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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

2012Open to Public
Inspection

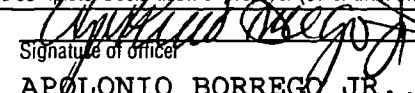
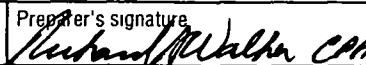
A For the 2012 calendar year, or tax year beginning _____ and ending _____		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BROWNSVILLE COMMUNITY FOUNDATION, INC C/O RANSOME & RAY, PC Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 550 E LEVEE ST City, town, or post office, state, and ZIP code BROWNSVILLE, TX 78520 F Name and address of principal officer RICHARD L. BURTON 1950 PAREDES LINE ROAD, BROWNSVILLE, TX 785	D Employer identification number 74-2826613 E Telephone number (956) 542-2553 G Gross receipts \$ 1,428,939. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ _____ L Year of formation: 1997 M State of legal domicile: TX
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 J Website: ▶ BROWNSVILLECOMMUNITYFOUNDATION.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTION OF EDUCATION, PUBLIC HEALTH, ETC.	
	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 18,492. Current Year 70,471.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	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.
	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) ▶ 1,425.	
Expenses	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	20 Total assets (Part X, line 16)	Beginning of Current Year 2,505,678. End of Year 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: 4/20/15	
	APOLONIO BORREGO JR., PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name RICHARD A. WALKER, CPA	Preparer's signature:  Date: 4/12/15
	Firm's name ▶ BURTON MCCUMBER & CORTEZ, L.L.P. Firm's address ▶ 1950 PAREDES LINE ROAD BROWNSVILLE, TX 78521	Check <input checked="" type="checkbox"/> if self-employed PTIN P01204614 Firm's EIN ▶ 74-2609610 Phone no. (956) 542-2553

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

☒ Yes ☐ No

SCANNED APR 23 2015

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

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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 ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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C/O RANSOME & RAY, PC

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	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 ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
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. <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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

☒ **X**

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.	7	
b Enter the number of voting members included in line 1a, above, who are independent	7	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	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:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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: **BURTON MCCUMBER & CORTEZ, L.L.P. - (956) 542-2553**
1950 PAREDES LINE ROAD, BROWNSVILLE, TX 78521

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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

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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
Contributions, Gifts, Grants and Other Similar Amounts	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 \$						
	h Total. Add lines 1a-1f		70,471.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	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			1,271,214.			
	c Gain or (loss)			27,626.			
	d Net gain or (loss)			27,626.	27,626.		
	8 a Gross income from fundraising events (not including \$ 68,120. of contributions reported on line 1c). See Part IV, line 18	a		0.			
	b Less: direct expenses	b	15,012.				
	c Net income or (loss) from fundraising events			-15,012.			-15,012.
	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						
	Miscellaneous Revenue			Business Code			
	11 a						
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			142,713.	27,626.	0.	44,616.	

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	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.)	103.		103.	
12 Advertising and promotion				
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 BROKERAGE FEES	9,511.	9,511.		
b WEBSITE DESING	1,375.		1,375.	
c COMPUTER SERVICES	1,190.		1,190.	
d MEALS AND ENTERTAINMENT	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
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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	1,442.		
	b Less: accumulated depreciation	866.	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	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,505,678.	16	2,677,241.	
Liabilities	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	
	26 Total liabilities. Add lines 17 through 25	2,500.	26	0.
	Net Assets or Fund Balances	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.
34 Total liabilities and net assets/fund balances	2,505,678.	34	2,677,241.	

Form **990** (2012)

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

Form 990 (2012)

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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? 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	2a	X
b Were the organization's financial statements audited by an independent accountant? 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	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

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

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

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

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

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

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 & 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** ☐

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 ☒

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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 ☐

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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

2012Open to Public
InspectionName of the organization **BROWNSVILLE COMMUNITY FOUNDATION, INC**
C/O RANSOME & RAY, PCEmployer 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part 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

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

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

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

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

b If "Yes," explain the arrangement in Part 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

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

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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
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 ☐

Schedule D (Form 990) 2012

BROWNSVILLE COMMUNITY FOUNDATION, INC

Schedule D (Form 990) 2012

C/O RANSOME & RAY, PC

74-2826613 Page 4

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

1 Total revenue, gains, and other support per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12

a Net unrealized gains on investments

2a

b Donated services and use of facilities

2b

c Recoveries of prior year grants

2c

d Other (Describe in Part XIII.)

2d

e Add lines 2a through 2d

2e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

4a

b Other (Describe in Part XIII.)

4b

c Add lines 4a and 4b

4c

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

5

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

1 Total expenses and losses per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25.

a Donated services and use of facilities

2a

b Prior year adjustments

2b

c Other losses

2c

d Other (Describe in Part XIII.)

2d

e Add lines 2a through 2d

2e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1

a Investment expenses not included on Form 990, Part VIII, line 7b

4a

b Other (Describe in Part XIII.)

4b

c Add lines 4a and 4b

4c

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 D (Form 990) 2012

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.

OMB No. 1545-0047

2012

Open To Public Inspection

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 required to complete this part.

- a ☐ Mail solicitations

b ☒ Internet and email solicitations

c ☒ Phone solicitations

d ☒ In-person solicitations

e ☐ Solicitation of non-government grants

☐ 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
H.O.P.E FOR KIDS LIVING WITH DIABETES - 24 W JEFFERSON ST,	GALA - DANCING FOR HOPE	X		64,150.	15,012.	49,138.
Total				64,150.	15,012.	49,138.

- 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 & 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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA - DANCING FOR (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	64,150.			64,150.
	2 Less Contributions	64,150.			64,150.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
Direct Expenses	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 & 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 (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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 FORT BROWN ST BROWNSVILLE, TX 78520		501 C(3)	3,498.	0.			CHARITABLE
H.O.P.E & KIDS LIVING WITH DIABETES - 24 W JEFFERSON 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)

Schedule I (Form 990) (2012)

74-2826613

Page 2

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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 THAN THE NOW
REPORTING OF IBC AND FRED & FRANCES RUSTEBERG SINGLE CONTRIBUTION OF
\$5,000 EACH.

Form

4562**Depreciation and Amortization 990**
(Including Information on Listed Property)

OMB No 1545-0172

2012Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (990)

▶ 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	
6	(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	
i Nonresidential real property	/		39 yrs.	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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	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	

216251
12-28-12

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012)

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

Form 4562 (2012)

74-2826613 Page 2

Part IV

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.

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VII 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

FORM 990 PAGE 10

[illegible]



2012 SUMMARY AMENDMENT

BROWNSVILLE COMMUNITY
FOUNDATION
ACCOUNT A

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	-\$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
Total - Realized Gain/Loss	-\$6.67	\$11,933.57	\$11,926.90

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 87234N849	111.12800	28.5000	01/25/12	09/08/12	3,160.49	3,167.16	-6.67
TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES					\$3,160.49	\$3,167.16	-\$6.67

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 INVT MGMT SER-COMMODITY REAL RETURN STRAT FD INSTL CL CUSIP 722005687	60.03700	7.5700	09/28/11	09/06/12	420.86	454.49	-33.63
PRUDENTIAL JENNISON MID-CAP GROWTH FND CL Z CUSIP 74441C808	35.12600	28.0000	11/22/11	09/06/12	1,180.23	983.53	196.70
TCW FDS INC SMALL CAP GROWTH FD CUSIP 87234N849	128.74400	25.4200	09/26/11	09/06/12	3,661.48	3,272.67	388.81
	132.64500	26.9800	12/07/11	09/06/12	3,772.42	3,578.77	193.65
Subtotal	261.38900				7,433.90	6,851.44	582.46
TOTAL SHORT TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES					\$9,034.99	\$8,289.46	\$745.53

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	207.57300	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	34.99100	11.2800	07/14/09	09/06/12	451.73	394.70	57.03
CAPITAL WORLD BD FD CL F-1 CUSIP 140541400	35.87400	19.5700	05/16/07	09/06/12	756.64	698.14	58.50
	8.43000	19.3200	06/07/07	09/06/12	178.80	162.88	15.94
	65.37700	19.1200	06/27/07	09/06/12	1,386.64	1,250.00	136.64
	64.43300	19.4000	07/25/07	09/06/12	1,366.62	1,250.00	118.62
	64.70000	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	<i>Continued</i> 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	Continued Date of Sale or Exchange	Proceeds	Adjusted Cost/ Original Cost	Gain or Loss Amount
	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	06/23/10	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	Continued 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	08/27/07	09/06/12	1,898.53	2,041.59	-143.06
Subtotal	93.60000				3,089.33	3,318.55	-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	Continued 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 INVT 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 779540106	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
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ACCOUNT A

Realized Gain/Loss

LONG TERM GAINS OR LOSSES FOR NONCOVERED 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
WASH MUTUAL INVESTORS FUND CLASS F-1 CUSIP 939330403							
	1.04400	30.6600	08/19/08	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

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	\$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 INVT TR							
DIVERSIFIED BD FD 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



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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
Subtotal	488.14100				5,515.99	5,398.44	117.55
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	9.3000	03/05/12	07/26/12	2,006.45	2,000.00	6.45
	0.16600	9.2900	04/02/12	07/26/12	1.54	1.54	0.00
	219.10900	9.2900	04/04/12	07/26/12	2,044.29	2,035.52	8.77
	0.37800	9.3000	05/01/12	07/26/12	3.52	3.52	0.00
	205.46000	9.3000	05/09/12	07/26/12	1,916.95	1,910.78	6.17
	0.50200	9.2900	06/01/12	07/26/12	4.68	4.66	0.02
	195.68100	9.2900	06/07/12	07/26/12	1,825.71	1,817.88	7.83
	0.70300	9.3000	07/02/12	07/26/12	6.55	6.54	0.01
	104.96800	9.3000	07/03/12	07/26/12	979.37	976.21	3.16
	130.97200	9.3000	07/03/12	07/30/12	1,221.97	1,218.03	3.94
Subtotal	1,072.99300				10,011.03	9,974.68	36.35
GOLDMAN SACHS TR FINL SQUARE TREAS INSTRS FD INSTL CL CUSIP 381428500	78.96000	1.0000	03/05/12	05/18/12	78.96	78.96	0.00
	114.15000	1.0000	03/05/12	06/15/12	114.15	114.15	0.00
	794.32000	1.0000	03/05/12	07/13/12	794.32	794.32	0.00
	12.57000	1.0000	03/05/12	07/20/12	12.57	12.57	0.00
	37.72000	1.0000	04/04/12	07/20/12	37.72	37.72	0.00
	182.18000	1.0000	04/04/12	08/17/12	182.18	182.18	0.00

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
	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
Subtotal	3,168.52000				3,168.52	3,168.52	0.00
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
Subtotal	2,271.76300				24,771.31	25,663.00	-891.69
JANUS INVT 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 4612C0381	126.15300	11.9100	03/05/12	07/26/12	1,531.50	1,502.49	29.01
NUVEEN INVT FDS INC REAL ESTATE SECS FUND CL I CUSIP 670678507	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 INVT							
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 INVT							
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	18.3700	03/05/12	07/26/12	9,847.58	10,000.00	-152.42
	539.68300	18.5000	04/04/12	07/26/12	9,762.86	9,984.14	-221.28
	556.72900	18.0500	05/09/12	07/26/12	10,071.23	10,048.95	22.28
	580.34700	17.5200	06/07/12	07/26/12	10,498.48	10,167.68	330.80
	328.10700	18.3500	07/03/12	07/26/12	5,935.46	6,020.76	-85.30
	181 90100	18.3500	07/03/12	07/30/12	3,345.16	3,337.88	7.28
Subtotal	2,731.13300				49,460.77	49,559.41	-98.64
RS INVT TR							
LOW DURATION 80 FD CL Y							
CUSIP 74972H374	9,630 35000	10.2900	03/02/12	04/18/12	98,995.00	99,096.70	-101.70
	9,718.65900	10.2900	03/02/12	05/04/12	100,000.00	100,005.41	-5.41
	9,747.07600	10.2900	03/02/12	06/04/12	100,000.00	100,297.82	-297.82
	9,737.09800	10.2900	03/02/12	06/26/12	100,000.00	100,195.14	-195.14
	9,699.32100	10.2900	03/02/12	07/26/12	100,000.00	99,806.42	193.58
	9,699.32100	10.2900	03/02/12	08/27/12	100,000.00	99,806.42	193.58
	9,680 54200	10.2900	03/02/12	09/26/12	100,000.00	99,613.18	386.82

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
	9,671.18000	10.2900	03/02/12	10/26/12	100,000.00	99,516.84	483.16
	9,680.54200	10.2900	03/02/12	11/26/12	100,000.00	99,613.18	386.82
	9,689.92200	10.2900	03/02/12	12/26/12	100,000.00	99,709.69	290.31
Subtotal	96,954.01100				998,995.00	997,660.80	1,334.20
TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES					\$1,096,801.18	\$1,096,267.24	\$533.94



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 00203H802	930.50000	11.1000	03/05/12	12/06/12	10,393.68	10,328.55	65.13
ARBITRAGE FD CL I CUSIP 03875R205	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							
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
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	1.0000	03/05/12	03/07/12	114.29	114.29	0.00
	398.14000	1.0000	03/05/12	04/13/12	398.14	398.14	0.00
	390.15000	1.0000	03/05/12	07/13/12	390.15	390.15	0.00
	393.15000	1.0000	03/05/12	10/12/12	393.15	393.15	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 MKRT 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

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BROWNSVILLE COMMUNITY
FOUNDATION
ACCOUNT C

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
NATIXIS FDS TR II ASG MANAGED FUTURES STRATEGY FD CL Y CUSIP 63872T729	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 ☒ **X**
- 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 III 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	Name of exempt organization or other filer, see instructions 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) **01**

Application Is For	Return Code	Application Is For	Return Code
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**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

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

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

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

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

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

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

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

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions. BROWNSVILLE COMMUNITY FOUNDATION, INC C/O RANSOME & RAY, PC	Employer identification number (EIN) or 74-2826613
	Number, street, and room or suite no. If a P.O. box, see instructions. 550 E LEVEE ST	Social security number (SSN)
File by the due date for filing your return. See instructions.	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-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)