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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization <b>BROWNSVILLE COMMUNITY FOUNDATION, INC</b> <b>C/O RANSOME &amp; RAY, PC</b>		D Employer identification number <b>74-2826613</b>	
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>(956) 542-2553</b>	
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>550 E LEVEE ST</b>		Room/suite	G Gross receipts \$ <b>1,428,939.</b>
<input type="checkbox"/> Initial return	City, town, or post office, state, and ZIP code <b>BROWNSVILLE, TX 78520</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Terminated	F Name and address of principal officer <b>RICHARD L. BURTON</b> <b>1950 PAREDES LINE ROAD, BROWNSVILLE, TX 785</b>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►	
<input type="checkbox"/> Application pending	J Website: ► <b>BROWNSVILLECOMMUNITYFOUNDATION.ORG</b>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>1997</b> M State of legal domicile: <b>TX</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>PROMOTION OF EDUCATION, PUBLIC HEALTH, ETC.</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,492.	70,471.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-415,395.	87,254.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-15,012.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-396,903.	142,713.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,929.	16,772.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,000.	6,695.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>1,425.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,796.	21,419.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	48,725.	44,886.
19 Revenue less expenses. Subtract line 18 from line 12	-445,628.	97,827.	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	2,505,678.	2,677,241.
	21 Total liabilities (Part X, line 26)	2,500.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,503,178.	2,677,241.

## Part II Signature Block

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

Sign Here	►  Signature of officer	Date <b>4/20/15</b>
	► <b>APOLONIO BORREGO JR., PRESIDENT</b> Type or print name and title	
Paid	Print/Type preparer's name <b>RICHARD A. WALKER, CPA</b>	Preparer's signature  Date <b>4/12/15</b>
Preparer	Firm's name ► <b>BURTON MCCUMBER &amp; CORTEZ, L.L.P.</b>	Firm's EIN ► <b>74-2609610</b>
Use Only	Firm's address ► <b>1950 PAREDES LINE ROAD BROWNSVILLE, TX 78521</b>	Phone no. <b>(956) 542-2553</b>

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

 Yes  No

g19

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C/O RANSOME & RAY, PC

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Form 990 (2012) **Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**PROMOTION OF EDUCATION, PUBLIC HEALTH, ETC.**

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ 26,283. including grants of \$ 16,772. ) (Revenue \$ 70,471. )

**THIS FOUNDATION WAS FORMED TO SERVE THE NEEDS AND PROMOTE THE WELL-BEING OF THE INHABITANTS OF THE METROPOLITAN BROWNSVILLE, TEXAS COMMUNITY BY SOLICITING AND ACCEPTING CONTRIBUTIONS FROM THE GENERAL PUBLIC EXPRESSLY FOR SUCH PURPOSE.**

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

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

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

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

4e Total program service expenses ► 26,283.

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**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 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*
- 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*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 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*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
  - 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*
  - c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*
  - 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*
  - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
  - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
  - 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*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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*
- 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*
- 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*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*
- 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*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6	X	
7	X	
8		X
9		X
10		X
11a	X	
11b		X
11c		X
11d		X
11e		X
11f		X
12a		X
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18	X	
19		X
20a		X
20b		

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**Part IV Checklist of Required Schedules (continued)**

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

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b

*Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)*

3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X

b If "Yes," enter the name of the foreign country. 4b

*See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.*

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X

b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X

d If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X

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 X

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966? 9a

b Did the organization make a distribution to a donor, donor advisor, or related person? 9b

10 **Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 10a

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

11 **Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? 12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? 13a

*Note. See the instructions for additional information the organization must report on Schedule O.*

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	7
1b		1b	7
2	Enter the number of voting members included in line 1a, above, who are independent	2	X
3	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?	3	X
4	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?	4	X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X
7a	Did the organization have members or stockholders?	7a	X
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	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9	X
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		

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

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

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <b>NONE</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <b>BURTON MCCUMBER &amp; CORTEZ, L.L.P. - (956) 542-2553</b> <b>1950 PAREDES LINE ROAD, BROWNSVILLE, TX 78521</b>

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

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

**1b Sub-total**

6,330. 0. 0.

**c Total from continuation sheets to Part VII, Section A**

0. 0. 0.

**d Total (add lines 1b and 1c)**

6,330. 0. 0.

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

Q

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

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

—  
—  
—

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4		X
---	--	---

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

5 X

**Section B. Independent Contractors**

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

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

Form 990 (2012)

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	68,120.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,351.			
	g Noncash contributions included in lines 1a-1f \$					
	<b>h Total. Add lines 1a-1f</b>	►	<b>70,471.</b>			
<b>Program Service Revenue</b>	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>	►				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	►	59,628.		59,628.	
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis and sales expenses	1,298,840.				
	c Gain or (loss)	1,271,214.				
d Net gain or (loss)	27,626.	►	27,626.	27,626.		
8 a Gross income from fundraising events (not including \$ <u>68,120.</u> of contributions reported on line 1c). See Part IV, line 18	a	0.				
b Less direct expenses	b	15,012.	-15,012.		-15,012.	
c Net income or (loss) from fundraising events	►					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10 a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
<b>Miscellaneous Revenue</b>	Business Code					
11 a						
b						
c						
d All other revenue						
<b>e Total. Add lines 11a-11d</b>	►	<b>142,713.</b>	<b>27,626.</b>	<b>0.</b>	<b>44,616.</b>	
<b>12 Total revenue. See instructions.</b>	►					

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	16,772.	16,772.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,330.		5,064.	1,266.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	365.		292.	73.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	7,361.		7,361.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	103.		103.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	265.		212.	53.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	866.		866.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BROKERAGE FEES</b>	9,511.	9,511.		
b <b>WEBSITE DESING</b>	1,375.		1,375.	
c <b>COMPUTER SERVICES</b>	1,190.		1,190.	
d <b>MEALS AND ENTERTAINMENT</b>	330.		330.	
e All other expenses	418.		385.	33.
25 Total functional expenses. Add lines 1 through 24e	44,886.	26,283.	17,178.	1,425.
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)

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

Form 990 (2012)

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**Part X Balance Sheet**

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

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>Assets</b>	1 Cash - non-interest-bearing	98,163.	1	45,119.
	2 Savings and temporary cash investments	1,557,271.	2	
	3 Pledges and grants receivable, net		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		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,442.		
	b Less. accumulated depreciation	10b 866.	0.	10c 576.
	11 Investments - publicly traded securities	850,244.	11	2,631,546.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
	<b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>	<b>2,505,678.</b>	<b>16</b>	<b>2,677,241.</b>
<b>Liabilities</b>	17 Accounts payable and accrued expenses	2,500.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	<b>26 Total liabilities. Add lines 17 through 25</b>	<b>2,500.</b>	<b>26</b>	<b>0.</b>
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,495,168.	27	2,669,231.
	28 Temporarily restricted net assets	8,010.	28	8,010.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,503,178.	33	2,677,241.
	<b>34 Total liabilities and net assets/fund balances</b>	<b>2,505,678.</b>	<b>34</b>	<b>2,677,241.</b>

Form 990 (2012)

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

Form 990 (2012)

74-2826613 Page 12

**Part XI Reconciliation of Net Assets**

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	142,713.
2 Total expenses (must equal Part IX, column (A), line 25)	2	44,886.
3 Revenue less expenses. Subtract line 2 from line 1	3	97,827.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,503,178.
5 Net unrealized gains (losses) on investments	5	76,236.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,677,241.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2012)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.

Name of the organization BROWNSVILLE COMMUNITY FOUNDATION, INC  
C/O RANSOME & RAY, PC

**Employer identification number**  
**74-2826613**

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

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

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/> An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
e	<input type="checkbox"/> By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii)	A family member of a person described in (i) above?
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?
h	Provide the following information about the supported organization(s).

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

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

**Schedule A (Form 990 or 990-EZ) 2012**

## BROWNSVILLE COMMUNITY FOUNDATION, INC

Schedule A (Form 990 or 990-EZ) 2012 C/O RANSOME &amp; RAY, PC

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	154,526.	42,225.	22,945.	18,492.	70,471.	308,659.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	154,526.	42,225.	22,945.	18,492.	70,471.	308,659.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						48,455.
6 Public support. Subtract line 5 from line 4						260,204.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	154,526.	42,225.	22,945.	18,492.	70,471.	308,659.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,307.	12,219.	13,541.	19,274.	59,628.	131,969.
9 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 through 10						440,628.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	59.05	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	64.24	%
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 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 ►

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

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► 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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **BROWNSVILLE COMMUNITY FOUNDATION, INC** C/O RANSOME & RAY, PC Employer identification number **74-2826613**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		5
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year	232,076.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

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

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part 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.

1a 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

Schedule D (Form 990) 2012

74-2826613 Page 2

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

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

a  Public exhibition  
b  Scholarly research  
c  Preservation for future generations

d  Loan or exchange programs  
e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

by:

(i) unrelated organizations  
(ii) related organizations

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

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

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	1,442.	866.	576.	
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 576.

Schedule D (Form 990) 2012

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

Schedule D (Form 990) 2012

**74-2826613 Page 3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments - Program Related.** See 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25) ►

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

74-2826613 Page 4

Schedule D (Form 990) 2012

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

2a	1	
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

2a	1	
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

**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.

**SCHEDULE G**  
(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2012

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization BROWNSVILLE COMMUNITY FOUNDATION,  
C/O RANSOME & RAY, PC

Employer identification number  
74-2826613

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

## BROWNSVILLE COMMUNITY FOUNDATION, INC

Schedule G (Form 990 or 990-EZ) 2012 C/O RANSOME &amp; RAY, PC

74-2826613 Page 2

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

Revenue	(a) Event #1 GALA - DANCING FOR (event type)	(b) Event #2 (event type)	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
1 Gross receipts	64,150.			64,150.
2 Less Contributions	64,150.			64,150.
3 Gross income (line 1 minus line 2)				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	8,120.			8,120.
8 Entertainment				
9 Other direct expenses	6,892.			6,892.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 15,012 )
11 Net income summary. Combine line 3, column (d), and line 10				► -15,012.

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

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ( )
8 Net gaming income summary. Combine line 1, column d, and line 7				►

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

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

## BROWNSVILLE COMMUNITY FOUNDATION, INC

Schedule G (Form 990 or 990-EZ) 2012 C/O RANSOME &amp; RAY, PC

74-2826613 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility  13a %

b An outside facility  13b %

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_ Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **BROWNSVILLE COMMUNITY FOUNDATION, INC** C/O RANSOME & RAY, PC Employer identification number **74-2826613**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUADALUPE REGIONAL MIDDLE SCHOOL 1214 EAST LINCOLN STREET BROWNSVILLE, TX 78521		N/A - PUBLIC SCHOOL	5,000.	0.			CHARITABLE
SOME OTHER PLACE 590 CENTER BEAUMONT, TX 77704	74-2103171	501 C(3)	2,000.	0.			CHARITABLE
GIRLS ON THE RUN - RIO GRANDE VALLEY - 106 NORTH CUATES - LOS FRESNOS, TX 78566		501 C(3)	2,774.	0.			CHARITABLE
BROWNSVILLE FARMERS MARKET 80 PORT BROWN ST BROWNSVILLE, TX 78520		501 C(3)	3,498.	0.			CHARITABLE
H.O.P.E 4 KIDS LIVING WITH DIABETES - 24 W JEPPESON ST - BROWNSVILLE, TX 78520		501 C(3)	3,500.	0.			CHARITABLE

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

► \_\_\_\_\_

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

► \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) (2012)

BROWNSVILLE COMMUNITY FOUNDATION, INC  
C/O RANSOME & RAY, PC

Schedule I (Form 990) (2012)

74-2826613

Page 2

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

**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

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2012**  
Open to Public  
Inspection

Name of the organization	BROWNSVILLE COMMUNITY FOUNDATION, INC C/O RANSOME & RAY, PC	Employer identification number 74-2826613
--------------------------	----------------------------------------------------------------	----------------------------------------------

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

THIS FOUNDATION WAS FORMED TO SERVE THE NEEDS AND PROMOTE THE  
WELL-BEING OF THE INHABITANTS OF THE METROPOLITAN BROWNSVILLE, TEXAS  
COMMUNITY BY SOLICITING AND ACCEPTING CONTRIBUTIONS FROM THE GENERAL  
PUBLIC EXPRESSLY FOR SUCH PURPOSE.

FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE TO THE  
PUBLIC UPON REQUEST.

**FORM 990 - EXPLANATION OF AMENDED RETURN**

THE TAXPAYER IS AMENDING THE 2012 FORM 990 TO REPORT THE PRIOR PERIOD  
EFFECTS OF A 2011 BALANCE SHEET CHANGE IN CLASSIFICATION OF "FUNDS HELD  
FOR OTHERS" ORIGINALLY CLASSIFIED AS OTHER LIABILITIES TO NOW BE  
CLASSIFIED AS PART OF THE UNRESTRICTED FUND BALANCE. DUE TO THIS  
CHANGE OF CLASSIFICATION, IT WAS DEEMED NECESSARY TO AMEND THE  
FOLLOWING:

1) SCHEDULE A, PART II PUBLIC SUPPORT, LINE 1 (2008 THROUGH 2011); LINE  
5, COLUMN (F); AS WELL AS SECTION B TOTAL SUPPORT, LINE 7 (2008 THROUGH  
2011).

2) SCHEDULE A, SECTION B, LINE 8, COLUMN (E) INADVERTENTLY INCLUDED  
CAPITAL GAIN INCOME OF \$27,626. IT WAS DISCOVERED CAPITAL GAIN ACTIVITY  
FROM AN INVESTMENT PORTFOLIO SHOULD NOT BE PART OF LINE 8 REPORTING.

Name of the organization	BROWNSVILLE COMMUNITY FOUNDATION, INC C/O RANSOME & RAY, PC
--------------------------	----------------------------------------------------------------

Employer identification number	74-2826613
--------------------------------	------------

3) DUE TO CHANGES IN (1) AND (2) ABOVE, THIS HAS RESULTED IN CHANGES TO SECTION C, COMPUTATION OF PUBLIC SUPPORT PERCENTAGE, LINES 14 & 15.

SCHEDULE B, CONTRIBUTORS, HAS BEEN AMENDED TO EXCLUDE "H.O.P.E. 4KIDS LIVING WITH DIABETES" AS REPRESENTING ONE SEPARATE CONTRIBUTOR WHERE THE TAXPAYER HAS THE DETAIL CONTRIBUTIONS FOR THAT PROJECT AND NO ONE CONTRIBUTOR EXCEEDED THE REPORTING THRESHOLD, OTHER THAT THE NOW REPORTING OF IBC AND FRED & FRANCES RUSTEBERG SINGLE CONTRIBUTION OF \$5,000 EACH.

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)

990

OMB No 1545-0172

2012

Attachment  
Sequence No 179

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

BROWNSVILLE COMMUNITY FOUNDATION, INC  
C/O RANSOME & RAY, PC

Business or activity to which this form relates

FORM 990 PAGE 10

Identifying number  
74-2826613

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	722.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

## Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		720.	5 YRS.	HY	200DB	144.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.	22	
Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.		866.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**BROWNSVILLE COMMUNITY FOUNDATION, INC**  
**C/O RANSOME & RAY, PC**

Form 4562 (2012)

74-2826613 Page 2

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--------------------------------------------------	-------------------------------	-------------------------------------------	----------------------------	-----------------------------------------------------------------	------------------------	--------------------------	-------------------------------	---------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

	%						
	%						
	%						

**27** Property used 50% or less in a qualified business use:

	%			S/L-		
	%			S/L-		
	%			S/L-		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>39</b> Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI** Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	------------------------------------------	-----------------------------------

**42** Amortization of costs that begins during your 2012 tax year:

.....					
.....					
.....					

**43** Amortization of costs that began before your 2012 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**

**2012 DEPRECIATION AND AMORTIZATION REPORT**  
**FORM 990 PAGE 10**

990

228102  
05-01-12

**(D) - Asset disposed**

• ITC Section 179 Salvage Bonus Commercial Revitalization Deduction



## 2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT A

## Realized Gain/Loss

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Federal tax reporting requirements will create differences between the information presented here and what appears on your Form 1099-B, including but not limited to the following situations:

\* Cost basis for many fixed income tax lots has been amortized (for securities purchased at a premium) or accreted (for securities purchased at a discount), when possible, for applicable securities. For securities that were purchased at an Original Issue Discount (OID), only those positions whose cost basis has been adjusted will reflect the impacts of the OID accruals on the original cost basis. The original issue discount amount reported on your Form 1099-OID is not adjusted for market discount, acquisition premium or bond premium. Therefore, the amortization and accretion adjustments used on this statement may not be consistent with the Form 1099-OID amount because the reporting requirements on the Form 1099-OID are different.

\* The Original Price represents the unadjusted price of the security. The Original Price can be used to calculate the original unadjusted cost of the security.

\* Long-term capital gains reported by a RIC or REIT appear on Form 1099-DIV only, as noted in the instructions for that form.

\* Lots closed due to transfers or journals will not be reflected in the Realized Gain/Loss Statement, or on the Form 1099-B.

REALIZED GAIN/LOSS SUMMARY	COVERED SECURITIES	NONCOVERED SECURITIES	TOTAL
Short term	-\$6.67	\$745.53	\$738.86
Long term	\$0.00	\$11,188.04	\$11,188.04
Unknown term	Not applicable	\$0.00	\$0.00
Index options	Not applicable	\$0.00	\$0.00
<b>Total - Realized Gain/Loss</b>	<b>-\$6.67</b>	<b>\$11,933.57</b>	<b>\$11,926.90</b>

## Realized Gain/Loss Detail

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
TCW FDS INC							
SMALL CAP GROWTH FD							
CUSIP 87234NB49	111.12800	28.5000	01/25/12	09/08/12	3,160.49	3,187.16	-6.67
<b>TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES</b>					<b>\$3,160.49</b>	<b>\$3,187.16</b>	<b>-\$6.67</b>

## 2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT A

## Realized Gain/Loss

SHORT TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
PIMCO FDS PAC INV'T MGMT SER-COMMODITY REAL RETURN STRAT FD INSTL CL CUSIP 722005667	60,037.00	7.5700	09/28/11	09/06/12	420.86	454.49	-33.63
PRUDENTIAL JENNISON MID-CAP GROWTH FND CL Z CUSIP 74441C808	35,126.00	28.0000	11/22/11	09/06/12	1,180.23	983.53	196.70
TCW FDS INC SMALL CAP GROWTH FD CUSIP 87234N849	128,744.00	25.4200	09/26/11	09/06/12	3,661.48	3,272.67	388.81
	132,645.00	26.9800	12/07/11	09/06/12	3,772.42	3,578.77	193.65
Subtotal	261,389.00				7,433.90	6,851.44	582.46
TOTAL SHORT TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES						\$9,034.99	\$8,289.46
LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
AMERICAN HIGH INCOME TR CLASS F-1 CUSIP 026547406	207,573.00	10.9500	09/03/10	06/29/12	2,262.55	2,272.93	-10.38
BOND FD AMER INC CL F-1 CUSIP 097873400	34,991.00	11.2800	07/14/09	09/06/12	451.73	394.70	57.03
CAPITAL WORLD BD FD CL F-1 CUSIP 140541400	35,874.00	19.5700	05/16/07	09/06/12	756.64	698.14	58.50
	8,430.00	19.3200	06/07/07	09/06/12	178.80	162.88	15.94
	65,377.00	19.1200	06/27/07	09/06/12	1,386.64	1,250.00	136.64
	64,433.00	19.4000	07/25/07	09/06/12	1,366.62	1,250.00	116.62
	64,700.00	19.3200	08/24/07	09/06/12	1,372.28	1,250.00	122.28


**2012 SUMMARY AMENDMENT**

 BROWNSVILLE COMMUNITY  
 FOUNDATION  
 ACCOUNT A

**Realized Gain/Loss**

LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
	9.96200	19.8600	10/04/07	09/06/12	211.29	197.85	13.44
	61.21400	20.4200	11/27/07	09/06/12	1,298.35	1,250.00	48.35
	34.70600	19.4400	12/26/07	09/06/12	736.11	674.68	61.43
	3.94300	19.4400	12/26/07	09/06/12	83.63	76.65	6.98
	7.56000	19.8400	01/02/08	09/06/12	160.34	150.00	10.34
	7.43700	20.1700	02/04/08	09/06/12	157.73	150.00	7.73
	61.30500	20.3900	02/29/08	09/06/12	1,300.28	1,250.00	50.28
	12.41700	20.2200	03/12/08	09/06/12	263.36	251.07	12.29
	7.38600	20.3100	04/03/08	09/06/12	156.65	150.00	6.65
	7.38900	20.3000	05/05/08	09/06/12	156.72	150.00	6.72
	7.45900	20.1100	06/05/08	09/06/12	158.20	150.00	8.20
	13.12900	19.7300	06/19/08	09/06/12	278.46	259.03	19.43
	88.96800	19.6700	06/19/08	09/06/12	1,887.02	1,750.00	137.02
	7.51500	19.9600	07/07/08	09/06/12	159.39	150.00	9.39
	7.54100	19.8900	08/05/08	09/06/12	159.94	150.00	9.94
	7.74400	19.3700	09/05/08	09/06/12	164.25	150.00	14.25
	14.98300	18.4900	10/03/08	09/06/12	317.79	277.04	40.75
	8.14300	18.4200	10/06/08	09/06/12	172.71	150.00	22.71
	8.51800	17.8100	11/05/08	09/06/12	180.66	150.00	30.66
	8.38900	17.8800	12/05/08	09/06/12	177.93	150.00	27.93
	22.73300	18.7200	12/26/08	09/06/12	482.17	425.57	56.60
	9.23400	18.0300	03/23/09	09/06/12	195.85	166.49	29.36
	8.99700	18.7200	06/17/09	09/06/12	190.82	168.42	22.40
	21.66900	19.0900	07/14/09	09/06/12	459.60	413.67	45.93
	8.72900	20.1100	09/30/09	09/06/12	185.14	175.54	9.60

2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT A

Realized Gain/Loss

LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Continued	Proceeds	Adjusted Cost/ Original Cost
	10 63500	20.0000	12/24/09	09/06/12	225.57	212.70	12.87
	108 35100	20.1200	02/26/10	09/06/12	2,298.16	2,180.03	118.13
	9 90500	20.0600	03/24/10	09/06/12	210.08	198.69	11.39
	10.19800	19.5600	05/23/10	09/06/12	216.30	199.47	16.83
	7.14400	20.8100	09/28/10	09/06/12	151.52	148.67	2.85
	11 53900	20.0800	12/27/10	09/06/12	244.74	231.70	13.04
	7 45700	20.5200	03/23/11	09/06/12	158.16	153.02	5.14
	7 41300	20.8000	06/28/11	09/06/12	157.23	154.19	3.04
	103 09500	21.2100	08/10/11	09/06/12	2,186.72	2,186.65	0.07
Subtotal	971.42100				20,603.85	19,262.13	1,341.72
COHEN & STEERS RLTY SHARES INC CUSIP 192476109	21 01000	29.5300	01/20/09	09/06/12	1,475.93	620.43	855.50
EUROPACIFIC GROWTH FD CL F-1 CUSIP 298705409							
	9 01600	52.0200	12/14/07	09/06/12	348.37	469.00	-120.63
	19.43500	52.0200	12/14/07	09/06/12	750.96	1,010.99	-260.03
	5 93900	50.5100	01/02/08	09/06/12	229.48	300.00	-70.52
	6 34200	47.3000	02/04/08	09/06/12	245.05	300.00	-54.95
	53 21400	46.9800	02/29/08	09/06/12	2,056.19	2,500.00	-443.81
	6 24900	48.0100	04/03/08	09/06/12	241.46	300.00	-58.54
	6 07700	49.3700	05/05/08	09/06/12	234.81	300.00	-65.19
	6 08600	49.2900	06/05/08	09/06/12	235.16	300.00	-64.84
	74 93000	46.7100	06/19/08	09/06/12	2,895.30	3,500.00	-604.70
	6.79000	44.1800	07/07/08	09/06/12	262.36	300.00	-37.64
	6 83800	43.8700	08/05/08	09/06/12	264.22	300.00	-35.78



## 2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT A

## Realized Gain/Loss

LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
	7.57000	39.6300	09/05/08	09/06/12	292.50	300.00	-7.50
	9.05800	33.1200	10/06/08	09/06/12	350.00	300.00	50.00
	9.99000	30.0300	11/05/08	09/06/12	386.01	300.00	86.01
	11.07800	27.0800	12/05/08	09/06/12	428.05	300.00	128.05
	64.84300	26.8900	12/24/08	09/06/12	2,505.54	1,743.62	761.92
	35.79200	26.8900	12/24/08	09/06/12	1,383.01	962.45	420.56
	160.66100	24.8900	01/20/09	09/06/12	6,207.99	3,998.85	2,209.14
Subtotal	499.90800				19,316.46	17,484.91	1,831.55
FIDELITY ADV EMERG MKTS INC CL I CUSIP 315920702	150.81700	11.4100	07/14/09	06/29/12	2,114.45	1,720.82	393.63
GROWTH FUND AMERICA CL F1 CUSIP 399874403	11.82400	35.1000	05/16/07	04/24/12	376.01	415.03	-39.02
	24.55700	35.1000	05/16/07	09/06/12	814.79	861.94	-47.15
	57.21900	35.6800	06/27/07	09/06/12	1,898.53	2,041.59	-143.06
Subtotal	93.60000				3,089.33	3,318.56	-229.23
INTERMEDIATE BD FD AMER CL F1 CUSIP 458809407	101.49200	13.4500	05/16/07	06/29/12	1,391.46	1,365.06	26.40
JPMORGAN CORE BOND FD SELECT CUSIP 4812C0381	167.05900	11.6100	09/02/10	06/29/12	2,003.04	1,939.56	63.48
JPMORGAN TR I INTREPID VALUE FD SELECT CL CUSIP 4812A2305	53.75100	19.9200	09/02/10	09/06/12	1,373.33	1,070.72	302.61

2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT A

Realized Gain/Loss

LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
METROPOLITAN WEST FDS TOTAL RETURN BD FD CL I CUSIP 592905509	187.79300	9.2800	07/13/09	06/20/12	2,000.00	1,742.72	257.28
	108.02600	9.2800	07/13/09	09/06/12	1,178.56	1,002.49	176.07
Subtotal	295.81900				3,178.56	2,745.21	433.35
PIMCO FDS PAC INV MGMT SER TOTAL RETURN FD CL A CUSIP 693390445	4.71500	10.9100	05/01/08	06/12/12	53.04	51.43	1.61
	13.72400	10.9300	05/05/08	06/12/12	154.39	150.00	4.39
	10.42100	10.7700	06/02/08	06/12/12	117.23	112.23	5.00
	13.94100	10.7600	06/05/08	06/12/12	156.83	150.00	6.83
	165.25000	10.5900	06/19/08	06/12/12	1,859.07	1,750.00	109.07
	10.55100	10.6300	07/01/08	06/12/12	118.70	112.16	6.54
	14.12400	10.6200	07/07/08	06/12/12	158.89	150.00	8.89
	10.91800	10.6000	08/01/08	06/12/12	122.83	115.73	7.10
	14.21800	10.5500	08/05/08	06/12/12	159.95	150.00	9.95
	8.80500	10.6600	09/02/08	06/12/12	99.07	93.87	5.20
Subtotal	266.66700				3,000.00	2,835.42	164.58
T ROWE PRICE BLUE CHIP GROWTH FUND CUSIP 77954Q106	58.92600	20.8400	01/20/09	04/24/12	2,623.99	1,228.02	1,395.97
TCW FDS INC SMALL CAP GROWTH FD CUSIP 87234N849	555.10000	23.9900	09/02/10	09/06/12	15,787.04	13,316.84	2,470.20
	439.49300	24.3000	08/10/11	09/06/12	12,499.18	10,679.68	1,819.50
Subtotal	994.59300				28,286.22	23,996.52	4,289.70



2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT A

Realized Gain/Loss

LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
WASH MUTUAL INVESTORS							
FUND CLASS F-1							
CUSIP 939330403							
	1.04400	30 6600	06/19/08	06/29/12	31.33	32.00	-0.67
	10.29300	29.9300	06/23/08	06/29/12	308.89	308.08	0.81
	10.50400	28.5600	07/07/08	06/29/12	315.22	300.00	15.22
	10.14500	29.5700	08/05/08	06/29/12	304.45	300.00	4.45
	10.38400	28.8900	09/05/08	06/29/12	311.62	300.00	11.62
	10.77900	29.2500	09/22/08	06/29/12	323.47	315.29	8.18
	11.90500	25.2000	10/06/08	06/29/12	357.27	300.00	57.27
	9.20500	22.8200	11/05/08	06/29/12	276.25	210.07	66.18
	3.94100	22.8200	11/05/08	09/06/12	123.35	89.93	33.42
	7.66300	21.4300	12/05/08	09/06/12	239.87	164.22	75.65
Subtotal	85 86300				2,591.72	2,319.59	272.13
TOTAL LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES					\$93,762.62	\$82,574.58	\$11,188.04

## 2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT B

## Realized Gain/Loss

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- \* Cost basis for many fixed income tax lots has been amortized (for securities purchased at a premium) or accreted (for securities purchased at a discount), when possible, for applicable securities. For securities that were purchased at an Original Issue Discount (OID), only those positions whose cost basis has been adjusted will reflect the impacts of the OID accruals on the original cost basis. The original issue discount amount reported on your Form 1099-OID is not adjusted for market discount, acquisition premium or bond premium. Therefore, the amortization and accretion adjustments used on this statement may not be consistent with the Form 1099-OID amount because the reporting requirements on the Form 1099-OID are different.
- \* The Original Price represents the unadjusted price of the security. The Original Price can be used to calculate the original unadjusted cost of the security.
- \* Long-term capital gains reported by a RIC or REIT appear on Form 1099-DIV only, as noted in the instructions for that form.
- \* Lots closed due to transfers or journals will not be reflected in the Realized Gain/Loss Statement, or on the Form 1099-B.

REALIZED GAIN/LOSS SUMMARY		COVERED SECURITIES	NONCOVERED SECURITIES	TOTAL
Short term		\$533.94	\$0.00	\$533.94
Long term		\$0.00	\$0.00	\$0.00
Unknown term		Not applicable	\$0.00	\$0.00
Index options		Not applicable	\$0.00	\$0.00
Total - Realized Gain/Loss		\$533.94	\$0.00	\$533.94

## Realized Gain/Loss Detail

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
AMERICAN CENTY INV'T TR							
DIVERSIFIED BD INSTL							
CL							
CUSIP 024932600	361.01100	11.0800	03/05/12	07/26/12	4,079.42	4,000.00	79.42
	0.83200	11.0100	04/02/12	07/26/12	9.40	9.16	0.24
	126.29800	11.0000	04/04/12	07/26/12	1,427.17	1,389.28	37.89



## 2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT B

## Realized Gain/Loss

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Continued Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
<b>Subtotal</b>	<b>488.14100</b>				<b>5,515.99</b>	<b>5,398.44</b>	<b>117.55</b>
EATON VANCE SER II INCOME FUND BOSTON CL I CUSIP 277907200	40 12500	5.8400	03/05/12	07/26/12	233.93	234.33	-0.40
FIDELITY ADVISOR II SHORT FIXED INCOME FD INSTL CL CUSIP 315807859	215 05400 0 16600 219.10900 0 37800 205 46000 0.50200 195 68100 0.70300 104.96800 130.97200	9.3000 9.2900 9.2900 9.3000 9.3000 9.2900 9.2900 9.3000 9.3000 9.3000	03/05/12 04/02/12 04/04/12 05/01/12 05/09/12 06/01/12 06/07/12 07/02/12 07/03/12 07/03/12	07/26/12 07/26/12 07/26/12 07/26/12 07/26/12 07/26/12 07/26/12 07/26/12 07/26/12 07/30/12	2,006.45 1.54 2,044.29 3.52 1,916.95 4.68 1,825.71 6.55 979.37 1,221.97	2,000.00 1.54 2,035.52 3.52 1,910.78 4.66 1,817.88 6.54 976.21 1,218.03	6.45 0.00 8.77 0.00 6.17 0.02 7.83 0.01 3.16 3.94
<b>Subtotal</b>	<b>1,072.99300</b>				<b>10,011.03</b>	<b>9,974.68</b>	<b>36.35</b>
GOLDMAN SACHS TR FINL SQUARE TREAS INSTRS FD INSTL CL CUSIP 381428500	78.96000 114.15000 794.32000 12.57000 37.72000 182.18000	1.0000 1.0000 1.0000 1.0000 1.0000 1.0000	03/05/12 03/05/12 03/05/12 03/05/12 04/04/12 04/04/12	05/18/12 06/15/12 07/13/12 07/20/12 07/20/12 08/17/12	78.96 114.15 794.32 12.57 37.72 182.18	78.96 114.15 794.32 12.57 37.72 182.18	0.00 0.00 0.00 0.00 0.00 0.00

**2012 SUMMARY AMENDMENT**

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT B

**Realized Gain/Loss**

Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	<i>Continued</i>		Adjusted Cost/ Original Cost	Gain or Loss Amount
					Proceeds			
	127 44000	1.0000	04/04/12	09/21/12	127.44		127.44	0.00
	669.04000	1.0000	04/04/12	10/12/12	669.04		669.04	0.00
	779.57000	1.0000	05/09/12	10/12/12	779.57		779.57	0.00
	56.09000	1.0000	05/09/12	10/19/12	56.09		56.09	0.00
	126.91000	1.0000	05/09/12	11/16/12	126.91		126.91	0.00
	61.69000	1.0000	06/07/12	11/16/12	61.69		61.69	0.00
	127.88000	1.0000	06/07/12	12/21/12	127.88		127.88	0.00
<b>Subtotal</b>	<b>3,168.52000</b>				<b>3,168.52</b>		<b>3,168.52</b>	<b>0.00</b>
HARBOR FD INTL GROWTH FUND INSTL CLASS CUSIP 411511801	423 01200	11.8200	03/05/12	07/26/12	4,602.37		5,000.00	-397.63
	419 56400	11.8300	04/04/12	07/26/12	4,564.85		4,963.44	-398.59
	461 30500	11.3200	05/09/12	07/26/12	5,019.00		5,221.97	-202.97
	526 37100	10.6200	06/07/12	07/26/12	5,726.92		5,590.08	136.86
	168 86100	11.0700	07/03/12	07/26/12	1,837.21		1,869.30	-32.09
	272 65000	11.0700	07/03/12	07/30/12	3,020.96		3,018.23	2.73
<b>Subtotal</b>	<b>2,271.76300</b>				<b>24,771.31</b>		<b>25,663.00</b>	<b>-891.69</b>
JANUS INV FD FLEXIBLE BD FD CLASS I CUSIP 47103C746	54 35900	10.7200	03/05/12	07/26/12	597.41		582.73	14.68
JPMORGAN CORE BOND FD SELECT CUSIP 4812C0381	126 15300	11.9100	03/05/12	07/26/12	1,531.50		1,502.49	29.01
NUVEEN INV FD INC REAL ESTATE SEC'S FUND CL I CUSIP 670578507	3.63400	20.2300	03/05/12	07/26/12	78.82		73.52	5.30



2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT B

Realized Gain/Loss

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Continued Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
PIMCO FDS PAC INV MGMT SER TOTAL RETURN FD INSTL CL CUSIP 693390700	83 68900	11.1300	03/05/12	07/26/12	958.24	931.46	26.78
PIMCO FDS PAC INV MGMT SER-COMMODITY REAL RETURN STRAT FD INSTL CL CUSIP 722005667	217 77000	6.9700	03/05/12	07/26/12	1,478.66	1,517.86	-39.20
PIONEER SER TR III FUNDAMENTAL VALUE FD CL Y CUSIP 72387X406	544 36600 539.68300 556.72900 580.34700 328.10700 181 90100	18.3700 18.5000 18.0500 17.5200 18.3500 18.3500	03/05/12 04/04/12 05/09/12 06/07/12 07/03/12 07/03/12	07/26/12 07/26/12 07/26/12 07/26/12 07/26/12 07/30/12	9,847.58 9,762.86 10,071.23 10,498.48 5,935.46 3,345.16	10,000.00 9,984.14 10,048.95 10,167.68 6,020.76 3,337.88	-152.42 -221.28 22.28 330.80 -85.30 7.28
<b>Subtotal</b>	<b>2,731.13300</b>				<b>49,460.77</b>	<b>49,559.41</b>	<b>-98.64</b>
RS INV TR LOW DURATION BO FD CL Y CUSIP 74972H374	9,630 35000 9,718.65900 9,747.07600 9,737.09800 9,699.32100 9,699.32100 9,680.54200	10.2900 10.2900 10.2900 10.2900 10.2900 10.2900 10.2900	03/02/12 03/02/12 03/02/12 03/02/12 03/02/12 03/02/12 03/02/12	04/18/12 05/04/12 06/04/12 06/26/12 07/26/12 08/27/12 09/26/12	98,995.00 100,000.00 100,000.00 100,000.00 100,000.00 100,000.00 100,000.00	99,096.70 100,005.41 100,297.82 100,195.14 99,806.42 99,806.42 99,613.18	-101.70 -5.41 -297.82 -195.14 193.58 193.58 386.82

**2012 SUMMARY AMENDMENT**

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT B

**Realized Gain/Loss**

<b>SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES</b>						
<u>Description</u>	<u>Share Quantity</u>	<u>Adjusted Price/ Original Price</u>	<u>Open Date/ Acquisition Date</u>	<i>Continued</i> <u>Date of Sale or Exchange</u>	<u>Proceeds</u>	<u>Adjusted Cost/ Original Cost</u>
	9,671.18000	10.2900	03/02/12	10/26/12	100,000.00	99,516.84
	9,680.54200	10.2900	03/02/12	11/26/12	100,000.00	99,613.18
	9,689.92200	10.2900	03/02/12	12/26/12	100,000.00	99,709.69
Subtotal	96,954.01100				998,995.00	997,660.80
<b>TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES</b>					<b>\$1,096,801.18</b>	<b>\$1,096,267.24</b>



## 2012 ENHANCED SUMMARY

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT C

### Realized Gain/Loss

This information is provided for courtesy purposes only. Each individual taxpayer should consult with a Tax Advisor as to any additional reporting requirements or adjustments. THIS INFORMATION IS NOT VERIFIED OR GUARANTEED BY FIRST CLEARING, LLC TO BE ACCURATE FOR EACH TAXPAYER'S UNIQUE REPORTING REQUIREMENTS. THEREFORE, YOU SHOULD NEVER ASSUME THIS STATEMENT IS ACCURATE IN LIEU OF COMPLETING YOUR TAX RETURN AND CONSULTING WITH YOUR TAX ADVISOR.

Federal tax reporting requirements will create differences between the information presented here and what appears on your Form 1099-B, including but not limited to the following situations:

\* Cost basis for many fixed income tax lots has been amortized (for securities purchased at a premium) or accreted (for securities purchased at a discount), when possible, for applicable securities. For securities that were purchased at an Original Issue Discount (OID), only those positions whose cost basis has been adjusted will reflect the impacts of the OID accruals on the original cost basis. The original issue discount amount reported on your Form 1099-OID is not adjusted for market discount, acquisition premium or bond premium. Therefore, the amortization and accretion adjustments used on this statement may not be consistent with the Form 1099-OID amount because the reporting requirements on the Form 1099-OID are different.

\* The Original Price represents the unadjusted price of the security. The Original Price can be used to calculate the original unadjusted cost of the security.

\* Long-term capital gains reported by a RIC or REIT appear on Form 1099-DIV only, as noted in the instructions for that form.

\* Lots closed due to transfers or journals will not be reflected in the Realized Gain/Loss Statement, or on the Form 1099-B.

REALIZED GAIN/LOSS SUMMARY	COVERED SECURITIES	NONCOVERED SECURITIES	TOTAL
Short term	-\$2,721.33	\$0.00	-\$2,721.33
Long term	\$0.00	\$0.00	\$0.00
Unknown term	Not applicable	\$0.00	\$0.00
Index options	Not applicable	\$0.00	\$0.00
Total - Realized Gain/Loss	-\$2,721.33	\$0.00	-\$2,721.33

### Realized Gain/Loss Detail

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES							
Description	Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
AQR FDS							
DIVERSIFIED ARBITRAGE FD							
CLASS I							
CUSIP 00203H502	930.50000	11.1000	03/05/12	12/06/12	10,393.68	10,328.55	65.13
ARBITRAGE FD							
CL I							
CUSIP 03875P205	909.37500	13.2200	03/05/12	12/06/12	11,776.40	12,021.94	-245.54

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2012 ENHANCED SUMMARY

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT C

Realized Gain/Loss

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES		Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Continued Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
Description								
EATON VANCE GLOBAL MACRO ABSOLUTE RETURN FUND CLASS I CUSIP 277923728	111.51900	10.0000		03/05/12	12/06/12	1,095.12	1,115.19	-20.07
GOLDMAN SACHS TR FINL SQUARE TREAS INSTRS FD INSTL CL CUSIP 38142B500	114.29000 398.14000 390.15000 393.15000	1.0000 1.0000 1.0000 1.0000		03/05/12 03/05/12 03/05/12 03/05/12	03/07/12 04/13/12 07/13/12 10/12/12	114.29 398.14 390.15 393.15	114.29 398.14 390.15 393.15	0.00 0.00 0.00 0.00
Subtotal	1,295.73000					1,295.73	1,295.73	0.00
JOHN HANCOCK FUNDS II CURRENCY STRATEGIES FUND CLASS I CUSIP 47803M168	56.93900	9.4200		03/05/12	12/06/12	538.07	536.37	1.70
JPMORGAN TR I MKT RESEARCH MKT NEUTRAL FD INSTL FD CUSIP 4812A1688	290.82600	14.7900		03/05/12	12/06/12	4,368.20	4,301.32	66.88
JPMORGAN TRUST I HIGHBRIDGE STATISTICAL MKT NEUTRAL FD SELECT CL CUSIP 4812A2439	411.94900	15.0600		03/05/12	12/06/12	6,216.31	6,203.95	12.36



## 2012 ENHANCED SUMMARY

Page 14 of 18

BROWNSVILLE COMMUNITY  
FOUNDATION  
ACCOUNT C

### Realized Gain/Loss

SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES		Share Quantity	Adjusted Price/ Original Price	Open Date/ Acquisition Date	Continued Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
NATIXIS FDS TR II								
ASG MANAGED FUTURES								
STRATEGY FD CL Y								
CUSIP 638727729	1,871.78200	10.2600		03/05/12	12/05/12	17,276.55	19,204.49	-1,927.94
TURNER FDS								
SPECTRUM FD INSTL CL								
CUSIP 900297664	2,323.60700	11.1500		03/05/12	12/06/12	25,234.37	25,908.22	-673.85
TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES						\$78,194.43	\$80,915.76	-\$2,721.33

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  . . . . .

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print BROWNSVILLE COMMUNITY FOUNDATION, INC C/O RANSOME & RAY, PC	Employer identification number (EIN) or 74-2826613
File by the due date for filing your return See instructions Number, street, and room or suite no. If a P.O. box, see instructions. 550 E LEVEE ST	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROWNSVILLE, TX 78520	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990 or Form 990-EZ	01
Form 990-BL	02	Form 1041-A	08
Form 4720 (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 an automatic 3-month extension on a previously filed Form 8868.**

BURTON MCCUMBER & CORTEZ, L.L.P.

- The books are in the care of ► **1950 PAREDES LINE ROAD - BROWNSVILLE, TX 78521**  
Telephone No. ► **(956) 542-2553** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members; the extension is for

4. I request an additional 3-month extension of time until NOVEMBER 15, 2013 and attach a list with the names

4 Request an additional 3-month extension of time limit  
5 For calendar year 2012, or other tax year beginning  
and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return

### Change in accounting period

7 State in detail why you need the extension  
~~TAKEAWAY REGISTRATION~~

TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION  
NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	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 and any amount paid previously with Form 8868.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Signature ►** **Title ► PRESIDENT**

Date 

Form 8868 (Rev. 1-2013)

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only  ►

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

Type or print	Name of exempt organization or other filer, see instructions. <b>BROWNSVILLE COMMUNITY FOUNDATION, INC</b> <b>C/O RANSOME &amp; RAY, PC</b>	Employer identification number (EIN) or <b>74-2826613</b>
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>550 E LEVEE ST</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROWNSVILLE, TX 78520</b>	

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

0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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

**BURTON MCCUMBER & CORTEZ, L.L.P.**

- The books are in the care of ► **1950 PAREDES LINE ROAD - BROWNSVILLE, TX 78521**  
Telephone No. ► **(956) 542-2553** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  . If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2013**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2012** or

►  tax year beginning  , and ending  .

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	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.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2013)