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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► 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.

OMB No 1545-0047 2013

Open to Public Inspection

	For the 2	zo io calent	ar year, or tax year begi	nning ,	2013, and endin	9		,		
В	Check if app	plicable	C Name of organization La	Frontera Conservati	on Fund		D Employ	er Identific	ation Number	
	Addres	ss change	Doing Business As				30-	019768	38	
	Name	change	Number and street (or P O be	ox if mail is not delivered to street address)	Room/s	uite	E Telepho	ne number		
	Initial r	retum	P.O. Box 272				(91	5) 533	3-4020	
	Termin	nated		, country, and ZIP or foreign postal code			, -			
	H	ded return	El Paso		TX 79943-	0272	G Gross r	eceints S	33,378.	
	H	ation pending	F Name and address of principal	al officer			group return			XNo
	Пиррис	addit pending	•			• •	subordinates		Yes	No
	Tay aya	empt status	Jose Manuel Mascarenas P.O. X 501(c) (3) 501(c) (TX 79943 a)(1) or 527	If 'No,' a	attach a list. (see instruction	ons)	L-4
'	Websit	<u> </u>) (iiisei(110) 14947(3)(1) 01 327			. •		
K						'	exemption nu			
		organization	X Corporation Trust	Association Other	L Year of formation	n 2004	4 141 8	tate of legal	domicile TX	
Pá		Summar		on or most significant activities:	D = 6 t	0 - 1	-1 - 0		1	
		leny describ	e the organization's mission	on or most significant activities.	<u>Refer_to</u>	Scued	nie o'	<u>page</u>	- -	
ల్ల										
Governance			-							
Ver	2 Ch	ack this ho	✓ ► Tuf the organization	n discontinued its operations or di		an 25% o	fits net as			
පි	3 Nu			ning body (Part VI, line 1a)				3		5
∘ઇ	4 Nu			of the governing body (Part VI, Iir				4		3
Activities &	5 To		_	calendar year 2013 (Part V, line 2				5		0
⋛	6 To		of volunteers (estimate if n					6		0
Ąç		tal unrelate	d business revenue from P	art VIII, column (C), line 12	-,,,			7a		0.
	b Ne	et unrelated	business taxable income f	rom Form 990-T, line-34-	: <u>D </u>	· · · · ·		7b		
	20%				70	Р	rior Year		Current Yea	ar
9	₹ Co	ontributions	and grants (Part VIII, line 1	h) · AUG 1 4 20	4 ·	1	,287,9	11.	32,	877.
Revenue	LA PIC	ogram servi	ce revenue (Part VIII, line .	29) · · · · · · · · · · · · · · · · · · ·	$ \cdot,\cdot \cdot,\cdot \cdot,\cdot $					
ě				, lines 3, 4, and 7d)	<u></u>	L		1.		<u>1.</u>
				es 5, 6d, 8c, 9c, 10c, and 111e) . [ļ				500.
	च्ची2 To	tal revenue	 add lines 8 through 11 (must equal Part VIII, column (A),	line-12)	1	,287,9	12.	33,	378.
e	13 Gra	ants and sir	nilar amounts paid (Part IX	(, column (A), lines 1-3)					<u>.</u>	
Ĺ	∬14 Be	enefits paid t	o or for members (Part IX,	column (A), line 4)		<u>L</u>				
ď	15 Sa	lanes, other	compensation, employee	benefits (Part IX, column (A), line	s 5-10)					
<u>क्ष</u> ्र	16a Pro	ofessional fi	undraising fees (Part IX, co	olumn (A), line 11e)						
₽.	R		ng expenses (Part IX, colu	• •	0.					
IJ-	Į.			es 11a-11d, 11f-24e)			25,9	0.6	3.3	218.
		•		qual Part IX, column (A), line 25)			25,9			218.
		-	•	I from line 12					160.	
6 8	13 14	venue less	expenses Subtract line 10	SHORI IIII E 12			,262,0		End of Yea	
sets or	20 Tot	tal accete (F	Part X, line 16)				ng of Currer , 265, 0		1,298,	
AB	21 Tot	•	(Part X, line 26)				8,4			279.
Net Asse Fund Bala	21 10		•			<u> </u>				
	22 116		und balances Subtract lin	e 21 from line 20	 	<u> </u>	,256,6	/4.]	1,256,	834.
		Signatur								
Comp	er penalties o Diete Declara	of perjury, I decl ation of prepare	are that I have examined this return r (ether than officer) is based on all	, including accompanying schedules and state primation of which preparer has any knowledge.	ements, and to the bes edge	t of my knowl	edge and bel	ef, it is true,	correct, and	
			-1 11 11	No to			00/0	1/20	11	
ei.		Signatur	officer T	7-3		Da [*]	te	<u> </u>		
Sig He	JII ro		M Magazzona			Presi	dont			
110			M. Mascarenas print name and title.			Fresi	.dent_	-		
	~	Print/Type pr	eparer's name	Preparer's signature	Date		Check	ıf PTI	N	
D '		1, , , , , ,		3			L.	"ل		
Pai		F In					self-employe	<u> </u>		
	parer	Firm's name		•		4	Summin FINE	•		
	n Only						Firm's EIN			
-	e Only	Firm's addres	s	-		+				
	<u> </u>		 -	-			Phone no			T
May	the IRS	discuss this	return with the preparer si	nown above? (see instr uctio ns) . the separate instructions.		 A0101 11/08	Phone no		X Yes	No

	La Frontera Conserva			30-0197688	Pag
art III State	ement of Program Service	Accomplishments			
, Check	of Schedule O contains a response	or note to any line in this Part I	<u>II </u>	<u> </u>	
Briefly describ	pe the organization's mission:				
Refer to	Schedule O, page 2.			 -	
					
2 Did the organ	ization undertake any significant pro	ogram services during the year	which were not listed on the	prior	_
Form 990 or 9	990-EZ?			Ye	es X 1
If 'Yes,' descri	be these new services on Schedule	e O		_	_
B Did the organ	ization cease conducting, or make s	significant changes in how it coi	nducts, any program service	;s? │ │ Y	es X I
	ibe these changes on Schedule O.				
Section 501(c	organization's pro gram service acco c)(3) and 501(c)(4) organizations an tal expenses, and revenue, if any, fo	d section 4947(a)(1) trusts are	required to report the amoui	, as measured by expe nt of grants and allocat	inses ions to
1 a (Code		3,218. including grants of	\$	(Revenue \$	(
To suppo	rt El Paso Community	Foundation		- 	
					
		. 		 -	
					
					
					
	'				
			- 		
					
					
					
b (Code) (Expenses \$	including grants of	\$)	(Revenue \$	
					
					
c (Code) (Expenses \$	including grants of	\$)	(Revenue \$	
	m services (Describe in Schedule C		\ /Pausaus		
(Expenses	\$ include m service expenses ►	ding grants of \$) (Revenue	2	
A	Jarrios Capolioso -	TEEA0102 07/02/13		F	orm 990 (2

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Х 3 Х 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 . Х 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D, Part III 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 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V......... 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ 11 a Х 11 b Х 11 c 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 Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b 15 Х 16 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Х column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 Х

20 b

Part IV Checklist of Required Schedules (continued) Yes No Х 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part 22 Х 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 Х 23 Χ 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25h Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? Χι If so, complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 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 Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b Х Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I . . . 31 Х 32 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35b Χ 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Х 37

Form 990 (2013)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V	· · ·		<u>. </u>
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
1	© Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 0			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
	b If 'Yes,' enter the name of the foreign country		_	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	j		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
- 1	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	t If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
;	a Did the organization make any taxable distributions under section 4966?	9 a		
ı	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter		_	
	a Initiation fees and capital contributions included on Part VIII, line 12			İ
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			1
11	Section 501(c)(12) organizations. Enter:	l		1
	a Gross income from members or shareholders			
١	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 ;	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		Ĺ
l	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			ĺ
	Section 501(c)(29) qualified nonprofit health insurance issuers.			ĺ
ŧ	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
•	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
t	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 1 a 5 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 X 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? Х 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Х 10a Did the organization have local chapters, branches, or affiliates? 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х Х 13 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Χ 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a Х b |f 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) X Upon request Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Form 990 (2013) La Frontera Conservation Fund	30-0197688	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	st Compensated Employe	ees, and
Check if Schedule O contains a response or note to any line in this Part VII		L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endiorganization's tax year.	ing with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid 	, regardless of amount of	
• List all of the organization's current key employees, if any See instructions for definition of 'key employees,	oyee.'	
 List the organization's five current highest compensated employees (other than an officer, director, triwho received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than 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

		Position (do not check more than one box, unless person is both an officer and a director/trustee)								
(A) Name and Title	(B) Average hours per							(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
*	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee Officer		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Jose Manuel Mascarenas	1.00									
President/Director		Х		Х				0.	0.	0
(2) Gary L. Williams Director/Secretary	_1.00	х		х				0.	74,695.	30,642
(3) Virginia S. Martinez_	0.00								.,,,,,,,	
Former Director							Х	0.	110,000.	0
(4) Carmen M. Vargas Treasurer	_ 2 .00			Х				0.	87,622.	39,172
(5) Eric Pearson VP/Director	1.50	х		х				0.	154,010.	54,152
(6) Jennifer Barr Director	1.00	х						0.	0.	0
(7) Carlos A. Rincon Director	1.00	х						0.	0.	0
(8)										
(9)										
(10)										
(11)										· · · · · · · · · · · · · · · · · · ·
(12)										
(13)						-				
(14)		-		\dashv				_	~~~	

. (A) Name and title	(B) Average	(C) Position (do not check more that box, unless person is b					ne an	(D)	(E)	(F) Estimat		
Name and tide	per week (list any hours for related organiza - tions below dotted line)	or director		Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou com fr orga and	int of oth pensation om the anization d related anization	ner on n i
(15)												
<u>(16)</u>							<u> </u>					
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(18)												
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(20)		ļ									-	
(21)												
(22)							-					
(23)											··· ·	
(24)												
(25)									* *************************************			
1 b Sub-total							>	0.	426,327.	1	23,9	966.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	0.	426,327.	1	23.0	966.
2 Total number of individuals (including but not limited to from the organization ►							eive					
nom the organization											Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind										. 3	х	
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater the such individual	an \$150,	000₹	If 'Y	'es' d	com	olete	Sch	nedule J for		. 4	x	
5 Did any person listed on line 1a receive or accrue cor for services rendered to the organization? If 'Yes,' coi	mpensati	on fr	om a	any u I for	unre	lated h per	org	janization or individ	iual	. 5		х
Section B. Independent Contractors											·	
Complete this table for your five highest compensated compensation from the organization. Report compensation.								with or within the	organization's tax ye	ar		
(A) Name and business addres	(A) Name and business address						(B) Description of	(C) Compensation				
						-						
					_ .							
Total number of independent contractors (including billing)	ut not lim	nited	to th	ose	liste	d ab	ove) who received mor	re than			
\$100,000 of compensation from the organization	·							·			000 (

	. Check if Schedule O contains a response or note to any line	e in this Part VIII			
	,	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
	,		function revenue	revenue	under sections 512-514
S S	1 a Federated campaigns 1 a		10701100		
NA KI	b Membership dues 1 b				
윤혈	c Fundraising events 1 c				
IFTS IRA	d Related organizations 1d 32,877.				
S,G ∰	e Government grants (contributions) 1 e	, `	į		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
	q Noncash contributions included in lines 1a-1f S				
S S	h Total. Add lines 1a-1f	32,877.			
9	Business Code	32,0,			
VEN	2 a				_
22	b				
Š	c				
떮	d				
¥.	е				
8	f All other program service revenue				
쮼	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)	1.	0.	0.	1.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				<u> </u>
	(ı) Real (ıı) Personal	ł			
	6 a Gross rents 500.				
	b Less rental expenses	i			
	c Rental income or (loss) 500.		i		
	d Net rental income or (loss)	500.	500.	0.	0.
	7 a Gross amount from sales of assets other than inventory.	i			
		1			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)		_		
	d Net gain or (loss)				
i	_ 				
OTHER REVENUE	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c)				
	See Part IV, line 18 a				
里	b Less' direct expenses b				
5	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19 a			 	
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	44	İ			
	b				
	c				
	d All other revenue			·	
	e Total. Add lines 11a-11d	·			
	12 Total revenue. See instructions	33,378.	500.	0.	1
BAA		0109 07/08/13			Form 990 (2013)

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	Ţ

Do r 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	300.	300.	0.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
-	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	41.	41.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	ļi		-	
22	• • • •				
23 24					
	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).				
	Real_Estate_Taxes	32,877.	32,877.	0.	0.
b		ļ 			
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e.	33,218.	33,218.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) La Frontera Conservation Fund
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	2,961.	1	35,998.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
AS	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b	1,262,115.	10 c	1,262,115.
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,265,076.	16	1,298,113.
	17	Accounts payable and accrued expenses	8,402.	17	41,279.
	18	Grants payable		18	
	19	Deferred revenue		19	· <u></u>
L I	20	Tax-exempt bond liabilities		20	-
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,402.	26	41,279.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ą	27	Unrestricted net assets	1,256,674.	27	1,256,834.
ASSETS	28	Temporarily restricted net assets	1/230/0/11	28	1/200/0011
	29	Permanently restricted net assets		29	- -
R		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZO	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ā	33	Total net assets or fund balances	1,256,674.	33	1,256,834.
BALAZCES	34	Total liabilities and net assets/fund balances	1,265,076.	34	1,298,113.
S DA		Total habilities and not additionally balances 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,200,010.		Form 990 (2013)

Forr	m 990 (2013) La Frontera Conservation Fund 30	-019768	88	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. <u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33,3	378.
2	Total expenses (must equal Part IX, column (A), line 25)	2		33,2	218.
3	Revenue less expenses. Subtract line 2 from line 1	3		1	160.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2	56,6	574.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor 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	1,2	56,8	<u> 34.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · · _ <u>·</u>		. F
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O				:
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both.	а			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b	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				ſ
	Separate basis X Consolidated basis Both consolidated and separate basis				
ļ	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?		. 2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 :	a 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?	e 	3 a		Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			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.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer Identification number

<u>ьа</u>	Fr	<u>ontera Conserv</u>	ation Fund						30-01	<u>.97688</u>			
Par	t I	Reason for Publ	lic Charity Status	(All organizations i	must co	omplete	e this p	art.) S	ee inst	ructions	S		
The c	rga	nızation is not a private	foundation because it	is (For lines 1 through	11, check	k only or	e box)						
1	Г	A church, convention	of churches or associa	ition of churches describ	ed in sec	ction 17	0(b)(1)(A	۱)(i).					
2		A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	-	A hospital or a cooper	ative hospital service of	organization described in	section	170(b)	(1)(A)(iii)).					
4	F	A medical research or	ganization operated in	conjunction with a hosp	ital desc	пbed in :	section	170(b)(1	I)(A)(iii)	Enter the	e hospital's		
	L	name, city, and state:		,									
5			ited for the benefit of a	college or university ow	ned or o	perated	by a gov	ernmen	tal unit d	escribed	in section		
6		1		ernmental unit described	ın sectio	on 170(b)(1)(A)(v	<i>(</i>).					
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	L	A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9		An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		1		lusively to test for public	safety. S	See sec t	tion 509	(a)(4).					
11	Х	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 X Type I b	1 1 7'	1 1 "		•	c					tegrate	3 0
е	X	By checking this box, other than foundation section 509(a)(2)	I certify that the organi managers and other th	zation is not controlled d nan one or more publicly	supporte	r indirect ed organ	ly by one	e or mor describ	e disqua ed in sec	tion 509	sons a)(1) or		
f		If the organization rec		nation from the IRS that		e I, Type	ell or Ty	pe III su	pporting	organıza	ition,		
g		Since August 17, 2006	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	followin	g persor	ıs?			
_		•										Yes	No
		below, the gove	rning body of the supp	trols, either alone or toge orted organization?		• • • •					11 g (i)		Х
		(ii) A family member	er of a person describe	d ın (ı) above?							. 11 g (ii)		X
		(iii) A 35% controlle	d entity of a person de	scribed in (i) or (ii) above	e?						11 g (iii)		X
h		Provide the following i	information about the s	supported organization(s	s).							L	
	•••	(I) Name of supported organization	, (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is organiza column (ij your go docur	ation in I listed in	(v) Did you the organiz column (i) suppo	zation in of your	(vi) Is organiza colum organized U S	ation in in (i) d in the	(vil) Amouni sup	of mone	etary
					Yes	No	Yes	No	Yes	No			
_					1			_					
(A)	El 8	Paso Community Foundation	74-1839536	7	Х		Х		Х				0.
			·									_	_
(B)							'						
(C)			}]]] .]					
<u></u>					1							•	
(D)			,				1			.			
<u> </u>					1				<u> </u>				
(E)]				
			 		1			-					
Total													0.

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	_	-				
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
. 7	Amounts from line 4			·			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s				tax year as a sec	tion 501(c)(3)	, . ▶
	tion C. Computation of Pu						
	Public support percentage for 201						
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14 · · ·			15	%
16 a	33-1/3% support test — 2013. If and stop here. The organization of						
t	33-1/3% support test — 2012. If t and stop here. The organization of	he organization dic qualifies as a public	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, chec	k this box
17 a	10%-facts-and-circumstances to or more, and if the organization methor organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Exp	olain in Part IV how	~
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' te t. The organization	st, check this box a n qualifies as a pub	and stop here. Exp licly supported org	olain in Part IV hor janization	w the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	k and see instructi	ons · · · · ►
					0-1		000 571 0040

30-0197688

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

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

Section A. Public Support						
Calendar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions and membership fees received (Do not include)		, ,				
any 'unusual grants ')				<u> </u>		
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a 						
governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b				-		
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511						
taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support. (Add Ins 9,10c 11 and 12)					1	
14 First five years. If the Form 990 organization, check this box and	is for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	
Section C. Computation of Pu			·		· - · - · - · - · - · · · · · · · · · ·	
15 Public support percentage for 20						
16 Public support percentage from 2					1	6 8
Section D. Computation of In					.,	-
17 Investment income percentage for	•		y line 13, column (i	n)		
18 Investment income percentage fr						
19a 33-1/3% support tests — 2013. is not more than 33-1/3%, check	this box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	
b 33-1/3% support tests – 2012. line 18 is not more than 33-1/3%	, check this box and	stop here. The o	rganization qualifie	es as a publicly sur	oported organiza	tion
20 Private foundation. If the organi	zation did not check	a box on line 14,	isa, or isp, checl	k inis box and see	instructions	· · · · · · · · · · · · · · · · · · ·

Schedule A	(Form 990 or	990-EZ) 20	13 La	Frontera	Conserva	ation	Fund		<u> 30-0197688_</u>	Page 4
Part IV	Suppleme or 17b; an (See instru	ental Info d Part III, uctions).	rmation. line 12. A	Provide the Also complete	explanatio this part f	ons required for any	uired by addition	Part II, line 10; al information.	Part II, line 17a	
										
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

T.a	Frontera Conservation Fund				30-0197688
Par		r Advised Funds or Oth	ner Similar Funds	or Ac	
<u> </u>	Complete if the organization answer	ered 'Yes' to Form 990, F	Part IV, line 6.		
		(a) Donor advised	funds	(b) F	unds 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 are the organization's property, subject to the organization's property.				
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of t	and donor advisors in writing the donor or donor advisor, or t	nat grant funds can be for any other purpose of	used only	y 9 — —
	impermissible private benefit?				· · · · Yes No
Par	Complete if the organization answe			<u></u>	
1	Purpose(s) of conservation easements held by the	• ,			
	Preservation of land for public use (e.g., recre	eation or education)	<u></u>		lly important land area
	Protection of natural habitat		Preservation of a c	ertified h	istoric structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation co	ontribution in the form o	of a cons	ervation easement on the
	and any or and tax you.		ſ		Held at the End of the Tax Year
á	Total number of conservation easements		 	2 a	
	Total acreage restricted by conservation easemer		- H	2 b	
	Number of conservation easements on a certified		F	2 c	
ď	Number of conservation easements included in (c structure listed in the National Register			2 d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguishe	d, or terminated by the	organiza	ation during the
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy regard and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, I				
7	Amount of expenses incurred in monitoring, inspe ▶ \$	ecting, and enforcing conservat	tion easements during	the year	
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the				
Par	conservation easements Companizations Maintaining Collection Complete if the organization answe	ctions of Art, Historical	Treasures, or Ot	her Sir	nilar Assets.
			·····		halaman aka da da da
1 a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial state.	ld for public exhibition, educati	on, or research in furth	nent and erance o	balance sheet works of fublic service, provide,
t	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items.	AS 116 (ASC 958), to report in public exhibition, education, of	n its revenue statement or research in furtherar	and balance of pu	ance sheet works of art, blic service, provide the
	(i) Revenues included in Form 990, Part VIII, line	e 1			▶ \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, h amounts required to be reported under SFAS 116	istorical treasures, or other sim (ASC 958) relating to these ite	nilar assets for financia ems	l gaın, pr	ovide the following
	Revenues included in Form 990, Part VIII, line 1				
t	Assets included in Form 990, Part X				▶\$

		ervation Fu		30-019		Page
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (contir	าued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and o			are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future general						
4 Provide a description of the organi. Part XIII		•				
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive	donations of art, his	storical treasures, or othe	er sımılar assets	Yes	No
Part IV Escrow and Custodia						
line 9, or reported an a	mount on Form	990, Part X, line	e 21.	wered tes to tolli		, , , , , , , , , , , , , , , , , , ,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or oth	ner intermediary for	contributions or other as	sets not included	Yes	No
b If 'Yes,' explain the arrangement in	Part XIII and comp	olete the following ta	ble			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						· · · · · · · · · · · · · · · · · · ·
f Ending balance				<u> </u>		
2 a Did the organization include an am					Yes	No
b If 'Yes,' explain the arrangement in	Part XIII. Check he	ere if the explantion	has been provided in Pa	rt XIII		
Part V Endowment Funds. C	omplete if the c	organization ans				
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance					ļ <u> </u>	
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses					1	
g End of year balance						
2 Provide the estimated percentage	of the current year	end balance (line 1g	, column (a)) held as			
a Board designated or quasi-endowr	ment ►	્ર				
b Permanent endowment ►	90					
c Temporarily restricted endowment	•	9				
The percentages in lines 2a, 2b, ai		100%				
3 a Are there endowment funds not in			are held and administer	ed for the		
organization by:	the possession of the	ne organization that	are rield and administer	ca for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations	. 				. 3a(ii)	
b If 'Yes' to 3a(ii), are the related org	anizations listed as	required on Schedu	ıle R?		. 3b	
4 Describe in Part XIII the intended u						
Part VI Land, Buildings, and						
Complete if the organiz		l 'Yes' to Form 9	90, Part IV, line 11a	a. See Form 990, Pa	rt X, line 1	0.
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	
1a Land			1,262,115.	225,00,000	1.26	2,115.
b Buildings			<u> </u>		# 1 2 U	
c Leasehold improvements						
d Equipment						
e Other	i					
Fotal. Add lines 1a through 1e (Column		m 000 Part V cal	mn (R) line 10(c))		1 26	2 115
	(u) musi equal Fon	m 330, Fait A, Colui	יייי (ט), יייופ דט(ט) . <u>.</u>		1,∠6. ule D (Form 9	2,115.
BAA				Scriedo	1 OIIII 9	,50,2013

Part VII Investments – Other Securities. Complete if the organization answered	es' to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(c)		
(D)		
<u>(E)</u>		
<u>(F)</u>		
(G)	 	
(H)		
(I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) .▶		
Part VIII Investments — Program Related.	/es' to Form 990	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	(b) book value	(e) method of validation deep of one of year marrier talla
(2)	 	
_ (3)		
_ (4)		
(6)	·	
_ (7)	<u> </u>	
(8)		
_ (9)		
_(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶		
Part IX Other Assets.	/es' to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)	<u> </u>	
(6)	 	
- (') (8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), li	ne 15)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' to Fo		
(a) Description of liability	(b) Book value	9
(1) Federal income taxes		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total (Column (b) must equal Form 990, Part X, column (8) line 25)	▶	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnets under FIN 48 (ASC 740). Check here if the text of the footnets the footnets in the footnets in the footnets.		

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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII)	4-
c Add lines 4a and 4b	4 c 5
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	al information
Pt X Line 2 The Foundation and its affiliates do not believe that	
Pt X Line 2 The Foundation and its affiliates do not believe that	
they have taken any tax positions that would require	
the recording of any tax liability, nor do they believ	<i>r</i> e
that there are any unrealized tax benefits that would	
e <u>lther_increase_or_decrease_within_the_next_year.</u>	

•	Schedule D	(Form 990) 2013 La Frontera Conservation Fund	30-0197688	Page 5
	Part XIII	Supplemental Information (continued)		
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TEEA3305 07/01/13

Schedule **D** (Form 990) 2013

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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number 30-0197688

<u>La</u>	Frontera Conservation Fund	30-0197688		
Par				
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person VII, Section A, line 1a Complete Part III to provide any relevant information regarding these item.	on listed in Form 990, Part ems		
	First-class or charter travel Housing allowance or res	sidence for personal use		
	Travel for companions Payments for business u	se of personal residence		
	Tax indemnification and gross-up payments Health or social club due	s or initiation fees		
	Discretionary spending account Personal services (e.g., r	maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to	g payment or p explain	D	<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred trustees, and officers, including the CEO/Executive Director, regarding the items checked in lin			
3	Indicate which, if any, of the following the filing organization used to establish the compensation CEO/Executive Director Check all that apply Do not check any boxes for methods used by a establish compensation of the CEO/Executive Director, but explain in Part III	on of the organization's related organization to		
	Compensation committee Written employment confi	tract		
	Independent compensation consultant Compensation survey or	study		
	Form 990 of other organizations Approval by the board or	compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to or a related organization.			
	Receive a severance payment or change-of-control payment?		+	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
C	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item i	n Part III	İ	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue contingent on the revenues of			
	a The organization?			Х
t	any related organization?		<u> </u>	X
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue contingent on the net earnings of.	any compensation		
	a The organization?		3	X
b	Any related organization?	6	D	X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any no payments not described in lines 5 and 6? If 'Yes,' describe in Part III	on-fixed		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that to the initial contract exception described in Regulations section 53 4958-4(a)(3)?	·		
	If 'Yes,' describe in Part III		-	X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure describe section 53.4958-6(c)?	ed in Regulations		

Page 2

Schedule J (Form 990) 2013 La Frontera Conservation Fund

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	and otner deferred compensation	benefits	columns(b)(i)-(U)	reported as deferred in prior Form 990
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	(i)	135, 621.	18,389.	0	34,763.	-68£ 761	208,162.	-0
rector	Ξ		0	0.	0			0.
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Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

La Frontera Conse	rvation Fund	30-0197688
Pt_VI,_Line_2	_Eric_Pearson, President_and_CEO_of_El_Paso_Commu	nity
	Foundation(EPCF), supported_organization	
	_Gary_Williams, Program_Officer_of_EPCF, supporte	ed organization
	Carmen M. Vargas, CFO of EPCF, supported organiz	ation.
Pt_VI, Line 12c	The organization reviews its Conflict of Interes	t Policy
	and compliance with the policy during its regula	<u>r</u>
	meeting of the Board of Directors. Each Director	and
	Officer fills a form where they have to disclose	?
	their business or family relationships with the	organization.
Pt_VI, Line 11b_	Each Board member is provided a copy of the orga	nization's
	Form 990. After review and approval, the return	<u>is filed.</u>
Pt_VI,_Line_15a_	Notes regarding process for determining officer	s'_salaries:
	The organization has checked "no" to boxes 15a a	and 15b
	_There is no process for determining officers' co	ompensation
	_because La Frontera Conservation Fund officers a	are paid
	_salaries by El Paso Community Foundation, not by La	Frontera Conservation Fund
	_ (with the exception of Jose M. Mascarenas who is not	paid_by_El_Paso_Community
	_Foundation_nor_by_La_Frontera_Conservation_Fund)	
Pt_VI, Line 19	The organization makes its government documents,	_conflict
	_of interest_policy and financial statements_avai	lable to
	the public upon request in person at its adminis	strative
	offices.	
Pg_1,_Pt_I,_Ln1_	_To_operate_exclusively_for_the_benefit_of_El_Pas	so Community
	Foundation (EPCF), an organization exempt under	section
	501(c)(3)_of_the_Internal_Revenue_Code_of_1986_	. To receive
	and administer property acquired by gift, grant,	, purchase or

•	Schedule O (Form 990 or 990-EZ) 2013	Page 2
	Name of the organization	Employer identification number
	La Frontera Conservation Fund	30-0197688
	otherwise for educational and scientific purpos	es. To make
	grants or other payments to EPCF.	
	Pg 2, Pt III, Ln 1 Mission: To operate exclusively for the benefit	
	of El Paso Community Foundation (EPCF), an orga	nization_exempt_under
	section 501 (c)(3) of the Internal Revenue Code	of 1986. To receive and
	administer property acquired by gift, grant, pu	rchase or otherwise for
	educational and scientific purposes. To make gr	ants or other payments
	to El Paso Community Foundation.	

Schedule R (Form 990) 2013 (g) Sec 512(b)(13) controlled entity? å \times (f) Direct controlling entity Open to Public Inspection OMB No 1545-0047 Yes Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f)
Direct controlling
entity 30-0197688 (e) End-of-year assets (e)
Public chanty status
(if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Line Related Organizations and Unrelated Partnerships (d) Exempt Code section (c)(3)TEEA5001 06/26/13 (c)
Legal domicile (state
or foreign country) 501 (c)
Legal domicile (state or foreign country) (b) Primary activity Educationals scientific needs of El Paso aresTX Serves Charitable, (b) Primary activity BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity El Paso Community Foundation ... (a) Name, address, and EIN of related organization La Frontera Conservation Fund Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) 1111 Part Part II 1 ١ <u>ල</u> **3** <u>8</u> (E) ල

30-0197688

Schedule R (Form 990) 2013 La Frontera Conservation Fund

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections		(f) Share of total income	(g) Share of end-of-year assets		(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	(K) Percentage owner,ship	ntage rrship
		country)		512-514)	4)			Yes	No No	1065)	Yes		
				_									
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line 34 because it had one or mor (a) Name, address, and EIN of related organization	line 34 because it had one or more related organizat (a) (b) address, and EIN of related organization Primary activity	re related	lated organizati (b) Pnmary activity	tions treated as a corporation or trust during the tax year. (c) (d) (e) (t) Scorp, Scorp, total income	s a corporat (d) Direct controlling	ation or trus	or trust during the Type of entity (C corp., S corp.	(f) Share of total income	$\frac{S}{2}$	ions treated as a corporation or trust during the tax year. (c) (d) (e) Type of entity (c) corp. S corp. (c) (d) (e) Type of entity (c) Share of (c) year assets (c) (h) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?)(13) entity?
				country)	entity		trust)					Yes	ş
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Page 3

30-0197688

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations listed in Parts II-IV?				
a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity					×
b Gift, grant, or capital contribution to related organization(s)			1b	_	×
c Gift, grant, or capital contribution from related organization(s)			100	×	_
d Loans or loan guarantees to or for related organization(s)			19		×
o Lone or lose autrentese hu related organization(s)			-		; >
e Loans of loan guarantees by related organization(s)			2		<u> </u>
f Dividends from related organization(s)			. 16		×
g Sale of assets to related organization(s)			19		×
h Purchase of assets from related organization(s)			4		×
i Exchange of assets with related organization(s)			=	_	×
j Lease of facilities, equipment, or other assets to related organization(s)			-		×
k Lease of facilities, equipment, or other assets from related organization(s)			 1k		×
Performance of services or membership or fundraising solicitations for related organization(s)			=		×
			E	 -	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			7"	L	×
o Sharing of paid employees with related organization(s)			-	L	×
			<u> </u>	<u> </u>	
p Reimbursement paid to related organization(s) for expenses			:	×	
q Reimbursement paid by related organization(s) for expenses.			:		×
r Other transfer of cash or property to related organization(s)			÷ :		×
s Other transfer of cash or property from related organization(s)			18		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	line, including covered relationships and	transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	(d) detern	nınıng
	type (a-s)		amonn	tinvolv	, _{gg}
(1)					
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30-0197688

Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name address and FIN of entity	(b)	(c)	(d) Predominant	(e)	(f) Share of	(g) Share of	(h)	(i) Code V-UBI		1	(k)
למונים למינים		(state or foreign country)	related, unrelated, excluded	section 501(c)(3) organizations?		end-of-year assets	tonate allocations?	~~	managing partner?		ownership
			from tax under section 512-514)	Yes			Yes	Form (1065)	Yes	o _N	
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Scheaule K	(Form 990) 2013	La Frontera	Conservation	runa	·	30-019/686	raye 3
Part VII	Supplemental Provide addition	Information nal information for	or responses to	questions on Sc	chedule R (see i	nstructions).	
							
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Supporting Statement of:

Form 990 p 9/Related Organizations

Description	Amount
El Paso Community Foundation	32,877.
Total	32,877.