		ode
	Form 990-EZ	01	Form 990-T (corporat	· · · · · · · · · · · · · · · · · · ·		07
Form 990-BL		02	Form 1041-A			08
Form 4720-		03	Form 4720			09
Form 990-PF		04 05	Form 5227 Form 6069			10
	(sec 401(a) or 408(a) trust) (trust other than above)	06	Form 8870			12
1 01111 930-1	(trust other than above)		1 01117 0070			12
	s are in the care of ► JOHN L. LACKEY • No ► 956 968-5402		FAX No ▶			
	anization does not have an office or place of t			ck this box	_	▶ □
	or a Group Return, enter the organization's for					
for the whole group, check this box						
a list with the names and EINs of all members the extension is for						
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time						
until	08/15 , 20 13 , to file the	exempt org	anization return for the	organization named abo	ove The exten	sion is
	organization's return for					
	calendar year 20 or	5 0013		10/21 0	0 10	
► X	tax year beginning 11/1	<u> </u>	, and ending	12/31,2	0 12	
	ax year entered in line 1 is for less than 12 m hange in accounting period	onths, chec	ck reason X Initial r	eturn Fınal return		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
					3a \$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						_
estimated tax payments made. Include any prior year overpayment allowed as a credit				3Ь \$	0	
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS					_	
(Electronic Federal Tax Payment System) See instructions 3c \$ 0 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions					0	
	are going to make an electronic fund withdrawal ct and Paperwork Reduction Act Notice, see Instr		orm 8868, see Form 8453		payment instruction 8868 (Rev	
	or and rapermois iscauction not isouce, see insti	40UVIIJ.		r	ALL GOOD (KEA	1-2013)

Form 8868 (F	Rev. 1-2013)				Page 2	
	re filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	I and check this box		
	complete Part II if you have already been gra					
	re filing for an Automatic 3-Month Extension,			• • • • • • • • • • • • • • • • • • • •		
Part II	Additional (Not Automatic) 3-Month Ex	xtension c	of Time. Only file the orig	inal (no copies needed).		
		er filer's identifying number, see instructions				
	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or		
Type or						
print	KNAPP COMMUNITY CARE FOUNDAT		46-1591168			
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)	-	
due date for	2300 W. PIKE BLVD					
fillng your return. See	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see Instructions.			
instructions.	WESLACO, TX 78599-8368					
Enter the f	Return code for the return that this application	is for (file a	separate application for ea	ach return)	. 04	
Applicatio		Return	Application Return			
ls For		Code	Is For			
Form 990	or Form 990-EZ	01	- 1	· `~ '		
Form 990-	BL	02	Form 1041-A	08		
Form 4720	0 (individual)	03	Form 4720	09		
Form 990-	PF	04	Form 5227	10		
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990-	T (trust other than above)	06	Form 8870	12		
STOP! Do	not complete Part II if you were not already	granted ar	automatic 3-month exter	sion on a previously filed For	n 8868.	
• The boo	oks are in the care of - JOHN L. LACKEY					
Telepho	one No. ▶ 956 968-5402		AX No. ▶			
	ganization does not have an office or place of	business in	the United States, check the	nis box	▶□	
If this is	for a Group Return, enter the organization's for	ur digit Gro	up Exemption Number (GE	N) . If th		
for the wh	ole group, check this box ▶ 🔲 . If	f it is for pa	irt of the group, check this l	box and att	ach a	
	names and EINs of all members the extension					
4 I requ	uest an additional 3-month extension of time u	ntil	1	1/15 , 20 13 .		
5 For o	alendar year, or other tax year beginni	ing	11/15 , 20 12 , an	d ending 12/31,	20 12	
6 If the	tax year entered in line 5 is for less than 12 m Change in accounting period					
	e in detail why you need the extension ADDIT	IONAL T	IME IS NEEDED TO B	FILE A COMPLETE		
	ACCURATE RETURN.	•				
			· · · · · · · · · · · · · · · · · · ·			
8a If this	s application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative tax, less any	· · · · · · · · · · · · · · · · · · ·	
nonre	efundable credits. See instructions.			8a \$	0	
b If thi	is application is for Form 990-PF, 990-T,	4720, or	6069, enter any refun-			
estim	nated tax payments made. Include any pri	ior year o	verpayment allowed as	a credit and any		
amou	unt paid previously with Form 8868.			8b \$	0	
c Baia	nce Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if require	ed, by using EFTPS		
(Elec	(Electronic Federal Tax Payment System). See instructions.					
	Signature and Verifica	ation mus	st be completed for P			
	les of perjury, I declare that I have examined this form, ect, and complete, and that I am authorized to prepare this fo	including acc	•	-	ge and belief,	
Signature 🕨	An wellen		THIS - CPH POIDLE	1777 Date > 8/15	113	
	d d		2.77.1	Form 8868	(Bay 1-2013)	

1011 2970 0004 0868 4832