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JSA 2E1010 1 000

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or th	e 201	2 calendar year, or tax year	beginning $_{ m Jul}_{ m V}$	1 , 20	012, and	d ending _J ղ	ne 30		, 20	13	
P			C Name of organization					D Employ	er identif			
D C	heck if ap —	oplicable	Carlsbad Community	Foundation	. Inc.							
	Addre	ess je	Doing Business As					1 85	-020	6472		
	Name	change	Number and street (or P O box if r	nail is not delivered to	o street address)	Roor	m/suite	E Telepho				
	Instral	return	114 S. Canvon Stree	t.				5.7	5-88	7-1131		
	Term	inated	City, town or post office, state, and					<u> </u>	-5 00	<u>, , , , , , , , , , , , , , , , , , , </u>		
	Amen		Carlsbad, NM 88220	ı				G Gross re	ceipts \$			
	Applic	cation	F Name and address of principal of					H(a) is this	a group ref		Yes	V No
	, pena	y	James Harrison, 191	0 Sentry	Carlshad NM	1 8822	n	affiliate H(b) Are all		icluded?	Yes	A No
ī	Tax-ex	empt st			sert no) 4947(a		527	⊣ `´		st (see instru	J	
J	Websi	te: 🕨	N/A	, , , , , , , , , , , , , , , , , , , ,		,,,,,,,	1 1 2 2 .	H(c) Group		•	•	
ĸ	Form (of organ		Association	Other ►		L Year of forms			e of legal do	micile	NM
_	rt l		nmary		I							141.1
			describe the organization's miss	ion or most signifi	cant activities The	Carls	shad Com	munity	Found	ation	exic	ts
SCANACTEVILIES & GOVERNAMOR 2013			mprove the quality									
ece.									<u> </u>			
er L				·								
آ أ	2	Check	this box I if the organizat	on discontinued	its operations or dist	posed of	more than 25%	6 of its net a	sets			
္နီဇိ			er of voting members of the gove		·							10
es (er of independent voting member									10
NEW YEAR			number of individuals employed ii									<u></u> 5
			number of volunteers (estimate if r						6			30
2	7a	Total	unrelated business revenue from F	Part VIII. column (C	C) line 12				7a			
W .			nrelated business taxable income						7b			
8								Prior Yea		Cur	rent Ye	 еаг
4.	8	Contri	butions and grants (Part VIII, line am service revenue (Part VIII, line a	IP) [2,972	 -		3,405
nue	9	Progra	am service revenue (Part VIII line :)	RECENT		···		<u> </u>	1	300	400
Revenue	10	Invest	ment income (Part VIII, column (A) lines 3 4 and 2			· · / ·	35	9,490	1	216	5,214
œ	11	Other	revenue (Part VIII, column (A), lir	<i>∵I</i> ∵		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>		1213			
	12	Total	evenue - add lines 8 through 11	must equal Patry	III. column (A) line 1	JJ3 : 18	શું∤∷	5.4	2,462	0	790	619
_			s and similar amounts paid (Part I)				, , 		6,905	ľ		240
			its paid to or for members (Part IX			<u>`</u>	₹ <i> </i> ;		0,200	1	<u> </u>	7240
w			es, other compensation, employee		7 7 1	:// j	·//- · · · ├──	23	9,163		213	3,314
Expenses			ssional fundraising fees (Part IX, co			-	a		<u>, , , , , , , , , , , , , , , , , , , </u>	1	210	7 3 1 1
ber			fundraising expenses (Part IX, colu	, ,			• • • • •			1		
û			expenses (Part IX, column (A), lin					1.01	2,533	1	.003	3,406
	18		expenses Add lines 13-17 (must						8,601			5,960
	19		ue less expenses Subtract line 1					-1,02		1		341
5 8		1101011	ac iose expenses contract into the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				nning of Curr			of Yea	
a ge	20	Total a	assets (Part X, line 16)					24,51	4 753	25	018	3,128
Net Assets or Fund Balances	21		rabilities (Part X, line 26)				• • • • •		0,126), 476
E.E	22		sets or fund balances Subtract li					18,02				652
Pa			nature Block			, , , , , , , , , , , , , , , , , , , 	· · · · · · · · · · · · · · · · · · ·	20102	<u> </u>	1	, , <u>, ,</u>	7002
Und	ler per	nalties o	f perjury, I declare that I have examir	ed this return, inclu	iding accompanying sc	hedules a	nd statements,	and to the be	st of my	knowledge	and be	elief, it is
true	, corre	ct, and	complete Declaration of preparer (other	er than officer) is bas	sed on all information of	which pre	eparer has any l	nowledge				
			/ahlt						10	-4-13	3	
Sig		F -	Signature of officer			· · · · · · · · · · · · · · · · · · ·		Date				
Her	·e	l 🕟 .	/James (11. +H	21/150h	Exec. [Sir.						
			Type or print name and title	<u>-,, </u>								
		Print/	Type preparer's name	Preparer's sig	gnature	. 0	ate	Check	ıf	PTIN		
Paid		Don	ald W. Kluesner	1//	WW. X hu	م لمست	08/13/13	self-em		P∩1	.2060	377
-	arer	Firm's			•		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Firm's EIN	> 85-			
Use	Only		address ► 209 W. McKay			88220		Phone no		5-885-3		
May	the II		cuss this return with the preparer			<u> </u>		,			es	No
			Reduction Act Notice, see the se			<u> </u>	<u> </u>					(2012)

Part	IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			ı
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ı
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ı
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ı
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ŀ		ı
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ı
_	"Yes," complete Schedule D, Part I	6		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>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		v
^	Complete Schedule D, Part III	-		X
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	ĺ		ı
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	ı
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable	- /*	-	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	х	
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
		11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		1	ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			İ
	repetited in the in the property and a series and a serie	11d		X
	The same of games and the same of the same	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			ł
	Comprete Conceans D, ranto Mil and Mil 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406		١
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	144		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		_	
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization report more than \$5,000 of grants and other assistance to any government or organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. 22 Did the organization have a very rest to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part IXI, Section A, line 3, 4, or 5 about compensation of the organization have a tax-overing bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "No," go to line 25. 24 Did the organization natural an ascrow account other than a refunding escrow at any time during the year to defease any tex-exempt bonds? 25 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 26 Did the organization account other than a refunding escrow at any time during the year? 27 Did the organization account other than a refunding escrow at any time during the year? 28 Section \$01(c)(3) and \$01(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unity that the transaction has not been reported on any of the organization's price 7ms 990 or 990-EZZ? 28 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or year, and that the transaction has not been reported on any of the organization's price 7ms 990 or 990-EZZ? 29 Did the organization a party to a business transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV. 29 Did the organization as party to a business transaction with one of the following parties (see Schedule L, Part IV. 29	Par	Checklist of Required Schedules (continued)			
in the United States on Part IX. column (A), line 17 if "Yes," complete Schedule I, Parts I and II. 21 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 27 if "Yes," complete Schedule I, Parts I and III. 22 Did the organization answer "Yes" to Fart IVII, Section A, line 3. 4, or 5 about compensation of the employees? if "Yes," complete Schedule I. Part IVI. 18 does not not standing principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer innes 246 through 24d and complete Schedule II. Mino," go to line 25 through 24d and complete Schedule II. Mino," go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 25 through 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go to line 24d and complete Schedule IVI. Mino, go t				Yes	No
22 bit the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part K. Column (A), line 2? if "yes," complete Schedule I, Parts 1 and it is employees? if "es," complete Schedule I, Parts 1 and it is employees? if "es," complete Schedule I, Part II, Is a Did the organization have a tax-exempt bond is sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? if "es," answer imes 240 through 24d and complete Schedule K if "No," go to line 25. 12 bit the organization martian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? of tax-exempt bonds beyond a temporary period exception?	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of" issuer for bonds outstanding st any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding as an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I. b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations pro Forms 990 or 990-EC2 If "Yes," complete Schedule L. Part II. 25 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II. 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part IV. 27 Was the organization apparts to a business transaction	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24a	x	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246	h			-11	x
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with a disqualified person during the year? If "Yes," complete Schedule L, Part I		· · · · · · · · · · · · · · · · · · ·			
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 // 1/17/95, "complete Schedule L, Part I/. 25 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I/I. 26 Was aloan to or by a current or former officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I/I	25 a		252		v
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. In the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 17701-2 and 301 7701-2 if "Yes," complete Schedule R, Part I, III. By the organizatio	.		200		$\vdash $
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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	26		0.0		١.,
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			20		<u> </u>
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27				1
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV				,	
Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			27	L	<u> X</u>
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 1. 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		•			
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O.	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		Schedule L, Part IV	28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Did the organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, Innes 11b and 19? Note. All Form 990 filers are required to complete Schedule O	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		•	30		х
Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Told the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	31				
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			31		X
complete Schedule N, Part II	32	Did the organization sell, exchange dispose of or transfer more than 25% of its net assets? If "Yes,"			
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	-		32	1	l x
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33				
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		· · ·	33		l x
or IV, and Part V, line 1	3.4		1		- ^`
Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	J 4		34		١,,
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25.0				
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			Jua		-
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	D		256		
related organization? If "Yes," complete Schedule R, Part V, line 2			350		X
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	36				l
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			36	-	 X -
Part VI	37				
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O		·			
19? Note. All Form 990 filers are required to complete Schedule O			37	ļ	X
	38				
		19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

Par	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			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5		[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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		Х
D	If "Yes," enter the name of the foreign country ▶			
5 -	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- 5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		71
	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		Х
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).			
а	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		Х
	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
	If "Yes," indicate the number of Forms 8282 filed during the year		- -	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		~
9	organization, have excess business holdings at any time during the year?			_ X
_	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
	Enter the amount of reserves on hand	4.		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See in			
	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sect</u>	tion 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	İ		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u> <u>10</u>			
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		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
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			v
	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,	76		v
•	stockholders, or persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD	^	
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		Х
Secti	on 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
	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		11a	Х	
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	Х	
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		<u>X</u>
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u>X</u> _
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?			
а	The organization's CEO, Executive Director, or top management official	15a		
þ	Other officers or key employees of the organization	15b	Х	
	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			i
Soot	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New Mexico			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	υ1(c)	(3)S O	nıy)
	available for public inspection. Indicate how you made these available Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)			
		.		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	t inte	rest p	юнсу,
	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 to organization ▶ Jan Nesbit, 114 S. Canvon, Carlsbad, NM 88220 (575)887-1131	iE		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

orm 990 (2012))									Page	<u>7</u>
Part VII	Compensation	of Officers.	Directors.	Trustees.	Kev	Employees.	Highest	Compensated	Employees,	and	_

 Independent Contractors		•		
 Check if Schedule O contains a response to any qu	estion in this	s Part VII	<u>.</u> .	<u></u>

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization in	or any related	orga	nıza	tion	COI	npen	sate	ed any current office	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	box, office or direc	unles er and	Pos heck ss pe	rson	han both or Highest compensated employee	an tee)	(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
	line)	rustee	l trustee		/ee	npensated				
(1) James Harrison										
Executive Director		ĺ				l _x		126,078	o	C
(2) Mike Garringer										
President		X		Х					o	C
(3) Pete Estrada				<u> </u>	_					
Vice President	li e	x		x						C
(4) Craig Stephens		<u> </u>								
Secretary		x_		x	i					C
(5) Larry Henderson	 	<u> </u>								
Treasurer		х		x				1		C
(6) Wanda Durham				Ť						
Director	<u>-</u>	X.						1		
(7) Vicki Moutray		<u> </u>	—							
	 -	x								
(8) Judy Lunardon					<u> </u>					
Director		X							0	
(9) Richard Forrest, Jr.			\top	İ			T			
Director	2	X	1		ļ		İ			(
(10) Mary Walterscheid			 				1	,	<u> </u>	`
Director	I	x								
(11) Amy Power			1	t			T		<u> </u>	
- .	 -	х		İ						
(12)										
(13)					\vdash	-				
(14)			-			_				

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employe	es (con	tınue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson firect	e than o is both tor/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation related		Est am	(F) imated ount of other	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-MI		comp fro orga and	ensation the inization related	n d
(15)													
(16)												_	
(17)				-								-	
(18)					<u> </u>								
(19)													
(20)													
(21)		_								-			_
(22)					_								
(23)													
(24)													
(25)													
1b Sub-total	ection A .							126,078 126,078			-		
Total number of individuals (including but not reportable compensation from the organization)	limited to t									 			
3 Did the organization list any former office		or or	· tri	ıcto	<u> </u>	kov s	mr	Novee or highes	t compensate	-d [Yes	No
employee on line 1a? If "Yes," complete Schede	ule J for su	ch ına	lıvıd	ual						.	3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations grounds.	eater than	\$15	50,0	007	2 11	"Yes	s, "	complete Schedu	le J for su	ch	4		
5 Did any person listed on line 1a receive or	accrue co	mpen	satı	on	fron	n any	un	related organizati	on or individu	ıal .			X
for services rendered to the organization? If "You Section B. Independent Contractors	es, compie	te Sci	теац	<u> </u>	Ιτοι	sucn	per	son	<u>.</u>	<u>. , l</u>	5		X
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i ompensati	ndepe on fo	ende r the	ent e ca	con	tracto dar ye	rs t	that received more ending with or with	e than \$100,0 hin the organi	00 of zation's	tax		
(A) Name and business add	Iress					·		(B) Description of se	ervices	Cor	(C)	ation	
None		_					-			<u>-</u>			
							1						
							+				-		
2 Total number of independent contractors received more than \$100,000 of compensation						ited	to	those listed abo	ove) who	.,			
JSA 2E1050 1 000		J.gai	u		_		-	U			Form	990	(2012

Pa	rt VII	Statement of Revenue	on in this Deat VIII			
•		Check if Schedule O contains a response to any questi	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns				
Program Service Revenue	2a b c d	Total. Add lines 1a-1f	583,405			
Progra	f g	All other program service revenue				
	4 5 6a	other similar amounts)	451,513			
	b c d	Less rental expenses Rental income or (loss)				
	b c d	assets other than inventory Less cost or other basis and sales expenses	-235,299	and the second s		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
Othe	C	Less direct expenses				
	10a	Less direct expenses				
	b c	Less cost of goods sold				
	11a b c d	All other revenue				
	42	Total revenue See instructions	799 619			

Part IX Statement of Functional Expenses

Sec	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										
	not include amounts reported on lines 6b, 7b, 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 .	253,950	253,950							
2	Grants and other assistance to individuals in									
	the United States See Part IV, line 22	56,290	56,290							
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	126,078		126,078						
6	Compensation not included above, to disqualified	120,010								
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	67,065		67,065						
8	Pension plan accruals and contributions (include section									
	401(k) and 403(b) employer contributions)									
9	Other employee benefits	6,247		6,247						
10	Payroll taxes	13,924		13,924						
11	Fees for services (non-employees)									
а	Management									
b	Legal				<u> </u>					
C	Accounting	8,643		8,643						
d	Lobbying									
	Professional fundraising services See Part IV, line 17									
	Investment management fees	_65,353		65,353						
g	Other (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O)		·							
12 13	Advertising and promotion	15,398		15,398						
14	Office expenses	10,090		15,550						
15	Royalties									
16	Occupancy	22,039		22,039						
17	Travel	3,650		3,650						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	309,179	309,179							
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	542,747	534,434	8,313						
23	Insurance	13,418		13,418						
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)									
	· ' ' · · · · · · · · · · · · · · · · ·	00.070		22.070						
a	Dues and Publications	22,979		22,979						
b				··						
C			-							
đ	All other expanses									
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	1,526,960	1,153,853	373,107						
26	Joint costs. Complete this line only if the	1,320,300	1,133,033							
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if									

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
	1	Cash - non-interest-bearing	51,388	1	81,468
	2	Savings and temporary cash investments	187,424		286,045
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees			
	_	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section		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 instructions) Complete Part II of Schedule L	,	6	
ets	7	Notes and loans receivable, net	111,521	7	73,492
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	36,586	9	33,510
	10 a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 12,840,968			
	b	Less accumulated depreciation	10,366,579	10c	9,831,000
	11	Investments - publicly traded securities	13,761,135	11	14,712,518
	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	120		95
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,514,753		25,018,128
	17	Accounts payable and accrued expenses	83,309		73 , 652
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	4,895,797		4,467,547
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ij	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and		ł	
_		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	800,000		800,000
	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	711,020	25	969,27 <u>7</u>
	26	Total liabilities. Add lines 17 through 25	6,490,126	26	6,310,476
sec		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	3,474,132		3,804,31 <u>9</u>
B	28	Temporarily restricted net assets	-4,743,044		<u>-4,943,030</u>
Pur	29	Permanently restricted net assets	19,293,539	29	19,846,363
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
şţs	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31_	
¥	32	Retained earnings, endowment, accumulated income, or other funds [32	
Š	33	Total net assets or fund balances	18,024,627	33	18,707,652
	34	Total liabilities and net assets/fund balances	24,514,753		25,018,128
					Form 990 (2012)

orm 9	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			799	<u>,619</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	526	<u>, 960</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>-727</u>	,341
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		18,	024	,627
5	Net unrealized gains (losses) on investments	5		1,	410	,366
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				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		18,	<u>707</u>	, 652
Part	Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		· · · ·	• • •	Yes	N.
_					Tes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpiair	1 111			
_	Schedule O			1 2-		.,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	nnilod		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	IIPlieu	01		l	
	reviewed on a separate basis, consolidated basis, or both				l	
	Separate basis Consolidated basis Both consolidated and separate basis			2b	x	
b	Were the organization's financial statements audited by an independent accountant?			20		_
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited o	n a		l	
	separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis				1	
				1 '	ĺ	İ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	signt	,	2c	x	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts.	intant 4	, - 1-	<u> </u>		†
	If the organization changed either its oversight process or selection process during the tax year,	exhiaii	11 111			
_	Schedule O	المراجعة	h in		-	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	et iorti	11 111	3a		X
_	the Single Audit Act and OMB Circular A-133?	· · ·	the			 ^ -
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unrequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	idite	uie	3b	1	
	required audit of audits, explain why in Schedule O and describe any steps taken to undergo such at	44113		, ••	—	

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

		<u>bad Community</u>								<u>-0206</u>				
Pa				s (All organizations mu						uctions				
The	orga	anization is not a priv	rate foundation bed	cause it is (For lines 1 th	rough	11, che	ck only	one box	x.)					
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)					
2		A school described	in section 170(b)	(1)(A)(ii). (Attach Schedul	eЕ)									
3		A hospital or a coo	perative hospital s	ervice organization descri	bed in	sectio	n 170(b)(1)(A)	(iii).					
4				erated in conjunction wi						n 170(b)(1)(A	\)(iii). ∃	Enter	the
		hospital's name, cit	-	•										
5				nefit of a college or univ	ersity	owned	or ope	rated b	y a go	vernme	ntal u	nit des	cribe	d in
		section 170(b)(1)(/			•		•							
6				or governmental unit des	cribed	ın sect	ion 170	(b)(1)(/	4)(v).					
7	$\vdash \vdash$			es a substantial part of it						it or fro	m the	e aene	ral pu	plic
•	Щ.	•	•	(Complete Part II)								J - · · ·		
8	Х			on 170(b)(1)(A)(vi). (Com	nlete F	Part II \								
9	\Box			es (1) more than 331/3 %				contrib	utions	membe	ershin	fees a	ınd a	ross
9				exempt functions - subj										
				ome and unrelated busi										
				ne 30, 1975 See section						, 511	tan, i		2011100	3303
				ted exclusively to test for						`				
10				rated exclusively for the							or t	o carn	, out	the
11	Ll			ipported organizations de										
													366	LIOII
				es the type of supporting c Type III-Function					Type III				oarat	ha
_	$\overline{}$	a Type I	b Type II									•	-	
е				the organization is not										
				gers and other than one	or mo	re pub	olicly Su	pportec	ı organ	izations	ues	inbed i	11 500	MON
_		509(a)(1) or section			- 100	4144		I T	5 mag = 11	T	. 111 -			
f				n determination from the	e IKS	tnat it	is a iy	уре і, і	уре п,	or Type	e III S	ирроп	ing [\neg
		organization, check				:::		,					٠. ١	
g		-	_	nization accepted any gift	or co	ntributi	on from	any of	the					
		following persons?			_						, ,		V T	N.
				ectly controls, either alor			er with	person	is desci	ribea in	(11)	44-0	Yes	No
		, ,	-	dy of the supported organ	ization	?						11g(i)		
		• •	•	scribed in (i) above?								11g(il)		
		• •	•	son described in (i) or (ii) a								11g(iii)		
h		Provide the following	ng information abo	ut the supported organiza	ation(s))	,							
	(i) N	lame of supported	(ii) EIN	(iii) Type of organization		Is the		ou notify		s the	(vii) A	mount c		etary
		organization		(described on lines 1-9 above or IRC section	col (i)	zation in Tisted in	the orga	(i) of		zation in rganized		suppo	ıπ	
				(see instructions))		overning ment?	your su			ŬS?				
					Yes	No	Yes	No	Yes	No				
(A)														
/D\														
(B)														
(0)														_
(C)										L				
(D)											1			
-,					-	ļ			 -		<u> </u>			
(E)														
									 					
Tota	al													

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.)

<u>Sec</u>	tion A. Public Support	_					
Cale	ndar 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")	342,521	245,845	1,167,023	182,972	_583,405	2,521,766
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	342,521	245,845	1,167,023	<u> 182,972</u>	583 , 405	<u>2,521,76</u> 6
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)						
	Public support. Subtract line 5 from line 4						<u>2.521.76</u> 6
<u>Sec</u>	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	342,521	245,845	1,167,023	182,972	583,405	<u>2,521,76</u> 6
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	476,864	372 , 907	497,555	359,490	216,214	1,923,030
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					1	4,444,796
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here		<u> </u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup			44 1 (6)		44	F.C. 7.2 F.09/
14	Public support percentage for 2012 (III	ne 6, column (1)	aivided by line	11, column (t))		14	<u>56.7352%</u> 53.2700%
15	Public support percentage from 2011 331/3% support test - 2012. If the o	scriedule A, Pa	not shock the		and line 14 is	334/2 % or mor	
Toa	this box and stop here. The organization						
h	331/3% support test - 2011. If the o	on qualifies as a	not check a be	ov on line 13 o	ır 16a and lınd		or more
b	check this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2						
174	10% or more, and if the organization						
	Part IV how the organization meets t					-	
	organization			-		* *	▶ 🗍
b	10%-facts-and-circumstances test - 2						and line
_	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						
18	supported organization						▶ 🔲
	instructions						
				<u></u>	· · · · · · · · · · · · · · · · · · ·		00 000 57) 0040

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

• •	•		
(Complete only	/ if you checked the	e box on line 9 of Part I or if the organization failed to qualif	y under Part II
		inder the tests listed below, please complete Part II.)	•

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(е	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		İ					
	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							-
_								
ı a	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							<u> </u>
_	Add lines 7a and 7b							**
8	Public support (Subtract line 7c from							
	line 6)				<u>i</u>			
	tion B. Total Support			1 1 2010	1,00044		0040	(D. T-4-1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e	2012	(f) Total
9	Amounts from line 6		_			ļ		
10 a	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				<u> </u>			
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 organizatio	n's first, second.	third, fourth, or	fifth tax year a	s a se	ection 501	(c)(3)
	organization, check this box and stop here.	•			-			
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2012 (line 8,		_	mn (fl)		15		%
16	Public support percentage from 2011 Schee				· · · · · · · · ·	16		%
	tion D. Computation of Investmen		_			_ 10 _		
				12 solumn (f)		47		%
17	Investment income percentage for 2012 (lin				-	17		
18	Investment income percentage from 2011 S					18	224/0.0/	
19 a	33 1/3 % support tests - 2012. If the org							
	17 is not more than 331/3%, check this							
b	33 1/3 % support tests - 2011. If the organ							
	line 18 is not more than 331/3 %, check							
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19l	b, check this bo	x and	see instr	uctions >
JSA	••				S	ichedu	IB A (FOM S	90 or 990-EZ) 2012

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	e of the organization				Em	ployer identification number
Ca	clsbad Community Foundation, Inc.				8	5-0206472
	organizations Maintaining Donor Adviorganization answered "Yes" to Form 9		Sin	nilar Funds or	Acc	ounts. Complete if the
		(a) Donor advi	sed f	unds		(b) Funds and other accounts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					········
5	Did the organization inform all donors and donor	adveces in writing that	tho	accete hold in	dono	r advised
	funds are the organization's property, subject to the	e organization's exclusi	ve le	egal control? .		Yes No
6	Did the organization inform all grantees, donors, ar		_			
	only for charitable purposes and not for the benefit					
	conferring impermissible private benefit?	<u> </u>		· · · · · · · · · · ·	<u></u>	Yes No
Pa	rt Conservation Easements. Complete if				orm S	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	- ·	that			
	Preservation of land for public use (e.g., recre	eation or education)		Preservation of	of an h	nistorically important land area
	Protection of natural habitat		Ш	Preservation of	of a ce	ertified historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he	eld a qualified conserva	atıor	n contribution in	the f	orm of a conservation
	easement on the last day of the tax year					
						Held at the End of the Tax Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified					
d	Number of conservation easements included in (c)					
	historic structure listed in the National Register				2d	
3	Number of conservation easements modified, tran					ov the organization during the
	tax year ▶		•			, ,
4	Number of states where property subject to conse	rvation easement is loc	ated	•		
5	Does the organization have a written policy regard					
-	violations, and enforcement of the conservation ea	-	_			
6	Staff and volunteer hours devoted to monitoring, in					
•		iopooting, and omorom	9 00),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		no daming and your
7	Amount of expenses incurred in monitoring, inspec	ting and enforcing cor	neer	vation easemei	nte di	iring the year
•	S	and emoroning con	1301	vation caseme	110 00	aring the year
8	Does each conservation easement reported on line	o 2(d) above eatisfy the	o roc	aurements of se	ection	170(b)(4)(B)
0	•					1 1 1
	(i) and section 170(h)(4)(B)(ii)?					
9	balance sheet, and include, if applicable, the text of					
	organization's accounting for conservation easeme		iyan	iization s iiranc	101 310	dements that describes the
Da			026	ures or Othe	r Sim	allar Accote
Га	rt III Organizations Maintaining Collections Complete if the organization answered				. 5	mai Assets.
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958) n	not t	o report in its	reven	ue statement and halance shee
ıa	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	ar assets held for pub potnote to its financial s	olic state	exhibition, edu ements that des	catior cribes	n, or research in furtherance of sitheselitems
b	If the organization elected, as permitted under sworks of art, historical treasures, or other similar public service, provide the following amounts relations.	ar assets held for pub	to blic	report in its re exhibition, edu	evenu cation	ue statement and balance shee n, or research in furtherance o
	(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 a	t historical tractures	0.	other similar	 accata	for financial dain provide the
2	following amounts required to be reported under S					5 101 IIIIanolai gain, provide the
_	Revenues included in Form 990, Part VIII, line 1.	1 49 (10 (MSC 830) 16	ialli	ig to these items	3	▶ ¢
a b						

	dule D (Form 990) 2012							_	Page 2
Pai	t III Organizations Maintainii	ng Collections o	f Art, Historical	Treasures	, or Oth	er Similar	Asse	ets (cont	inued)_
3.	Using the organization's acquisition collection items (check all that apply	n, accession, and o	other records, che	ck any of th	e followii	ng that are	a sign	oficant us	e of its
а	Public exhibition	•	d Loan	or exchange	e program	ıs			
b	Scholarly research					 -			
С	Preservation for future genera	ations							
4	Provide a description of the organ	zation's collections	and explain how	they furthe	r the orga	anization's e	xempt	purpose	ın Part
	XIII				_		·		
5	During the year, did the organization	n solicit or receive o	lonations of art, his	torical treas	ures, or of	ther sımılar	_		
	assets to be sold to raise funds rathe							Yes	No
Par	Escrow and Custodial A line 9, or reported an amo			ganization	answere	ed "Yes" to	Form	n 990, P 	art IV,
	Is the organization an agent, trustee included on Form 990, Part X?		· · · · · · · · · · ·				[Yes	☐ No
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following ta	ble	- ₁ .				
					ļ	Amo	unt		
	Beginning balance								
	Additions during the year Distributions during the year								
	Ending balance							· · ·	
2a								Yes	No
	If "Yes," explain the arrangement in								─ ` `
Par									
		(a) Current year	(b) Prior year	(c) Two ye		(d) Three years		(e) Four ye	ears back
1a	Beginning of year balance	14,550,495	15,326,360	13,9	26,218	13,923	,458	16,67	1,968
b	Contributions	561,254		1	69,969		,165		52,753
С	Net investment earnings, gains,								
	and losses	808,516	83,65	1,3	13,509	847	<u>,779</u>	-1,84	
	Grants or scholarships	276,299	286,50	3	42,703	353	<u>,551</u>	51	9,164
е	Other expenditures for facilities								
	and programs	740,633	740,633	3 7	40,633	740	<u>, 633</u>	74	<u>10,633</u>
	Administrative expenses End of year balance					12.006	010	12.00	
9 2			14,550,495		26,360) bold as	13,926	,218	13,92	23,458
a	Board designated or quasi-endowm			, column (a)) Hold as				
b	Permanent endowment ► 67.0		-~						
	Temporarily restricted endowment	<u>> 33 0000 %</u>							
	The percentages in lines 2a, 2b, and		00%						
3a	Are there endowment funds not in t			t are held ai	nd adminis	stered for the	;		
	organization by.							Y	es No
	(i) unrelated organizations		. 					3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related orga				· · · · · ·			3b	
4	Describe in Part XIII the intended us			_					
Par	t VI Land, Buildings, and Equ	1							
	Description of property	(a) Cost or (inves		or other basis other)		imulated ciation	(c	l) Book value	•
1a	Land			33,433	1				33 <u>,433</u>
b	Buildings		12	<u>,690,391</u>	2,9	21,137		9,76	59 <u>,254</u>
ر C	Leasehold improvements		-	117 111	-	00 001			20. 21.2
d	Equipment			117,144	-	88,831			28,313
	Other		n 990 Part Y colum	n (R) line 1	O(c))			0.01	31 000
TOLA	i. Add iiiles Ta tillough Te (Column	(u) must s quat rom	i 330, i ait A, coluli	ייי (ט), וווופ די	<u> </u>		Schod	y, 8 رو ule D (Form	31,000 990) 2012

JSA 2E1270 1 000

Schedule D (Form 990) 2012

Part VII	Investments - Other Securities. See	Form 990, Part X, line	e 12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Fınanci	al derivatives			
	-held equity interests			
(3) Other_				
<u>(B)</u>				
(D)			<u> </u>	
(E)		-	.	
(F)			-	
(G)				_
(H)				
(1)				
	in (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		T		
	(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	in (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X			(h) Dook velve
(1)7 000		(a) Description	· - · · · ·	(b) Book value
(2)	ued Interest Receivable			95
(3)				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	umn (b) must equal Form 990, Part X, col (E	3) line 15.)		95
Part X	Other Liabilities. See Form 990, Part		• • • • • • • • • • • • • • • • • • • •	
1.	(a) Description of liability	(b) Book value	Э	
(1) Fede	ral income taxes			}
	ds Held for Other Organizatio	ns 969	<u>, 277</u>	!
_(3)				ı Į
(4)				
(5)		_		ļ
(6)				}
<u>(7)</u> <u>(8)</u>				
(9)	· · · · · · · · · · · · · · · · · · ·			ļ
(10)				
(11)				
	nn (b) must equal Form 990, Part X, col (B) line 2	5) ▶ 969	, 277	
	ASC 740) Footnote In Part XIII, provide the tex	d of the footnote to the o	rganization's financial statements that re	
liability for u	ncertain tax positions under FIN 48 (ASC 740) C	heck here if the text of the f	ootnote has been provided in Part XIII	<u> </u>

chedu	ıle D (Form 990) 2012		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	2,209,985
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 1,410,366		
b	Donated services and use of facilities 2b]	
С	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	1,410,366
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	- -	799,619
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	· · · · · · · · · · · · · · · · · · ·		
c		1 4 1	
_	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c	700 610
5 Part			799,619
	Total expenses and losses per audited financial statements		1 506 060
1		1	1,526,960
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) Add lines 3e through 3d		
е	Add lines za through zu	2e	
3	Subtract line 2e from line 1	3	1,526,960
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)		
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	1,526,960
Part	XIII Supplemental Information		
art V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II I, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro- nation	V, lines vide an	1b and 2b, y additional
<u>art</u>	V. Line 4: Endowment funds are used to generate investment income t	o be	used in
prov	iding grants, scholarships and retirement of tax exempt bond principl	<u>e and</u>	
nte	rest.	-	
			

Schedule D (Fo	rm 990) 2012 P	age 5
Part_XIII	Supplemental Information (continued)	
. a. t. Xiii	- application (continued)	
		
		
		-
-		
		-
		_
		
		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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	Employer identification number	
Carlsbad Community Foundation, Inc.	85-0206472	
Part 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	s or assistance, and	
the selection criteria used to award the grants or assistance?	×	Z
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,	ration answered "Yes" to For	m 990,
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	leeded.	

Operating Assistance (h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 96,000 (d) Amount of cash grant (c) IRC section if applicable 501(c)(3) 204024297 (p) EIN (1) Permian Basın Reg. Traınıng Cen. (a) Name and address of organization or government Carlsbad, NM 88220 **©** 6 (12) 2 4 5 (1) (5) <u>(5)</u> **[6]** (10)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012)						Page 2
Part III Grants and Other Assistance to Individuals in the U	Individuals in that I space is need	ie United States ded	. Complete if the	e organization answered	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	•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1 Educational Scholarships	126	56,290	0			
2						
3						
4						
2						
9						
7						
Part IV Supplemental Information. Computer Information.	lete this part to	provide the info	ormation required	in Part I, line 2, Part III,	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
The organization monitors the grant funds	:	<u>provided_to_th</u>	<u>ie grantee by</u>	/_reviewing_the_mo	_to_the_grantee_by_reviewing_the_monthly_operating_financial	
statements_of_the_grantee	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		1				
<u>Individual scholarships are monitored by r</u>	ored by reg	<u>uırinq the s</u>	students to F	equiring the students to provide transcripts of the classes	s of the classes and	
grades_from_the_university_they_are_attending	<u>re_attendin</u>	<u>d</u>	 			

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Open to Public Inspection

OMB No 1545-0047

► See separate instructions.

► Attach to Form 990.

Supplemental Information on Tax-Exempt Bonds

Employer identification number

pa								85-0206472	06472	
Fard Soues (a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue puce	920	(f) Description of purpose	f purpose	(g) Defeased	(h) On behalf of issuer	(i) Pooled financing
								Yes No	Yes No	Yes No
A City of Carlsbad	856000111	142991	4/06/06	7,000,000		Purchase Building	and Equipmen	×	×	×
ω								•		
										-
O			:							
c										
Part Proceeds										
J				¥		8	၁		٥	
1 Amount of bonds retired		•	<u> </u>							
2 Amount of bonds legally defeased										
3 Total proceeds of issue			•	7,00	000,000					
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds			• • • • • •							
6 Proceeds in refunding escrows	• • • • • • • •									
7 Issuance costs from proceeds	••••••									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds				7,0	000,000					
11 Other spent proceeds			•							
12 Other unspent proceeds										
13 Year of substantial completion				2007			-		<u>-</u>	
				Yes	Š	Yes	Yes	S N	Yes	Š
14 Were the bonds issued as part of a current refunding issue?	ng issue?				×					
15 Were the bonds issued as part of an advance refunding issue?	nding issue?		•		×					
16 Has the final allocation of proceeds been made?				×						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	upport the final allocal	on of proceeds'		×						
Part III Private Business Use										
				A		В	၁		Q	
1 Was the organization a partner in a partnership, or a member of a	a member of an	ın LLC,		Yes	N _o	Yes No	Yes	S.	Yes	No No
which owned property financed by tax-exempt bonds?	sbı				×					
2 Are there any lease arrangements that may result in private business use		of bond-financed property?	d property?		×					
	000							100	Adulto K (Epm	0001 2042

2E1295 1 000

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

Schedule K (Form 990) 2012

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Schedule K (Form 990) 2012

Part III Private Business Use

Part III Private Business Use (Continued)								•
	4			8		ပ		۵
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	No X	Yes	ON.	Yes	No	Yes	No
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		>						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		<						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.0%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶		1 '		%		%		%
6 Total of lines 4 and 5.				%		%		%
Does the bond issue meet the private security	×							
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-27.	×							
Part IV Arbitrage								
	A			В		င	O	
	Yes	No	Yes	No	Yes	No	Yes	No
Į.	×							
a Rebate not due vet?								
b Exception to rebate?								
No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
3 Is the bond issue a variable rate issue?		×						
æ		>						!
		<						
b Name of provider								
e Was the hedge terminated?								
ğ						Š	Schedule K (Form 990) 2012	rm 990) 2012

Schedule K (Form 990) 2012 Part IV Arbitrage (Continued)								Page 3
		٧		8		ပ		٥
	Yes	N _o	Yes	Š	Yes	οN	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
b Name of provider								
d Was the requisitors eafe harbor for cetablishing the fair market value of the Cil cettefood?						_		
d Was the regulatory safe framour for establishing the fall finance value of the GIC satisfied.		:						
Were any gross proceeds invested beyond an available terriporary period		×						
7 Has the organization established written procedures to monitor the								
requirements of section 1487	×							
Part V Procedures To Undertake Corrective Action								
		A		В		C	-	0
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	°N	Yes	No	Yes	ON.
tax requirements are timely identified and corrected through the voluntary closing								
agreement program it self-remediation is not available under applicable regulations?							_	
Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).	mation for	response	s to quest	ions on S	shedule K	(see instru	ıctions).	
N/A								
		ļ						
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					•			
SA						6,	Schedule K (Form 990) 2012	orm 990) 2012
2E1328 1 000								

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the digalization	Employer Identification number
Carlsbad Community Foundation, Inc.	85-0206472
Part VI, Line 11b: The organization presents the completed Form 9	90 to its Board of
Directors at their regular meeting, where it is reviewed and signe	d
Part VI, Line 19: The organization makes its governing documents,	policies and
financial statements available to the public at its business offic	e during regular
business hours upon request.	
	