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# Form 990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

20**13** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A	Fo	r the 201	3 calendar year, or tax year beginning , and e	nding				
В	Che	ck if applic	able C Name of organization U.SMexico Border Philanthropy Partnership	_	D Employer	dentification n	ımber	
	Add	ress chang						
	Nam	ne change	Number and street (or P.O box if mail is not delivered to street address) Room/suite		<u> 26-2946180</u>			
<u> </u>	] ''a'' 3	ne change	2508 Historic Decatur Road 130		E Telephone	number		
L_	Initia	al return	City or town State ZIP code	l,	(619) 814-13	388		
Г	Tem	ninated	San Diego CA 92106		(575) 511			
_	7		Foreign country name Foreign province/state/county Foreign postal				^	04 507
L	Ame	ended retur	n		G Gross rece	ipts \$		31,597
	App	lication per	ding F Name and address of principal officer	H(a) Is the	s a group return fo	r subordinates?	Yes	X No
			Andy Carey 2508 Historic Decatur Road 130, San Diego, CA 92106	H(b) Are	all subordinates	s included?	Yes	No
	Tay	exempt sta	tus X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527	lf "N	No," attach a list	(see instruction	ns)	
÷								
			www borderpartnership.org		up exemption n			
K		n of organiz	ation X Corporation Trust Association Other ► L Yea	r of forma	tion 2008	M State of le	gal domicile	CA
	Par	t I	Summary					
		1 Brie	efly describe the organization's mission or most significant activities To significant activities	upport a	network of t	order regior	1	
Ş	2	org	anizations to build prosperity through philanthropy, knowledge sharing, program	ns and				
Š	2	ser	vices.					
	20	2 Ch	eck this box • I if the organization discontinued its operations-or-disposed	-of-more	ethan 25% o	f its net asse	ets	
6	3		mber of voting members of the governing body (Part VI, line 1a)	-	- )	3		13
		A Nin	wher of independent voting members of the governing body (Part VII line 1b)			4		13
į	# I	5 Tot	all according of the district and an analysis of the control of th	ചെ വേ	4 SO-SE	5		1
	Ē	6 Tot	al number of volunteers (estimate if necessary)	3020	16 5	6		33
•	Ş		al unrelated business revenue from Part VIII, column (C), line 12			7a		
			unrelated business taxable income from Form 990-T, line 34	17.		7b		
	1			22.04	Prior Year		Current Year	
		8 Co	ntributions and grants (Part VIII, line 1h)		512	,565	2	23,949
			gram service revenue (Part VIII, line 2g)			,538		7,612
	<b>o</b> b		estment income (Part VIII, column (A), lines 3, 4, and 7d)			128		36
ć	월   ;		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		
			al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		524	,231		31,597
			ants and similar amounts paid (Part IX, column (A), lines 1–3).			,500		01,007
			nefits paid to or for members (Part IX, column (A), line 4)			0		
			aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		282	,913	1	59,700
	e la		fessional fundraising fees (Part IX, column (A), line 11e)	$\vdash$	202	0		33,700
!	zasuedxa		al fundraising expenses (Part IX, column (D), line 25)  3,792	}	<del> </del>	<del></del>		<u>`</u>
ì	X .		ner expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		165	,421		03,912
	_   '			-		,834		63,612
04.	- 1		al expenses Add lines 13–17 (must equal Part IX, column (A), line 25).					32,015
<u> </u>		1 <b>9</b> Re	venue less expenses. Subtract line 18 from line 12	Boginn	ing of Current	,397  Year	End of Year	
ີນລະ <b>ຂ</b>	S L	20 Tot	ol consts (Port V. line 16)	Degiiiii		327		75,051
2	(197		al assets (Part X, line 16)					
<b>A</b>	[일]		al liabilities (Part X, line 26)			,631		84,370
	_		assets or fund balances Subtract line 21 from line 20	<u>.                                    </u>	222	,696		90,681
	art		Signature Block		- b			
			perjury, I declare that have examined in term, including accompanying schedules and statements, correct, and complete. Declaration of preparer (ather than officer) is based on all information of whic					
		01, 10 0 0 0		р.ора.о.	1			
F S	ign	1	Signature Signat		Date	. 1		
್.H	lere		ANDEW P CARRY Executive Dire	ctor	9-	24.14		
2014			Type or print name and title	20101	<u>L</u>	<del>~</del>		
<u>~</u> =		<u> </u>	Print/Type preparer's name  Preparer's signature	Date	<u> </u>		PTIN	
	aid		The type prepared a name	1 200		neck ıf		
		arer	Leonard Sonnenberg	9/1	9/2014 se	elf-employed	P0028758	31
	•	arer Only	Firm's name ► Sonnenberg & Co CPAs		Firm's EIN ▶	95-3749711		
U	, se (	Office	Firm's address ► 5190 Governor Dr, Ste 201, San Diego, CA 92122		Phone no	858-457-52	 52	
-	4	- 100	<del></del>		, none ilo			<u></u>
N	ay th	ne IKS d	scuss this return with the preparer shown above? (see instructions)		<u> </u>	<u>L</u>	X Yes	No

		Mexico Border Philanthropy I	Partnership	2	<u>6-2946180</u>	Page 2
Pa		ent of Program Service f Schedule O contains a i	Accomplishments response or note to any line in the	is Part III......		
1	Briefly describe the The US-Mexico Bor in the US-Mexico bo	organization's mission: der Philanthropy Partnership order region	strengthens and grows community p	philianthropy		
			•			
2	the prior Form 990 o		rogram services during the year whic		Yes	X No
3	services?	n cease conducting, or make	significant changes in how it conducts	s, any program	. Yes	X No
4	expenses. Section 5		complishments for each of its three land nizations are required to report the area program service reported.			
4a	Education/Learning education program decision-making wit events to spotlight r with border respons education program implementation of F	Community & Family Asset to gather disseminate accurate both internal and external needs and solutions, as well sibilities, adding our vision an includes the creation of markamily Asset Building	327,650 including grants of \$ Building BPP was formed in 2008 an ate data on border issues to imform constituent groups. We also organize as bring together public and private ed leadership to summon effective act setting and educational materials, as v	d launched an intical region-wide intities ion. This vell as the		
				••••		
				•		
4b			including grants of \$			
			•			
		••••				
				·••		
			•	·		
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$		<del></del>
			•••••			
				••••		
			••			
	***************************************			·		·
			•••••••••••••••••••••••••••••••••••••••			
4d	Other program servi	ices. (Describe ın Schedule (	O.)			
	(Expenses \$	0 including gr	ants of \$ 0) (Rev	venue \$	0)	
40	Total program service	ra avnancac 🕨	327 650			

GII L	Officerial of Required octionals	_		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	٣		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	]		
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	,		
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
a	Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	112		
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	<u> </u>	<b>_</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
40	and if 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		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			Ϋ́
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? 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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Par	t IV Checklist of Required Schedules (continued)			<u> </u>
,			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		_^
~	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	000 570 1/10/20 1/20 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/1/10 5 1/10 5 1/10 5 1/10 5 1/10 5	256		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		Х
20				
	current or former officers, directors, trustees, key employees, highest compensated employees, or			V
27	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	l		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	٣		
50	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	,	
	19. Treate. The Color of the Co	J 30	X	

Part V

_ <u>`</u>				<u>-</u>
12	Enter the number reported in Pox 3 of Form 1006 Enter 0, if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	13		
C	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		â	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u>.</u>	
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	İ		ŀ
	account)?	4a	X	
þ	If "Yes," enter the name of the foreign country: ► Mexico			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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		ļ
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	۵.		
7	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	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			
е	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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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			
0	organization, have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds.  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		$\vdash$
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		'	:
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.			}
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.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>
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			
C 140	Enter the amount of reserves on hand	44-		V
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	_ X_
<u> </u>	in res, has it lined a Form 120 to report these payments: if ino, provide an explanation in schedule U	140		Щ

Part VI

U.S.-Mexico Border Philanthropy Partnership 26-2946180 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 or note to any line in this Part VI........

<u>Sect</u>	ion 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	1a	13		
	If there are material differences in voting rights among members of the governing body, or			j	
	if the governing body delegated broad authority to an executive committee or similar		į		
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	ship with			
			2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under		ł		
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	ļ	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	1		
	one or more members of the governing body?		7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	s,	- (		
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertake	en during			
	the year by the following:				
а	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
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	<u>Code</u>	.)	
				Yes	No
10a	, , , , , , , , , , , , , , , , , , ,		10a	<u> </u>	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such		- 1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pro-	-	10b	_	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	ore filing the form?.	11a	X	<u> </u>
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		
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	•	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"			
	describe in Schedule O how this was done		120	<del></del>	
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
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 appro	oval 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	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 arrangements	gement			!
	with a taxable entity during the year?		16a	ı	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	uate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe				
	the organization's exempt status with respect to such arrangements?	<u> </u>	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► CA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)	(3)s on	ly)	
	available for public inspection. Indicate how you made these available. Check all that apply.				
		xplain in Schedule (			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest p	olicy, a	nd	
	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				
	organization: Andrew Carey	(619) 814	1388		
	2508 Historic Decatur Road, Ste 130, San Diego, CA 92106				

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.  • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.  • List all of the organization's current key employees, if any. See instructions for definition of "key employee."  • List the organization's force 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 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 \$100,000 of reportable compensation from the organization and any related organizations.  List persons in the following order; individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (C)  Footen form the organization from the organization compensated any current officer, director, or frustee.  (C)  Footen form the organization from the organization of the organization from the organization												
Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.    Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees   A 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; using 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; 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 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee organization.    List all of the organization'	Form 990 (2013)	U SMexico Border Philanthropy F	Partnership								26-29461	80 Page <b>7</b>
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 stay 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 five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box of Form W2-Andro Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  List persons in the following order: Individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.  • Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  • (a) Average hours pair the compensation former such persons.  • (b) Average hours pair the compensation former such persons.  • (c) (do not check more than one persons than one persons that the compensation of the compensation organization organizat	Part VII	Compensation of Officers, Dire Employees, and Independent O	ctors, Truste	-	•		-				ensated	Tuge .
Ta 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 fore 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 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 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 all of the organization's former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (C)  Position  (A)  Name and Title  (A)  Name and Title  (A)  Name and Title  (B)  Average hours persons  (D)  (A)  Name and Title  (A)  Name an	Cartina A					_						<u>· · ·                                  </u>
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 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'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 diffectors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and Title  (B)  Name and Title  (C)  Name and Title  (A)  Name and Title  (B)  Name and Title  (A)  Name and Title  (B)  Name and Title  (C)  Name and Na											<del></del>	
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 he 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'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 officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  List persons in the following order: individual trustees or directors: institutional trustees; officers, key employees; highest compensated employees; and former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (a) Average hours per week (in term granization compensated any current officer, director, or trustee.  (b) Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (c) Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (d) Check this box if neither the organization nor any related organization organization organization in the organization organizat	•	· · · · · · · · · · · · · · · · · · ·	listed. Report co	mper	ısati	ion 1	or t	he ca	lend	dar year ending v	with or within the	•
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  List persons in the following order: Individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (a) (a) (b) (c) (do not check more than one box, unless person is both an officer and a director/fustee) (more than one downward) (more than one do	List all c     List the     who received organization a	on Enter -0- in columns (D), (E), and (lof the organization's current key emplo organization's five current highest con reportable compensation (Box 5 of Formal any related organizations.	F) if no compens yees, if any. See npensated emple m W-2 and/or Be	sation e instr oyees ox 7 d	wa ructi (ot of Fo	s pa ons her orm	for thai 109	defini n an c 19-MIS	ition offica SC)	n of "key employe er, director, trust of more than \$1	ee." ee, or key emplo 00,000 from the	yee)
organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (a)  Name and Title  (b)  Average hours per week (list any hours for related organizations below dotted line)  (c)  (d)  Average hours per week (list any hours for related organizations below dotted line)  (d)  (d)  (d)  (d)  (d)  (d)  (d)  (			•			-			.:4	aa a farmar dusa	dan an tructan af	46.0
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.    Co												tne
C   C   C   C   C   C   C   C   C   C			or directors; ins	titutic	nal	trus	tee	s; offi	cers	s, key employees	s; highest	
(A)   Name and Title	Check thi	s box if neither the organization nor any	y related organiz	ation	cor	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee.	
Immediate Past Chair		Average hours per week (list any hours for related organizations below dotted	box, office	unle: er an	Pos neck ss pe d a d	rson recte	is both or/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related	
(2) Robert Ashcraft       1.00         Vice-Chair       0.00 X X         (3) Francisco Solis       2.00         Chair       0.00 X X         (4) Gustavo Bidart II       1.00         Secretary/Treasurer       0.00 X X         (5) Tony Banegas       1.00         Board Member       0.00 X         (6) Ana Maria de la Rosa Carpizo       1.00         Board Member       0.00 X         (7) Karen Yarza       1.00         Board Member       0.00 X         (8) Dennis Campa       1.00	(1) Cheryl	Alethia Phelps	1.00									
Vice-Chair         0.00 X         X           (3) Francisco Solis         2.00 Double         X           Chair         0.00 X         X           (4) Gustavo Bidart II         1.00 Double         X           Secretary/Treasurer         0.00 X         X           (5) Tony Banegas         1.00 Double         X           Board Member         0.00 X         X           (6) Ana Maria de la Rosa Carpizo         1.00 Double           Board Member         0.00 X           (7) Karen Yarza         1.00 Double           Board Member         0.00 X           (8) Dennis Campa         1.00 Double	Immediate Pa	st Chair	0.00	Х		X						
(3) Francisco Solis       2.00         Chair       0.00 X       X         (4) Gustavo Bidart II       1.00       Secretary/Treasurer       0.00 X         (5) Tony Banegas       1.00       Seard Member       0.00 X         (6) Ana Maria de la Rosa Carpizo       1.00       Seard Member       0 00 X         (7) Karen Yarza       1.00       Seard Member       0 00 X         (8) Dennis Campa       1.00       Seard Member       1.00	(2) Robert	Ashcraft	1.00									
Chair         0.00 X         X         X           (4) Gustavo Bidart II         1.00         X         X           Secretary/Treasurer         0.00 X         X         X           (5) Tony Banegas         1.00         X         X           Board Member         0.00 X         X         X           (6) Ana Maria de la Rosa Carpizo         1.00         X         X           Board Member         0 00 X         X         X           (7) Karen Yarza         1 00         X         X           Board Member         0 00 X         X         X           (8) Dennis Campa         1.00         X         X	Vice-Chair			_	_	X	<u> </u>					
Chair         0.00 X         X         X           (4) Gustavo Bidart II         1.00         X         X           Secretary/Treasurer         0.00 X         X         X           (5) Tony Banegas         1.00         X         X           Board Member         0.00 X         X         X           (6) Ana Maria de la Rosa Carpizo         1.00         X         X           Board Member         0 00 X         X         X           (7) Karen Yarza         1 00         X         X           Board Member         0 00 X         X         X           (8) Dennis Campa         1.00         X         X	(3) Francis	co Solis	2.00				ļ					
Secretary/Treasurer         0.00 X         X           (5) Tony Banegas         1.00           Board Member         0.00 X           (6) Ana Maria de la Rosa Carpizo         1.00           Board Member         0.00 X           (7) Karen Yarza         1.00           Board Member         0.00 X           (8) Dennis Campa         1.00	Chair		0.00	Х		X						
(5) Tony Banegas       1.00         Board Member       0.00 X         (6) Ana Maria de la Rosa Carpizo       1.00         Board Member       0.00 X         (7) Karen Yarza       1.00         Board Member       0.00 X         (8) Dennis Campa       1.00				1								
Board Member         0.00 X           (6) Ana Maria de la Rosa Carpizo         1.00           Board Member         0.00 X           (7) Karen Yarza         1.00           Board Member         0.00 X           (8) Dennis Campa         1.00					ļ	X						
(6) Ana Maria de la Rosa Carpizo       1.00         Board Member       0 00 X         (7) Karen Yarza       1 00         Board Member       0 00 X         (8) Dennis Campa       1.00				1								
Board Member         0 00 X           (7) Karen Yarza         1 00 Don's Campa           (8) Dennis Campa         1.00 Don's Campa					<u> </u>	ļ	<u> </u>	ļ			·	
(7) Karen Yarza         1 00           Board Member         0 00 X           (8) Dennis Campa         1.00												
Board Member         0 00 X           (8) Dennis Campa         1.00				_	<u> </u>							
(8) Dennis Campa 1.00												
***************************************		<u> </u>				<u> </u>	<u> </u>					
Board Member 0.00 X		<del>' ' '                                </del>			⊢	<del> </del>						
(9) Enrique Diaz Rivera Robinson Bours 1.00												
Board Member 0.00 X (40) Russell lanes					$\vdash$	$\vdash$		-				<del></del> _
(10) Russell Jones 1.00												
Board Member 0.00 X (41) Elizabeth Somes 1.00				_	├	├-	$\vdash$	-		<del>                                     </del>		
(11) Elizabeth Sames												

1.00 0.00

1.00 0.00

40.00 0.00

(12) Maria Elena Giner Board Member

(14) Andrew Carey Executive Director

(13) Sara Topelson de Grinberg Borad member

125,000

Р	art VII Section A. Officers, Directo	rs, Trustees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated Em	ployees (contin	ued)
,	(A) Name and title	(B) Average			Pos		than e		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)		er an	dad	irect	Highest compensated employee	ee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)			-								
(16)			-								
(17)			-								
(18)			-							•	
(19)			-								
(20)			-								
(21)			-								
(22)				-							
(23)											
(24)			-								<del></del>
(25)								_			
1b c d	Sub-total  Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A		· ·	•	· · ·	· · · ·	<b>&gt; &gt; &gt;</b>	125,000 0 125,000	0	C C
2	Total number of individuals (including bu reportable compensation from the organ	t not limited to those li	sted a	bov	e) v 1	vho	recei	ved	more than \$100,	,000 of	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete	er, director, or trustee,			oye		_		t compensated		Yes No
4	For any individual listed on line 1a, is the the organization and related organization individual		00? //	"Ye	s, "	com	plete				4 X
5	Did any person listed on line 1a receive of for services rendered to the organization	•						_		idual 	5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Rejugar.										ax
	(A) Name and busin								(B) Description of serv	rices C	(C) compensation
										-	
	· · · · · · · · · · · · · · · · · · ·								<del></del>		0
											Ç
2	Total number of independent contractors more than \$100,000 of compensation from	- · · · · · · · · · · · · · · · · · · ·	ted to	tho	se li	sted	abo 0	ve)	who received		

	990 (20 t <b>VII</b> I	, , , , , , , , , , , , , , , , , , , ,	ersl	nip	·	<del></del>	26-2946	180 Page \$
,		Check if Schedule O contains a response of	or n	ote to any line in	this Part VIII			$\square$
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>5</b> 8	1a	Federated campaigns	1a	0				
ran	b	· · · · · · · · · · · · · · · · · · ·	<u>1b</u>	35,900		ł		
Contributions, Gifts, Grants and Other Similar Amounts	C		<u>1c</u>	0				
ia G	d	_ · · · · · · · · · · · · · · · · · · ·	<u>1d</u>	0		1		
Sim,	e	, , <u>,</u>	1e	0	į			
ž ž	1	All other contributions, gifts, grants, and	4.5	400.040				
ig of	_ ا	similar amounts not included above L Noncash contributions included in lines 1a-1f:	1f_ \$	188,049				1
ပ္ပန္	g	Total. Add lines 1a–1f	•		223,949			
	<del>- "</del>	Total. Add filles 1a-11	•	Business Code	223,949		<del></del>	<del></del>
Š	2a	Member Services		541900	7,612	7,612		1
Rev	b			,,,,,,,,,,	0	1,012		<u> </u>
Program Service Revenue	С			· · · · · · · · · · · · · · · · · · ·	0			
	d				0			
	е				0		·	
	f	All other program service revenue		<u></u>	0			
<u> </u>	9	Total. Add lines 2a–2f			7,612			
	3	Investment income (including dividends, intere						
	١.	other similar amounts)		F-	36	36		<del> </del>
	4   5	Income from investment of tax-exempt bond p		_ [	0			<u> </u>
	3	Royalties	<u> </u>	(ii) Personal			<u> </u>	-
	6a	Gross rents		(,	ļ			
	b	Less rental expenses				1		
	c	Rental income or (loss)	0	0		1		
	d	Net rental income or (loss)		▶	o			1
	7a	Gross amount from sales of (i) Securities		(II) Other			<del>-</del> -	
		assets other than inventory .	0	0		ł		
	b	Less: cost or other basis				Ī		
	ļ	and sales expenses	0	0				
	1 -	Gain or (loss)	0	<u> </u>				ļ
	d	Net gain or (loss)		· · · · <b>&gt;</b>	<u>0</u>			1
ø		Cross income from fundamining						
Other Revenue	8a	Gross income from fundraising events (not including \$ 0				1		
eve		of contributions reported on line 1c).						
Ř			а	ام				1
£	ь	Less direct expenses	b	0				
Ò	С	Net income or (loss) from fundraising events .	٠.	▶	0			<del></del>
	9a	Gross income from gaming activities.						
		See Part IV, line 19	а	0		1		1
	b	Less direct expenses	b	0				
	С	Net income or (loss) from gaming activities			0		· · · · · · · · · · · · · · · · ·	
	10a	Gross sales of inventory, less		Ţ				
		returns and allowances	а	0		1		
	b	Less: cost of goods sold	b	0				<b>-</b>
	<u>c</u>	Net income or (loss) from sales of inventory.	•		아		<u> </u>	<u> </u>
	11-	Miscellaneous Revenue		Business Code			<del></del>	
	11a			·	0			<del> </del> -

0

7,648

231,597

d All other revenue . . .

e Total. Add lines 11a-11d.

Total revenue. See instructions.

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 or note to any line in this Part IX . . . Х (B) (D) (A) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 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 . . . 0 Compensation of current officers, directors, trustees, and key employees . . . . 127,414 108,462 16,452 2.500 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). . . 7 Other salaries and wages . 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits . . . . . . . . . 23.074 22,219 377 9,212 7,834 1,184 10 Payroll taxes Fees for services (non-employees) 11 a Management . . . . . . . . 0 b Legal. 26,132 19,300 6,832 Accounting . C Lobbying . . . 0 d Professional fundraising services See Part IV, line 17 0 0 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 72,981 130 (A) amount, list line 11g expenses on Schedule O.) 73,111 0 12 Advertising and promotion 2,424 2,236 169 19 13 Office expenses . . . 120 5,205 4,298 787 14 15 Royalties 0 21,461 18,402 2.682 377 16 Occupancy . . . 7,190 17 Travel . 6,931 219 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 0 43,176 43,176 19 Conferences, conventions, and meetings. 20 Interest . . . . . 0 21 Payments to affiliates 0 631 631 22 Depreciation, depletion, and amortization 0 2,961 2,616 330 15 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.) Trainings and Workshops 2,668 2,668 175 1,972 1,797 Bank Fees Board and committee meetings 5,933 678 6,611 Equipment Rental 3.003 2.611 371 e All other expenses Miscellaneous 7,367 6,186 1,153 28 363,612 327,650 32,170 3,792 25 Total functional expenses. Add lines 1 through 24e. 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 following SOP 98-2 (ASC 958-720)

Total liabilities and net assets/fund balances .

#### Part X **Balance Sheet** (A) (B) Beginning of year End of year 47.041 1 102,596 2 Savings and temporary cash investments . . . . . 41.936 2 15,208 3 Pledges and grants receivable, net . . . . . . 3 4 Accounts receivable, net . . . . . . . 144,087 4 54.049 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 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... 0 7 0 Inventories for sale or use . . . . 8 Prepaid expenses and deferred charges . . . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation . . . . 10b 3,198 1,263 10c 11 0 11 0 12 Investments—other securities. See Part IV, line 11 . . . 0 12 0 13 0 Investments—program-related See Part IV, line 11 . . . . . 13 0 14 ٥l 14 0 Other assets. See Part IV, line 11 . . . . . . . 15 ol 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 234,327 16 175,051 17 Accounts payable and accrued expenses . . . 11.631 17 19,801 18 Grants payable. 0 18 19 Deferred revenue . . . . . 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 22 Loans and other payables to current and former officers, directors, Liabilities 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 . . . . 0 23 24 Unsecured notes and loans payable to unrelated third parties . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 0 25 64,569 26 Total liabilities. Add lines 17 through 25 . . . 11,631 26 84,370 Organizations that follow SFAS 117 (ASC 958), check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 80,696 27 90,681 28 142,000 28 29 Permanently restricted net assets . 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . . . . . . . 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 222,696

90,681

175,051

33

34

234,327

Form 9	990 (2013) U.SMexico Border Philanthropy Partnership	26-	2946180	Page	e 12
Part Part	XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		231,	<u></u> .597
2	Total expenses (must equal Part IX, column (A), line 25)	2		363	
3	Revenue less expenses. Subtract line 2 from line 1	3		-132	,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		222	,696
5	Net unrealized gains (losses) on investments	5			
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		90,	,681
Part	XII Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		<u>. L</u>	
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			- 1	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
-	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		.   3b		

Form **990** (2013)

### 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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer Identification number** U.S.-Mexico Border Philanthropy Partnership 26-2946180 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.) 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. 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.) q 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c | Type III-Functionally integrated d | Type III-Non-functionally integrated 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) (i) No and (III) below, the governing body of the supported organization? . . . . . . . . . . . . . . . . . 11g(i) 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (II) EIN (iii) Type of organization (lv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes Yes (A) (B) (C) (D) (E)

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.)

	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(I) IUIAI
1	Gifts, grants, contributions, and						
	membership fees received (Do not	600.064	507.400	205 055	504.400	000 007	0.050.040
2	include any "unusual grants ")	680,361	537,190	285,055	524,103	229,937	2,256,646
2	benefit and either paid to or expended on					İ	
3	its behalf	-		-	-		0
3	furnished by a governmental unit to the					1	
	organization without charge					į	0
4	Total. Add lines 1 through 3	680,361	537,190	285,055	524,103	229,937	2,256,646
5	The portion of total contributions by each	000,301	337,190	203,033	524,103	229,937	2,230,040
•	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11.	i					
	column (f)					İ	
6	Public support. Subtract line 5 from line 4.						2,256,646
	ion B. Total Support						2,200,040
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	680,361	537,190	285,055	524,103	229,937	2,256,646
8	Gross income from interest, dividends,	333,331		200,000	021,100	220,007	2,200,040
	payments received on securities loans,			ļ			
	rents, royalties and income from similar					ł	
	sources	681	644	407	128	36	1,896
9	Net income from unrelated business						.,,,,,,,,
	activities, whether or not the business is					1	
	regularly carried on						0
10	Other income Do not include gain or		-				·
	loss from the sale of capital assets						
	(Explain in Part IV.)					1	0
11	Total support. Add lines 7 through 10						2,258,542
12	Gross receipts from related activities, etc. (se					12	32,751
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here .						▶ ∐
Sect	tion C. Computation of Public Support						
14	Public support percentage for 2013 (line 6, co	olumn (f) divided	d by line 11, col	umn (f))		14	99.92%
15	Public support percentage from 2012 Schedu	le A, Part II, line	e 14		[	15	99.91%
16a	33 1/3% support test—2013. If the organizat	ion did not che	ck the box on la	ne 13, and line	14 is 33 1/3% d		his box
	and stop here. The organization qualifies as						▶ X
b	33 1/3% support test—2012. If the organizat					•	_
	box and stop here. The organization qualifies	s as a publicly s	supported organ	nization			▶∐
17a	10%-facts-and-circumstances test-2013.	f the organizati	on did not chec	k 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 thi	s box and <b>stop</b>	here. Explain ı	n
	Part IV how the organization meets the "facts	-and-circumsta	nces" test. The	organization qu	ualifies as a put	olicly supported	
	organization						
b	10%-facts-and-circumstances test2012. I						
	15 is 10% or more, and if the organization me						ain in
	Part IV how the organization meets the "facts						
	supported organization						▶□
18	Private foundation. If the organization did no	ot check a box o	on line 13, 16a,	16b, 17a, or 17	b, check this b	ox and see	
	instructions						▶□

## 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 falls to quality u	nder the tests	ilsted below,	, please comp	nete Part II.)		
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
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						0
3	Gross receipts from activities that are not an	·				<b>-</b>	
3	unrelated trade or business under section 513.						0
4							
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						•
_	its behalf		<del></del>		-		0
5	The value of services or facilities						
	furnished by a governmental unit to the						•
_	organization without charge					_	0
6	Total. Add lines 1 through 5.	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3					Ì	
	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	Y P	EX TYPES		**********	and the state of	
	line 6 )		<b>"数数数数数</b> "		Car Land	ACCUPATION OF THE PERSON OF TH	0
Sec	tion B. Total Support		· <del>-</del>	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Anna status I - 0						
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans,					į	_
	rents, royalties and income from similar sources				ļ		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carned on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	l 0	0	0	l о	o	0
14	First five years. If the Form 990 is for the organization	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(	:)(3)	
	•			•	•	· · · · · · ·	▶ [
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2013 (line 8, column		e 13 column (fl)			15	0.00%
						16	
16 Soci	Public support percentage from 2012 Schedule A, tion D. Computation of Investment Inco			· · · · · · · · ·		10	0.00%
				(0)		47	0.000/
17	Investment income percentage for 2013 (line 10c,	• •	-			17	0.00%
18	Investment income percentage from 2012 Schedul					18	0.00%
19a	33 1/3% support tests—2013. If the organization						. –
٠.	not more than 33 1/3%, check this box and stop h	-			_		🟲 🔼
b	33 1/3% support tests—2012. If the organization						. —
_	line 18 is not more than 33 1/3%, check this box ar	=		="		_	▶ 📙
20	Private foundation. If the organization did not che	eck a box on line	14, 19a, or 19b.	check this box a	nd see instructio	ns	. •

Schedule A (Form 990 or	r 990-EZ) 2013	U.SMexico Bo	rder Philanthropy	Partnership		26	-2946180	Page 4
Part IV Su	ipplemental l	nformation. P	rovide the expla	nations require	ed by Part II, li	ne 10; Part I	I, line 17a or	17b;
			ete this part for					•
				<b>,</b>				
Part II Line 10 Adm	inistrative fees	collected for fisca	il agency services	provided				
			in agency services	Piovided				
		· · · · · · · · · · · · · · · · · · ·						
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						3		

### **SCHEDULE D** (Form.990)

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.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization	Employer identification number
<u>U.S</u>	Mexico Border Philanthropy Partnership_	26-2946180
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds 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	
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 advisors in writing that the assets held in di	onor 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 fun	ds 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
Par	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).	
		an historically important land area
		a certified historic structure
		a certifica filotofic structure
2	Preservation of open space	the form of a consequation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
_	easement on the last day of the tax year.  Total number of conservation easements	Held at the End of the Tax Year
a b		2a   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	20
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	
•	during the tax year	according the organization
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, ha	indling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation eas	ements during the year
	<b>•</b>	5 ,
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easeme	nts during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of s	ection
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes
-	the organization's accounting for conservation easements.	0404
Par		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 reve	
	works of art, historical treasures, or other similar assets held for public exhibition, education,	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue	
	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 to	• ,
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
а	Revenues included in Form 990, Part VIII, line 1	
þ	Assets included in Form 990, Part X	▶ \$

Sched	le D (Form 990) 2013 USMexico Border Ph	lanthropy Partne	rship		_		26-2946	180		Page 2
Part	Organizations Maintaining Co	llections of A	rt, Histo	rical Tr	easures, or	Other	Similar Asse	ts (con	tinue	d)
з.	Using the organization's acquisition, acces		ecords, ch	eck any	of the following	ig that a	re a significant			
	use of its collection items (check all that ap	ply):								
а	Public exhibition		d 📙	Loan	or exchange p	rograms				
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's	collections and e	xplain hov	v they fu	irther the orga	nızation'	s exempt purpo	se in		
	Part XIII.		•	•	ŭ		• • •			
5	During the year, did the organization solicit	or receive donat	ions of an	t, historic	cal treasures,	or other	simılar			
	assets to be sold to raise funds rather than	to be maintained	d as part o	of the org	ganization's co	llection?		Y	es 🗍	No
Part	V Escrow and Custodial Arrang	ements.								
	Complete if the organization and		Form 9	90, Par	t IV, line 9, o	r report	ed an amoun	t on Fo	rm	
	990, Part X, line 21.			•	,,-					
	Is the organization an agent, trustee, custo	dian or other inte	rmediary	for contr	ributions or oth	er asset	ts not			
	included on Form 990, Part X?							☐ Ye	es 🗌	No
b	If "Yes," explain the arrangement in Part XI	II and complete t	he followi	ng table	•					
				•			Δ	mount		
С	Beginning balance					1c				0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amount on	Form 990, Part >	K, line 21?	·				☐ Ye	es X	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if	the explar	nation ha	as been provid	ed in Pa	rt XIII			
Part			<del></del>	_	· · · ·					-
	Complete if the organization ans	swered "Yes" to	Form 9	90. Par	t IV. line 10.					
		a) Current year	(b) Pnor		(c) Two years b	ack (d	l) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	0		0			<u>·                                      </u>	<del>  `                                   </del>		
b	Contributions							<del>                                     </del>		
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		<u>/</u>		0
2	Provide the estimated percentage of the cu	irrent year end ba	alance (lın	ie 1g, co	lumn (a)) held	as:				
a	Board designated or quasi-endowment	•	<u>%</u> .							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	<u>%</u>								
2-	The percentages in lines 2a, 2b, and 2c sh	•		414	h ald d d		4			
3a	Are there endowment funds not in the possorganization by:	session of the org	janization	that are	neid and adm	inistered	i for the	ļ	Vaa	Na
	(i) unrelated organizations							3a(i)	Yes	No
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as requi	ired on Sc					3b		
4	Describe in Part XIII the intended uses of the	•						_ <del>55</del> _		
Part			CHIGOWIN	one rande	<u>.                                    </u>					
	Complete if the organization and		Form 9	90 Par	t IV line 11a	See F	orm 990 Parl	X line	10 د	
	Description of property	(a) Cost or othe			st or other		cumulated		ook value	
	a document of property	(investmen	I		s (other)		reciation	(u) bi	~~ vaiut	-
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		8,058		4,860			3,198
е	Other		0		0		0			0
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 990.	Part X. c	olumn (E	3), line 10(c).)		🕨			3,198

ption of security or category uting name of security) attives	(b) Book value  0 0	(c) Method of va Cost or end-of-year r	luation
atives	0		
uulty Interests	0		
ual Form 990, Part X, col (B) line 12 ) ▶	0		
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omplete if the organization an		0, Part IV, line 11c. See Form	n 990, Part X, line 13
escnption of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
	· · · · · · · · · · · · · · · · · · ·		
			<del></del>
usal Form 990, Part Y, col. (B) line 13.)			·
		<u></u>	<del></del>
omplete if the organization an		0, Part IV, line 11d. See Form	
	i) Description		(b) Book value
	" · = ···		
· ·			
<del>-</del>			
	l. (B) line 15 )	<u></u> ▶	
omplete if the organization an	swered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	e Form 990, Part X,
a) Description of liability	(b) Book value		
ne taxes	0		
r others	64,569		
		1	
	<del>_</del> .	1	
		1	
al Com 000 Party and Older 05	04.500	1	
ar om soo, rarex, cor (b) into 20 /		<u> </u>	4h a 4 a a m a -4 - 4h .
	must equal Form 990, Part X, cother Liabilities.  Implete if the organization and the 25.  In Description of liability the taxes of others  al Form 990, Part X, col (B) line 25)  Tain tax positions. In Part XIII, provided	ther Assets.  Implete if the organization answered "Yes" to Form 99 (a) Description    must equal Form 990, Part X, col. (B) line 15)	ther Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form  (a) Description  The state of the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See ther Liabilities.  Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See the 25.  (b) Description of liability (c) Book value  (c) Description of liability (d) Book value (e) Etaxes (e) Others (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value (f) Book value

Part	· ·	er Return	
•	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	231,597
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	— <b> </b>	
ď	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3		3	231,597
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	231,597
Part			
ı arı	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	per Keturi	•
1	Total expenses and losses per audited financial statements	1	363,612
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		303,012
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	363,612
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	į	
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	. 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	363,612
Part	XIII Supplemental Information		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional info	rmation.	rait A, line
	·		

#### **SCHEDULE O** (Form' 990 or 990-EZ)

Department of the Treasury

### 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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Name of the organization OMB No. 1545-0047 Open to Public

Inspection

Employer identification number U.S.-Mexico Border Philanthropy Partnership 26-2946180 Form 990, Part VI, Section B, Line 11b: A copy of the Form 990 is reviewed by the Executive Director and the board officers. Upon approval of officers, it is sent to the board for their information. Form 990, Part VI, Section B, Line 12c A conflict of interest policy is in effect and reviewed annually by the Board of Directors and Executive Director. The Board members, officers, and Executive Director hold each other accountable. Form 990, Part VI, Section B, Line 15a: The Executive Director was given an employment contract outlining salary and benefits for the duration of the contract. The Board of Directors sought and received outside support/guidance to secure information and benefits for similar positions and years of experience. The Executive Director was hired in September 2008. Form 990, Part VI, Section C, Line 19: The governing documents, conflict of interest policy, and financial statements including the Form 990 are all available for review upon request. Form 990, Part IX, Line 11g: Professional Fees Other was for consulting services during 2013.

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Sequence No 179

	me(s) shown on return  SMexico Border Philanthropy Partnership	Business or acti	vity to which this f	orm relates		Identifying num 26-2946180	ber	
Рa	rt   Election To Expense Certain	Property Und	der Section 17	79				
	Note: If you have any listed property, o							
1	Maximum amount (see instructions)						1	500,000
2	Total cost of section 179 property placed in se						2	2,566
	Threshold cost of section 179 property before						3	2,000,000
	Reduction in limitation. Subtract line 3 from lin						4	0
5	Dollar limitation for tax year. Subtract line 4 fro	om line 1. If zer	o or less, enter -	0 If married	filing			
	separately, see instructions						5	500,000
6	(a) Description of property		(b) Co	st (business use	only)	(c) Elected cos	ī	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-							3.
								A CONTRACTOR
7	Listed property Enter the amount from line 29	9 .			7			Starting of
8	Total elected cost of section 179 property. Add	d amounts in co	olumn (c), lines 6	and 7			8	0
9	Tentative deduction. Enter the smaller of line	5 or line 8					9	0
10	Carryover of disallowed deduction from line 1	3 of your 2012	Form 4562				10	_
11	Business income limitation. Enter the smaller	of business inc	ome (not less th	an zero) or lın	e 5 (see instru	ctions)	11	
12	Section 179 expense deduction Add lines 9 a	and 10, but do r	not enter more th	an line 11	<u> </u>		12	0
13	Carryover of disallowed deduction to 2014. Ac	dd lines 9 and 1	10, less line 12		▶ 13		0	
No	te: Do not use Part II or Part III below for listed	d property. Inste	ad, use Part V.					
Pa	rt II Special Depreciation Allowan	nce and Othe	r Depreciation	n (Do not in	clude listed p	property.) (See	instr	uctions.)
14	Special depreciation allowance for qualified p	roperty (other ti	han listed proper	ty) placed in s	service			
	during the tax year (see instructions)						14	
15	Property subject to section 168(f)(1) election						15	
							16	
Pa	rt III MACRS Depreciation (Do not	include listed	property.) (Se	e instruction	ns.)			
		Sect	tion A					
17	MACRS deductions for assets placed in servi	ice in tax years	beginning before	e 2013			17	
18	If you are electing to group any assets placed	d in service duri	ng the tax year i	nto one or mo	re		1,4%	e the fact
	general asset accounts, check here					▶□	i i	F# 4 54 4
	Section B - Assets Placed in	n Service Duri	ng 2013 Tax Yea	ar Using the C	Seneral Depre	ciation System		
	(b) Month		is for depreciation		· ·	<u> </u>		_
	(a) Classification of property year place	' '	ss/investment use	(d) Recovery	(e) Convention	(f) Method	(a) Dr	epreciation deduction
	in servi	ce only-	see instructions)	penod	``,	',	""	
19	a 3-year property		•		i			
	<b>b</b> 5-year property							
	c 7-year property							
	d 10-year property				Ì			
	e 15-year property							
	f 20-year property							
_	g 25-year property			25 yrs.		S/L		
	h Residential rental			27.5 yrs.	ММ	S/L		
	property	<u> </u>	-	27.5 yrs.	ММ	S/L		
_	i Nonresidential real			39 yrs.	MM	S/L	t	
	property		_	00 3.0.	MM	S/L	<del>                                     </del>	
_	Section C - Assets Placed in	Service During	o 2013 Tax Year	Using the Al				
20	a Class life		g Loto tax tear	Comg the At		S/L	<del>i —</del>	
	b 12-year			12 yrs.		S/L	$\vdash$	
	c 40-year	70.3-5		40 yrs.	ММ	S/L	$\vdash$	
Рa	rt IV Summary (See instructions.)			1 40 Jis.	1			
	Listed property. Enter amount from line 28.			- 154			21	631
	<b>Total.</b> Add amounts from line 12, lines 14 thro		9 and 20 in colu	mn (n) and lir	ne 21		<del></del>	
	Enter here and on the appropriate lines of you	•		1-7		:	22	631
22	For assets shown above and placed in service					· · · · · · · ·		184745
	of the basis attributable to section 263A costs	_	•		23			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Form 4562 (2013) U.S -Mexico Border Philanthropy Partnership Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (f) (a) (b) (d) (g) (h) (1) Business/ Basis for depreciation Type of property Date placed Recovery Method/ Depreciation Elected section 179 Cost or other basis investment use (list vehicles first) in service percentage use only) репод Convention deduction cost Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 Property used more than 50% in a qualified business use 12/14/2013 Computers 100.00% 2,566 2,566 3 S/L Server 12/31/2009 100.00% 3,156 3,156 5 S/L 631 Property used 50% or less in a qualified business use: S/L-% S/L -% S/L-Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . 28 631 Add amounts in column (i), line 26. Enter here and on line 7, page 1 0 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) (b) (c) (d) (f) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven . . . . . . . . . 33 Total miles driven during the year. Add lines 30 through 32 . . . . Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? . . Was the vehicle used primarily by a more than 5% owner or related person? . . . . . . . . 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 (see instructions). Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, Yes No by your employees? . . . . . . . . . . . . . . 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 . . . . . . . . . Do you treat all use of vehicles by employees as personal use? . . . . . . . . . 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? . . . Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Amortization Part VI (d) (a) (b) (c) (f) Description of costs Date amortization Amortizable amount Code section Amortization for this year percentage begins Amortization of costs that begins during your 2013 tax year (see instructions).

Amortization of costs that began before your 2013 tax year . .

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

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Item								
% 2,336 0 0 0 % 2,566 0 0 0 % 3,156 0 0 0 % 8,058 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Special	Salvage R	Recovery Recovery	ery Method	Con- vention	Pnor Accum Deprec , 179. Bonus	2013 Deprec	2013 Accum Deprec
% 2,336 0 0 0 % 2,566 0 0 0 % 3,156 0 0 0 8,058 0 0 0 8,058 0 0 0		-	1	7				
10/1/2009 F-4 100 00% 2,336 0 0 0 12/14/2013 F-4 100 00% 2,566 0 0 0 12/31/2009 F-4 100 00% 3,156 0 0 0 prop with > 50% business use 8,058 0 0 0 Elisted Property 8,058 0 0								
12/14/2013 F-4 100.00% 2,566 0 0 0 12/31/2009 F-4 100 00% 3,156 0 0 0 prop with > 50% business use 8,058 0 0 0 Eisted Property 8,058 0 0	0	0	2,336 3	200DB	눞	2,336	0	
4 100 00% 3,156 0 0 0 8,058 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	2,566 3	ช		0	0	
8,058 0 0 8,058 0 0	0 0	0	3,156 5	징		1,894	631	2,525
8,058 0 0	0 0	0	8,058			4,230	631	
		0	8,058			4,230	631	
Total Depreciation and Amortization 0 0 0	0 0	0	8,058			4,230	631	