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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

			<u>alendar year, or tax</u>		09/01/13		08/31/3	L 4					
В	Check if a	pplicable	C Name of organization		und of Car				D Employ	er identification number			
	Address c	hange		& South	Eddy Coun	ty							
	Name cha	inge	Doing Business As		<u> </u>					6004416			
=		•	Number and street (or	PO box if mail is not del	ivered to street addre	ess)		Room/suite	E Telepho	ne number			
=	P.O. Box EE 575-887-3504												
	Terminate	d	City or town, state or p	province, country, and ZIP	or foreign postal cod	le			-	<u> </u>			
	Amended return Carlsbad NM 88220 G Gross receipts \$ 869,837												
F Name and address of pnncipal officer													
	Application	n pending	Linda Do	dd				H(a) Is this a gro	up return for sub	ordinates? Yes X No			
			P.O. Box					H(b) Are all sub	ordinates inclu	ded? Yes No			
			Carlsbad		NM	88220		If "No,"	attach a list (see instructions)			
_	Tau awa		X 501(c)(3)		◀ (insert no)		F27	-					
' -		mpt status	ttp://www.			4947(a)(1) or	527						
<u>J</u>	Website					au.org/		H(c) Group exe	AFA T				
		rganization	X Corporation	Trust Association	n Other ▶			ear of formation	951	M State of legal domicile NM			
	art I		ummary		t overviewet ootv								
ķ	1	-	escribe the organizati	on's mission or mos	t signincant activ	rities							
Activities & Governance		see	Schedule O										
ᆇ	1												
ē													
Š	2 (Check th	is box 🕨 🔙 if the o	organization discontir	nued its operatio	ns or disposed of r	more than 25%	of its net assets					
ಶ	3	Number (of voting members of	i the governing body	(Part VI, line 1a	1)			3	<u> 18</u>			
es	4 1	Number (of independent voting	g members of the go	verning body (P	art VI, line 1b)			4	18			
<u> </u>	5	Total nur	nber of individuals er	nployed in calendar	year 2013 (Part	V, line 2a)			5	4			
둉	6	Total nur	nber of volunteers (e	stimate if necessary	·)				6	0 -			
_	7a	Total unr	elated business reve	nue from Part VIII, o	column (C), line	12 RECEIV	EU		7a	0			
	ь	Net unrei	lated business taxabl	le income from Form	n 990-T, line 3 4	-	191		7b	0			
_						2	age Ö	Prior Ye		Current Year			
Φ	8	Contribut	tions and grants (Par	t VIII, line 1h)	A018	LE YAM	2015 60-5	87	4,009	865,120			
Revenue	9	Program	service revenue (Pa			0							
ě	10	Investme	ent income (Part VIII,	4,181	2,156								
œ	11	Other rev	venue (Part VIII, colu	mn (A), lines 5, 6d,	8c, 9c, 10c, and₌	OGDEN	1		4,738	2,561			
	12	Total rev	enue – add lines 8 th	rough 11 (must equ	al Part VIII, colu	mn (A), line 12)	[94	2,928	869,837			
	·		nd similar amounts p		· · · · · · · · · · · · · · · · · · ·			57	5,402	555,455			
	14	Benefits	paid to or for membe	ers (Part IX, column	(A), line 4)		[
S	45		other compensation	•	• •	(A), lines 5–10)	l	9	5,796	106,583			
xpenses	16a		onal fundraising fees		•	,				0			
per	Ь		draising expenses (F		•	39,	232			······································			
Ä			penses (Part IX, colu		•	,		5	8,204	71,168			
	1		penses. Add lines 13-	' '	•	line 25)			9,402	733,206			
	1	•	less expenses Sub	•	• •	, 11116 20)			3,526	136,631			
5 8	<u> 13</u>	· ·c veriue	icaa exheiiaea aun	adding to nom line	<u> </u>			Beginning of Cu		End of Year			
Net Assets or	20	Total ass	sets (Part X, line 16)				ļ		9,698	1,308,972			
ASS	21		pilities (Part X, line 26	3)					1,568	314,211			
S.	22		ts or fund balances	•	n line 20				8,130	994,761			
	art II		gnature Block	000000000000000000000000000000000000000					- / 1				
			perjury / declare hat I	have examined this re	turn including acc	ompanying schedule	e and statements	and to the hest	of my knowle	dge and helief it is			
			omplete Declaration of						of fifty Knowle	age and belief, it is			
		T	(Xind	$\frac{1}{2}$	ndd					5-12-15			
e:.		 	Signature of officer	2 . 10	OUDC			,	Date	7273			
Sig	_			1 David	TVOC	utive I	Xicon	HY	Date				
He	ere		<u> </u>	· 10000,		MIJVE 1	VIIEL	<i>U</i> I	-				
	Type or print name and title												
		Pnnt/Typ	pe preparer's name		Preparer's sig	_		Date	Check	If PTIN			
Pai		Keith	Day, CPA			Day, CA			2/15 self-em				
	parer	Firm's na		es, Klues		У			Firm's EIN	85-0308942			
Us	e Only	1		W McKay									
		Firm's a	ddress > Car	lsbad, NM	88220-	5835			Phone no	<u>575-885-316</u>			
Ma	y the IF	S discus	s this return with the	preparer shown abo	ove? (see instruc	ctions)				X Yes No			
_													

Form 990 (2013)	United	Fund	of	Carlsbad	85-6004
Part III	Statement o	f Progra	m S	ervice Accomplishm	ents
	te to any line in this Part III				
1 Briefly des	scribe the organi	zation's mis	SION		

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See	C	ah	64	,,1	_	\cap
JEE		CH	ᆮ	uт	=	v

2	pnor Form 990 or		nt program services during the year which were not li	sted on the	Yes X No
3	services?	ion cease conducting, or m	ake significant changes in how it conducts, any progr	ram	Yes X No
4	Describe the organization expenses Section	anization's program service on 501(c)(3) and 501(c)(4) o	accomplishments for each of its three largest progra organizations are required to report the amount of gra each program service reported		
D 1 9	ocal 501 Jualifying	(c)(3) organi: g for funding	635,518 including grants of \$ sations providing financial zations in Carlsbad, New Mounder United Way's particular and obligations.	Mexico and south Ed	dy County
4b	(Code)(Expenses \$	including grants of \$) (Revenue \$)

4c (C	ode
-------	-----

) (Expenses \$

including grants of \$

) (Revenue \$

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

(Expenses \$

including grants of \$ 635,518

) (Revenue \$

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l	v
	candidates for public office? If "Yes," complete Schedule C, Part I	_3	-+	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
J	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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	İ		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	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		X
1	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.		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
8	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	445		x
24	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		_
2a	Schedule D. Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		<u> </u>
•	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	- 10		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	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
7	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	L	X
8	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	<u> </u>	X
9	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	L	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	0 (004)

Part IV Checklist of Required Schedules (continued)

	_		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ì	
		21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			7.7
		22		_ <u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	x
24a		23	-	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		X
b	_ · · · · · · · · · · · · · · · · · · ·	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ů		24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
-		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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? 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			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		-	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			7.5
a		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		x
_		28b		
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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<u> 29</u>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	· · · · · · · · · · · · · · · · · · ·	35a	<u> </u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			4.5
.=	related organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	a-		
38	Part VI	37	 	X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	x	
	19. Texto, All 1 of the 300 meta are required to complete Scriedule O	<u> </u>	200	<u> </u>

Yes No No No No No No No N	Section 2 Fire the number reported in Box 3 of Form 1086 Enter-O-I find applicable Enter the number of Porms W-2G included in line 1 a Enter-O-I find applicable Did the organization condity with backing withholding rules for reportable payments to vendors and reportable gament (gambling) with backing withholding rules for reportable payments to vendors and reportable gament (gambling) with backing withholding rules for reportable payments to vendors and reportable gament (gambling) with some property of Porm V-3. Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return If at least one a reported on Incree Year 2, did the organization file of the calendar year and 2 as greater than 260, you may be required to e-file (see instructions) If I als a file of Form 99-1 fir in separ? If Year 10 is in 3.0, provide an explanation in Schedule O 30 If Year, I have a filed a Form 99-1 fir in separ? If Year 10 is in 3.0, provide an explanation in Schedule O 31 If Year, I have a filed a Form 99-1 fir in separ? If Year 10 is in 3.0, provide an explanation in Schedule O 32 If Year 2 is an explored on the calendar year, did the organization flave as in interest in, or a signature or other authority ower, a financial account in a foreign country (see Note 1) in Year 2 in the calendar year, did the organization flave with a back account, securities account, or other financial accounts. San entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. San entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. San entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. San entructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. If Year 2 in the name of the foreign country (see his a part of the part of th	1 22	Check if Schedule O contains a response or note to any line in this Par	rt V			
1s Enter the number reported in Box 3 of Form 1096. Enter -0- in final applicable Differ the number of Forms W-25 included in the is Enter -0- in final applicable Differ the number of Forms W-25 included in the is Enter -0- in final applicable Differ the number of Enter W-25 included in the is Enter -0- in final applicable Differ the number of enterployees reported on Form W-3, Transmitted of Wage and Tax Statements, 1966 for the calendary ser anding with or within the year converted by this return Statements, 1966 for the calendary ser anding with or within the year converted by this return Statements, 1966 for the calendary ser anding with or within the year converted by the return Statements, 1967 for the year of the proposation file all required for fire (see antiructions) Differ organization have unrelated business gross scorone of \$1,000 run or or during the year? Sa. X Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file (see antiructions) A larry time dumpt the celebrating and; did the organization have an interiest. or, a singature or other authority over, a financial account in a foreign country ≥ A larry time dumpt the celebrating and; did the organization have an interiest. or, a singature or other authority over, a financial account in a foreign country ≥ See instructions for fining requirements for form 15 F 90.22 1. Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for form 15 F 90.22 1. Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for form 15 F 90.22 1. Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for form 15 F 90.22 1. Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for form 15 F 90.22 1. Report of Foreign Bank and Financial Accounts. See instructions and programation and programation and properties of the programization and programation and programation foreign and programation and	1a Enter the number reported in Box 3 of Form 1996 Enter. O- In not applicable Enter the number of Form W-2C dinudued in line 1s. Enter. O- In not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gameing (gambring) withness the complex of the compl		Chask it concedes a contained response of note to any line in this Fal			Yes	No
Legislation of the organization comply with backup withholding tules for reportable payments to vendors and reportable payments for the content of the organization and provided the payments for the catendary year ending with organization file of the catendary organization file organization file of the catendary organization file organization	C Dit the organization county) with backup withholding rules for reportable payments to vendors and reportable gamming (gamming) with movings to prite venerate? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 1 fal Nasia does in exported on the 25, did the organization field in required to e-file (see instructions) Note. If the sum of fines 1s and 2s greater fran 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business great concorned 15 (100 or more during the year? 3a A lary time dump the calendar year, did the organization have an interest, nor a singature or other authority over, a financial account in a foreign country (such as a bank account, securbes account, or other financial account in a foreign country (such as a bank account, securbes account, or other financial account in a foreign country ► 5a Was the organization of the foreign country ► 5ae entructions for filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts. 5be with the country of the fire organization flat it was or as a party to a prohibited tax shelter transaction at any time during the tax year? 5a You Did any taxable party notify the organization flat is was or as a party to a prohibited tax shelter transaction? 5c Did any taxable party notify the organization flat is was or as a party to a prohibited tax shelter transaction at organization and the organization and proserves that are normally greater than \$100,000, and did the organization about any contributions but were not tax deductible as chartable contributions or gifts were not tax deductible as chartable contributions or gifts were not tax deductible? 5c Does the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions or gifts were not tax deductible? 6c Dorganization	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1			
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c Enter the amount of reserves on hand		þ	· · · · · · · · · · · · · · · · · · ·			‡	
					─ ┤		I
THAT DIG the organization receive any payments for indoor tanning services during the tax year?				[130]	44-	 	v
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	 	_	•	ule O		 	 ^
	DAA Form 990 (20		11 100, has killed a Form 720 to report these payments: it 140, provide all explanation in Scheu	<u> </u>		m 99	0 (2013)

Fd	TE VE Governance, management, and disclosure not each response to lines 2 through 76 below, as										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee msuu	Cuons	X							
	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management										
Sec	tion A. Governing body and management		Yes	No							
1-	Enter the number of voting members of the governing body at the end of the tax year 1a 18		163	140							
1a	If there are material differences in voting rights among members of the governing body, or	⊣	1								
	If the governing body delegated broad authority to an executive committee or similar		1								
			1								
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 18		1								
р 2		- 1	1								
2											
•	any other officer, director, trustee, or key employee?										
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x							
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		$\frac{\mathbf{x}}{\mathbf{x}}$							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		$\frac{\mathbf{x}}{\mathbf{x}}$							
6	Did the organization have members or stockholders?	-		<u>~</u>							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			x							
L	one or more members of the governing body?	_7a_									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x							
_	stockholders, or persons other than the governing body?	7b	-, -								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	i I							
a	The governing body?	8a 8b	X								
b	Each committee with authority to act on behalf of the governing body?	80									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x							
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			<u>~</u>							
<u> Jec</u>	tion B. Policies (This Section B requests information about policies not required by the internal Revenue C	,oue.j	Yes	No							
400	Did the executation have level charters branches or affiliates?	10a	163	X							
10a h	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100									
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь	1								
11a		11a	x	—							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
12a		12a	•	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.23									
Ŭ	describe in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by	13									
	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								
٠	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1.00									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
, oa	with a taxable entity during the year?	16a	1	x							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100									
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b	Ì	Î							
Sec	tion C. Disclosure										
<u> 1</u> 7	List the states with which a copy of this Form 990 is required to be filed NM										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)										
, ,	available for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
13	financial statements available to the public during the tax year										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the										
20	organization: United Fund of Carlsbad P.O. Box EE										
C		575-88	7-3	504							

Part VII

Form 990 (2013) United Fund of Carlsbad

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo of	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	rious for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Lori Elyasevich									·	
	6.00		İ							
Ex-Officio	0.00	X		X				0	0	0
(2) Cathy Goad										
·	6.00	l							_	_
Chair	0.00	X		Х		-		0	0	0
(3) Kathi Smith	6 00									
Wine Change	6.00	٦,		,,		l			•	
Vice-Chair (4) Kyle Marksteiner	0.00	X	-	X		+ +		0	0	0
(4) Kyre Marksterner	6.00					1				
Campaign Chair	0.00	x		x		! I		o	•	
(5) Wendy Stanley	0.00	12		^		╁┈┼		U	0	0
(a) Welldy Stalliey	4.00									
Member	0.00	$ \mathbf{x} $		x		1		o	0	0
(6) Aaron Jones	0.00	1	 	Λ		-		0		<u> </u>
(0)1MION CONES	6.00									
Member-at-Large	0.00	x		x				o	О	0
(7) Alan Duncan	0.00	1		A		+				
(i)MIGHT Dullean	6.00									
Treasurer	0.00	x		x				o	o	0
(8) Angela Aragon		1		-						
(9,1=190=4 11149011	4.00									
Member	0.00	x		x				o	o	0
(9) Brandy Blanchard		†		_ <u></u>						
,,	4.00									
Member	0.00	x		x				0	0	0
(10) Fran McCarthy		1								
•	6.00					1 1				
Finance Chair	0.00	x		x		1		l	0	0
(11) Judith Nelson										
	4.00	1								
Member	0.00	x		x				0	0	0
DAA		-								Form 990 (2013)

(A) Name and title	(B) Average hours per week (list any hours for	(d	o not	Pos check ess pe	C) sition more erson	than o	one n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(41-21055-14150)	organization and related organizations
(12) Kelly Neel	4.00									
Member	0.00	x		x				0	0	0
(13) Khush Ghadiali										
•	4.00									
Member	0.00	X	<u> </u>	X	_			0	0	0
(14) Maribel Lopez	4.00			ļ						
Member	0.00	x		x				o	o	0
(15) Scott Goodale	0.00	 	\vdash			\vdash				
() ·	4.00				1					
Member	0.00	X		X		<u> </u>		0	0	0
(16)Linda Dodd	40.00	1			\		}			
Secretary & Exec_Dir	40.00	x		x				0	o	o
(17) Charla Calentine		^	┢		┢	-	-			
(,	4.00		1							
Member	0.00	X		X	_			0	0	0
(18) Tonk Chester										
Member	4.00	x	Ì	x	1			0	o	o
(19) Shane Hendrickso		^	-	_		-				<u> </u>
(13) -11-11-1	4.00									
Member	0.00	X		X			<u> </u>	0	0	0
1b Sub-total										
c Total from continuation shee	ts to Part VII, S	ectic	n A					<u> </u>		
d Total (add lines 1b and 1c) 2 Total number of individuals (inc	luding but not lin	nited	to th	ose	liste	d abo	ve)	who received more than \$10	0.000 in	
reportable compensation from t			<u>ŏ</u>							
2. Did the accompanies hat any fac-					. 1					Yes No
3 Did the organization list any for employee on line 1a? If "Yes," or								ee, or nignest compensated	l	3 X
4 For any individual listed on line									n the	
organization and related organi individual	zations greater t	han :	\$150	,000	. II .	Yes,	cor	mplete Schedule J for such		4 X
5 Did any person listed on line 1a									dividual	
for services rendered to the org		es," c	omp	ete S	Sche	dule	J for	r such person	_ ·	5 X
Section B. Independent Contractor 1 Complete this table for your five		nsate	ed in	lene	nder	nt cor	ntrac	tors that received more than	s \$100,000 of	
_compensation from the organiz	ation. Report coi							year ending with or within t	he organization's tax year.	
Name and	(A) business address							Descrip	(B) stion of services	(C) Compensation
							1			
							├			
							1	·····		
	<u> </u>									
							-			
Total number of independent or	ontractors (includ	dıng l	but n	ot lin	nited	to th	ose	listed above) who		
received more than \$100,000 o								-,	0	000

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue (B) Related or exempt function business excluded from tax under sections revenue 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 865,120 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 865,120 Program Service Revenue Busn Code 2a f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, 2,156 and other similar amounts) 2,156 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) Net rental income or (loss) (i) Securities (ii) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less' direct expenses c Net income or (loss) from gaming activities 10a 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 Busn Code 11a 2,561 Expense Reimbursement & Other 2,561 b d All other revenue Total. Add lines 11a-11d 2,561 Total revenue. See instructions 869,837 0

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 (A) Total expenses (B) Program service (C) Management and (D) Fundraisino Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 555,455 555,455 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 94,317 39,968 30,636 23,713 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 4,567 1,811 1,589 1,167 Payroll taxes 7,699 3,164 2,586 1,949 10 Fees for services (non-employees): Management Legal 6,461 2,579 2,270 Accounting 1,612 Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule () 11,244 6,172 2,910 12 Advertising and promotion 2,162 1,114 13 Office expenses 3,014 857 1,043 14 Information technology 15 Royalties 17,590 7,758 5,786 16 4,046 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,232 4,637 3,172 423 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 9,437 22 Depreciation, depletion, and amortization 3,775 3,303 2,359 23 Insurance 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) 7,925 7.925 United Way Worldwide Other & Miscellaneous 6,561 878 5,089 594 b 704 258 Membership & Registration 282 ¢ 164 d e All other expenses 733,206 635,518 58,456 25 Total functional expenses. Add lines 1 through 24e 39,232 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 560,591 870,242 Cash-non-interest bearing 1 101,513 101,975 Savings and temporary cash investments 252,237 190,847 Pledges and grants receivable, net 3 Accounts receivable, net 4 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 Notes and loans receivable, net 7 Inventories for sale or use 8 3,380 3,370 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 168,194 other basis Complete Part VI of Schedule D 10a 25,656 151,977 142,538 b Less accumulated depreciation 10b 10c 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 1,069,698 1,308,972 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,773 17 17 Accounts payable and accrued expenses 204,365 307,756 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 23 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. 2,430 2,430 of Schedule D 25 211,568 26 Total liabilities. Add lines 17 through 25 X Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 829,366 27 985,938 Unrestricted net assets 28,764 8,823 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and 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 858,130 994,761 33 Total net assets or fund balances 33 1,308,972 Total liabilities and net assets/fund balances 1,069,698

Form	990 (2013) United Fund of Carlsbad	85-6004416			Pag	e 12
Pa	rt 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		59,8	
2	Total expenses (must equal Part IX, column (A), line 25)		2		33,2	
3	Revenue less expenses Subtract line 2 from line 1		3		36,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, col	umn (A))	4	8!	5 8 ,:	<u> 130</u>
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 eq	ual Part X, line	1 1			
	33, column (B))		10	9:	94,	<u>761</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line	in this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accr	ual Other				
	If the organization changed its method of accounting from a prior year or checke	d "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an indepe	ndent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the y	ear were compiled or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated an	d separate basis				
b	Were the organization's financial statements audited by an independent account	ant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the y	ear were audited on a				
	separate basis, consolidated basis, or both					Ī
	X Separate basis Consolidated basis Both consolidated an	d separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes r	esponsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of ar	n independent accountant?		2c	_ <u>X</u>	
	If the organization changed either its oversight process or selection process duri	ng the tax year, explain in				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audi	t or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			_3a	_X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ation did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps take	n to undergo such audits		3b	_ <u>x</u>	
				For	ա 99 (0 (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

Open to Public Inspection

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. United Fund of Carlsbad & South Eddy County

Employer identification number 85-6004416

P	art i	Reas	on for Public Charity	Status (All organizations r	must cor	nplete t	his par	t.) See	instru	ictions				
The	orgar			it is (For lines 1 through 11, che										
1				ciation of churches described in	-		A)(i).							
2			cribed in section 170(b)(1)(A				,,,							
3	П			organization described in secti-	on 170(b)	(1)(A)(iii)								
4				in conjunction with a hospital des				(A)(iii)	Enter th	ne hosni	ıtal's na	ame		
		city, and state		,			(-)(-)	(* 1)()		ю поор				
5		•		a college or university owned or	onerated	hy a gove	rnmenta	l unit de	scribed	ın				
•	ш		b)(1)(A)(iv). (Complete Part I		operated	by a gove	minerite	i unit de	Saibea					
6				vernmental unit described in sec	tion 170/	-\/4\/A\/ _\	٠.							
7	X						-			L				
•				ubstantial part of its support from	a governi	nentai un	it or iron	i trie ger	ierai pu	DIIC				
			section 170(b)(1)(A)(vi). (Co	•										
8	H			'0(b)(1)(A)(vi). (Complete Part II										
9	Ш			more than 33 1/3% of its suppor						_				
				t functions—subject to certain ex						its				
				unrelated business taxable inco			1 tax) fro	om busin	esses					
40				, 1975 See section 509(a)(2). (
10				xclusively to test for public safety		•								
11				clusively for the benefit of, to pe										
				d organizations described in sect		• •				tion				
				e type of supporting organization			11e thro							
		a Type		c Type III–Functiona			d !			n-functi	onally i	ntegrate	ed	
е	Ш			nization is not controlled directly										
				than one or more publicly suppo	rted orgar	nzations c	lescribed	in secti	on 509(a)(1)				
_		or section 509	,											
f				mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
			check this box											
g			_	on accepted any gift or contribution	on from ar	ny of the								
		following per												
		(i) A persor	n who directly or indirectly cor	itrols, either alone or together wit	th persons	describe	d ın (ıı) a	nd					Yes	No
		(III) belov	v, the governing body of the s	supported organization?								11g(ı)		<u> </u>
		(ii) A family	member of a person describe	ed ın (ı) above?								11g(ii)		
			ontrolled entity of a person de	** **								11g(ııı)		
<u>h</u>		Provide the f	ollowing information about the	supported organization(s)										
(e of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	-	(v) Did y	-		s the	(vii	Amount	of mone	tary
	org	anization		(described on lines 1–9 above or IRC section	governing		the organ		organızat (i) organı			supp	ort	
				(see instructions)	governing	document.	supp			3 ?				
					Yes	No	Yes	No	Yes	No				
A)									Ţ					
_					<u> </u>				1					
B)												-		
									l					
C)			·											
•														
D)					1									
•														
E)					1				 					
-,														
					1						-		····	
			1	•	Ŧ	1	1	l	1					

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
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	618,494	685,302	753,254	874,009	865,120	3,796,179
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						
Total. Add lines 1 through 3	618,494	685,302	753,254	874,009	865,120	3,796,179
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Public support. Subtract line 5 from line 4						3,796,179
tion B. Total Support						<u>-</u>
ndar year (or fiscal year beginning ın)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Amounts from line 4	618,494	685,302	753,254	874,009	865,120	3,796,179
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,409	3,647	1,984	1,979	2,156	14,175
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				4,738	2,561	7,299
Total support. Add lines 7 through 10						3,817,653
Gross receipts from related activities, etc. (s	see instructions)			·•	12	
The state of the s	·	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)		
		, , , , , , , , , , , , , , , , , , , ,	,		,	▶ [
tion C. Computation of Public Su	pport Percenta	ge				
Public support percentage for 2013 (line 6,	column (f) divided b	y line 11, column (f))		14	99.44%
Public support percentage from 2012 Scheo	dule A, Part II, line 1	4			15	99.34%
33 1/3% support test-2013. If the organiz	zation did not check	the box on line 13,	and line 14 is 33 1.	/3% or more, check	this	
						► X
33 1/3% support test—2012. If the organiz	zation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,		
check this box and stop here. The organization	ation qualifies as a p	oublicly supported o	organization			▶ □
10%-facts-and-circumstances test—2013	3. If the organizatio	n did not check a bi	ox on line 13, 16a,	or 16b, and line 14	ıs	
10% or more, and if the organization meets	the "facts-and-circu	mstances" test, che	eck this box and st	op here. Explain in		
Part IV how the organization meets the "fac organization	ts-and-circumstance	es" test The organi	zation qualifies as a	a publicly supported		• [
10%-facts-and-circumstances test-2012	2. If the organizatio	n did not check a be	ox on line 13, 16a,	16b, or 17a, and line	e	
15 is 10% or more, and if the organization in	neets the "facts-and	-circumstances" tes	st, check this box ai	nd stop here.		
	ets the "facts-and-cir	cumstances" test	The organization qu	alifies as a publicly		▶ □
	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		▶ [
	membership fees received (Do not include any "unusual grants") 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 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support and year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (serist five years. If the Form 990 is for the corganization, check this box and stop hereetion C. Computation of Public Support percentage for 2013 (line 6, Public support percentage from 2012 Schematical Support test—2013. If the organization and stop here. The organization qualifications and stop here. The organization meets—2011. 10% or more, and if the organization meets herefact organization. Part IV how the organization meets the "fact organization." Explain in Part IV how the organization meets the "fact organization." Public supported organization meets the "fact organization." Explain in Part IV how the organization meets the "fact organization." Part IV how the organization meets the "fact organization." Explain in Part IV how the organization meets upported organization. If the organization meets the "fact organization."	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues leved 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 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first is organization, check this box and stop here tion C. Computation of Public Support Percenta Public support percentage from 2012 Schedule A, Part II, line 1 33 1/3% support test—2013. If the organization did not check box and stop here. The organization qualifies as a publicly sup 33 1/3% support test—2013. If the organization did not check box and stop here. The organization qualifies as a publicly sup 33 1/3% support test—2012. If the organization did not check check this box and stop here. The organization qualifies as a publicly sup 33 1/3% support test—2012. If the organization did not check check this box and stop here. The organization qualifies as a publicly sup 33 1/3% support test—2012. If the organization did not check check this box and stop here. The organization meets the "facts-and-circumstances test—2013. If the organization organization 10%-facts-and-circumstances test—2012. If the organization meets the "facts-and-circumstances test—2013. If the o	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2012 Schedule A, Part II, line 14 33 1/3% support test—2013. If the organization did not check the box on line 13, box and stop here. The organization qualifies as a publicly supported organization check this box and stop here. The organization did not check has box on line 13 or check this box and stop here. The organization meets the "facts-and-circumstances" test, che Part IV how the organization meets the "facts-and-circumstances" test, che Part IV how the organization meets the "facts-and-circumstances" test apported organization 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13 is 10% or more, and if the organization meets the "facts-and-circumstances" test supported organization 10% for more, and if the organization meets the "facts-and-circumstances" test supported org	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') Fax 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'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 governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support Idea year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 Amounts from line 4 Services organization organization organization organization. Services is regularly carried on Cher income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization of Public Support Percentage Tublic support percentage for 2012 Schedule A, Part II, line 14 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 15 is check this box and stop here. The organization qualifies as a publicly supported organization organization. If the organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "fact	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues leved 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'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 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 **tion B. Total Support** 4 (100 B. Total Support 4 (100 B. Total Support 4 (100 B. Total Support 4 (100 B. Total Support 4 (100 B. Total Support 4 (100 B. Total Support 4 (100 B. Total Support 5 (10 B. 494	Continuition Con

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under the	toolo notoa b	ciow, picase o	ompiete i art ii.	<u>, </u>	
	ndar year (or fiscal year beginning 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support				<u>'</u>	<u> </u>	
Cale	ndar year (or fiscal year beginning in)▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	▶ [
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2013 (line 8,	column (f) divided l	by line 13, column	(f))		15	%
16_	Public support percentage from 2012 Sche	dule A, Part III, line	15	. , ,		16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (lii	ne 10c, column (f) d	livided by line 13, o	column (f))		17	%
18	Investment income percentage from 2012	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2013. If the organ	nization did not che	ck the box on line	14, and line 15 is m	ore than 33 1/3%,	and line	
	17 is not more than 33 1/3%, check this box	x and stop here. The	he organization qu	alifies as a publicly	supported organiz	ation	▶ □
b	33 1/3% support tests—2012. If the organ						
	line 18 is not more than 33 1/3%, check this	s box and stop her	e. The organization	n qualifies as a put	licly supported org	anızatıon	▶ [
20	Private foundation. If the organization did	not check a box or	line 14 19a or 10	h check this hove	and see instructions		▶ □

Schedule A (Form 990 or 990-EZ) 2013 United Fund of Carlsbad

85-6004416

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions).

Part II, Line 10 - Other Income Detail

Other income

\$

4,738

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	of the organization	E	nployer	identification number
	nited Fund of Carlsbad			004446
_	South Eddy County			004416
₽a 	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to Fundamental Complete in the Organization answered "Yes" to Fundamental Complete in the Organization answered "Yes" to Fundamental Complete in the Organization and Complete i		ounts	•
		(a) Donor advised funds	(t) 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			
_	funds are the organization's property, subject to the organization's exclus	_		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w			
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		п., п.,
Ω-	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Fe	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	Il that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically importa	nt land	l area
	Protection of natural habitat	Preservation of a certified historic stri	ucture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservation	c	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	•	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	i, and not on a		
_	historic structure listed in the National Register		2d	<u> </u>
3	Number of conservation easements modified, transferred, released, extin	iguished, or terminated by the organization du	ing the	l
	tax year ► Number of states where property subject to conservation easement is loc	and N		
4 5	Does the organization have a written policy regarding the periodic monitor			
,	violations, and enforcement of the conservation easements it holds?	ing, inspection, nanding of		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	a conservation easements during the year		
Ŭ		g conservation casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing coil	nservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?	````		Yes No
9	In Part XIII, describe how the organization reports conservation easemen	its in its revenue and expense statement, and		
	balance sheet, and include, if applicable, the text of the footnote to the or		s the	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to F		ilar A	ssets.
1-	If the organization elected, as permitted under SFAS 116 (ASC 958), not		. ah +	
ıd	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide, in Part XIII, the text of the footnote to its financial		OI.	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		eet	
	works of art, historical treasures, or other similar assets held for public ex	•		
	public service, provide the following amounts relating to these items	and a second of the search in luminolative	٥.	
	(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 of	ther similar assets for financial dain provide th	e 💆	y
_	following amounts required to be reported under SFAS 116 (ASC 958) re		-	
а	Revenues included in Form 990, Part VIII, line 1	g is allow nemer	•	· \$
	Assets included in Form 990, Part X		•	· \$

Pa	art III Organizations Maintaining	Collections of A	rt, His	torical Tre	asures, or	Other	Simila	Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, cl	heck any	of the follow	ng that are a	significant	use of its	5	
а	Public exhibition	d \Box L	oan or e	exchange prog	ırams				
b	Scholarly research	=	Other		,				
С	Preservation for future generations								
4	Provide a description of the organization's colle-	ctions and explain ho	w they f	urther the orga	anızatıon's ex	empt purp	ose in Pa	art	
	XIII								
5	During the year, did the organization solicit or re	eceive donations of a	rt, histor	ical treasures,	or other simi	ar			
	assets to be sold to raise funds rather than to be		of the or	ganization's c	collection?				Yes No
Pa	ert IV Escrow and Custodial Arra	-							
	Complete if the organization a	answered "Yes" t	to Forn	n 990, Part	IV, line 9,	or repor	ted an	amount (on Form
	990, Part X, line 21		_						
1a	Is the organization an agent, trustee, custodian	or other intermediary	for cont	tributions or of	ther assets no	ot			
	included on Form 990, Part X?								Yes No
D	If "Yes," explain the arrangement in Part XIII an	d complete the follow	ring table	9			Г		A
•	Pograping halones							4.	Amount
4	Beginning balance Additions during the year						-	1c	
e	Distributions during the year							1d 1e	
f	Ending balance						1	1f	
2a	Did the organization include an amount on Forn	n 990. Part X. line 21	?				ι	··· <u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIII C			as been provi	ided in Part X	Ш			
	ert V Endowment Funds.								
	Complete if the organization a	answered "Yes" t	to Forn	n 990, Part	IV, line 10				
		(a) Current year	(b) Pnor year	(c) Two yea	rs back	(d) Thr	ee years back	(e) Four years back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
	Grants or scholarships								
е	Other expenditures for facilities and								
f	programs Administrative expenses								
a	End of year balance								
2	Provide the estimated percentage of the current	t vear end balance (li	ne 1a c	olumn (a)) hel	ld as:				
а		%	c .g, c	oldilli (d)) iloi	u u u u u u u u u u u u u u u u u u u				
b	Permanent endowment ▶ %	,,							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	equal 100%							
3a	Are there endowment funds not in the possession	on of the organization	n that are	e held and ada	ministered for	the			
	organization by								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
Ь	If "Yes" to 3a(II), are the related organizations list	· ·							3b
4	Describe in Part XIII the intended uses of the or		ent fund	ds					·
₽ a	ert VI Land, Buildings, and Equip		. F	- 000 5	N / 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	- 0 -	^-		4 1 4 5
	Complete if the organization a								
	Description of property	(a) Cost or other ba (investment)	asis	(b) Cost or o		٠,	Accumulated epreciation	^d	(d) Book value
12	Land	(mresument)			10,000				10 000
	Buildings				10,000				10,000
	Leasehold improvements								
	Equipment				2,658			759	1,899
	Other			1	55,536	<u> </u>	24	,897	130,639
	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X,	column					D	142,538

DAA

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Part VII	Investments—Other Securities.		
	Complete if the organization answered "Ye	s" to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
(1) Financial d			
	ld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			<u> </u>
(G)			
(H)			
	(b) must equal Form 990, Part X, col (B) line 12) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Ye		1c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
(7)			
(8)			
	(b) must equal Form 990, Part X, col (B) line 13) ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Ye	es" to Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
	(a) Descrip	ption	(b) Book value
(1)	<u></u>		
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		_	
	(b) must equal Form 990, Part X, col (B) line 15)		>
Part X	Other Liabilities.		
	Complete if the organization answered "Ye	es" to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
	line 25.		
<u>1</u>	(a) Description of liability	(b) Book value	
(1) Federalı	ncome taxes		
(2) Funds	Held as Fiscal Agent	2,430	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(h)115 000 D ()(1 (D)) 05) h	2,430	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25.) ▶	2,430	

Sche	edule D (Form 990) 2013 United Fund of Carlsbad	85	-6004416	Page 4
P	art XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per 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	869,837
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	869,837
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	869,837
Pa	art XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990), Part IV, line 12a	•	
1	Total expenses and losses per audited financial statements		1	733,206
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			·-·
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	733,206
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	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	· · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	733,206

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Supplemental Information

Part XIII

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Ξ
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2/2
05/1
1080

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047 2013

Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. United Fund of Carlsbad

Employer identification number 85-6004416 2

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance?

& South Eddy County

Part

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

Part III

Fart IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	received more	than \$5,0	00. Part II can be	duplicated if additi	onal space is n	needed.	
 (a) Name and address of organization or government 	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Boys & Girls Club of Carlsbad 1602 W. Fox St.							General Support
Carlsbad NM 88220	85-0159171	501c3	000'86		•		
(2) Carlsbad Municipal School District							
408 N. Canyon St.						-	General Support
Carlsbad NM 88220	85-6000084	GOV	131,312				
(3) CARC, Inc.							
902 Cherry Lane							General Support
Carlsbad NM 88220	85-0197103	501c3	27,982				•
(4) Carlsbad Battered Families Shelter							
620 N. 6th St.							General Support
Carlsbad NM 88220	85-0319554	501c3	000'09				
(5) Eddy County CASA Auxiliary							
118 W. Mermod St.							General Support
Carlsbad NM 88220	85-0380668	501c3	30,000				
(6) Girl Scouts of Carlsbad							
409 S. Alameda St.	-						General Support
Carlsbad NM 88220	85-0107915	501c3	13,750				
(7) Southeast NM Community Action Corp							
1915 San Jose Blvd.							General Support
Carlsbad NM 88220	85-0196493	501c3	15,000				
(8) Boy Scouts of America							
2603 N. Aspen							General Support
Roswell NM 88201	85-0102304	501c3	8,957				
(9) Carlsbad Literacy Program							~ .
511 N. 12th St.		-					General Support

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

Carlsbad

35,600

85-0396723 501c3

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{
m DAA}$

Schedule I (Form 990) (2013)

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SCHEDULE (Form 990)

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

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

General Information on Grants and Assistance

Part

United Fund of Carlsbad

Department of the Treasury Internal Revenue Service Name of the organization & South Eddy County

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

OMB No 1545-0047

Open to Public Inspection 2013

Employer identification numbér

85-6004416

2 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant General Support General Support General Support or assistance Yes non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 34,200 36,000 18,000 46,654 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States grant (c) IRC section if applicable 85-0421464 501c3 85-0459330 501c3 85-0315682 501c3 85-6004416 501c3 (p) EIN the selection criteria used to award the grants or assistance? (4) United Way of Carlsbad-Small Grants NM 88256 NM 88220 (2) Carlsbad Transitional Housing NM 88220 NM 88220 (1) Kids Safehouse of Eddy County (a) Name and address of organization (3) Loving Baptist Church or government 502 S. Halagueno St. 209 S. Halagueno St. 706 S. Canyon St. 6th St. 101 S. Carlsbad Carlsbad Carlsbad Loving Part # 3 9 8 8 6

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

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

Schedule I (Form 990) (2013)

Schedule I (1	Schedule (Form 990) (2013) UILLUEG FUILG OF CALLSDAG	03-0004410
Part III	# Grants and Other Assistance to Individuals	iduals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.	needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
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Part IV	Supplemental Information. Provide the information is	de the information rec	quired in Part I, line	2, Part III, column (b)	equired in Part I, line 2, Part III, column (b), and any other additional information.	information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Organizational Procedures for Grants to Supported Agencies

Reporting Requirements - The agency will report the information outlined below.

- a. All information contained in the allocation application, including
- copies of yearly financial reports 990, audits, budgets, etc.
- b. The agency will inform UWCSEC of significant changes to its program or
- its ability to carry out its mission, especially as they relate to programs
- funded by United Way.
- The agency will participate in United Way Partner meetings. ö

Schedule I (Form 990) (2013) United Fund of Carlsbad

Part III Grants and Other Assistance to Individuals in the United States. Compl

85-6004416

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, 7) Description of non-cash assistance FMV, appraisal, other)
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Part IV	Supplemental Information. Provide the information		quired in Part I, line	2, Part III, column (b)	required in Part I, line 2, Part III, column (b), and any other additional information.	information.

d. The agency will provide UWCSEC with written mid-year and year-end

reports.

Accountability - UWCSEC is accountable to its donors. Therefore, the agency

must agree;

a. To obtain and maintain all necessary federal, state or local licenses or

permits.

b. To maintain a responsible management, governing body and staff

administer its programs and/or services.

c. To cooperate with other human service agencies, both public and private,

and in preventing duplication of efforts and in promoting efficiency

Schedule I (F	Schedule (Form 990) (2013) United Fund of Carlsbad	of Carlsbad	80	85-6004416		Page 2
Part III	Grants and Other Assistance to Individuals in the U Part III can be duplicated if additional space is needed.	Individuals in the U		olete if the organization	nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re	quired in Part I, line	2, Part III, column (b), and any other additional	information.

collaboration.

SCHEDULE O (Form 990 or 990-EZ) 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.

► 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.

2013
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

United Fund of Carlsbad & South Eddy County

Employer identification number 85-6004416

Form 990 - Organization's Mission

An independently and locally governed local affiliate of United Way
Worldwide; United Fund of Carlsbad & South Eddy County (the "Organization")
was incorporated as a tax-exempt nonprofit organization in the State of New
Mexico on August 26, 1957, and is primarily and directly responsible for
its own operations. The Organization's organizational purpose, as
stipulated in the Amended and Restated Articles of Incorporation dated May
12, 2012, is to carry on programs for charitable, religious, educational,
and scientific purposes, including, for such purposes, the making of
distributions to organizations that qualify as exempt organizations by the
Internal Revenue Code. The Organization's primary sources of support and
revenue are derived from unrestricted and temporarily restricted
contributions from the local community.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Federal Form 990 and annual audit report are presented at the audit exit conference with the Board President and the Executive Director. The Executive Director presents the Federal Form 990 and annual audit report to the Board of Directors at the next scheduled board meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Conflict of Interest Policy

No member of United Fund of Carlsbad & South Eddy County Board of Directors or Staff shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with United Fund of Carlsbad & South

Employer identification number 85-6004416

United Fund of Carlsbad

Eddy County. This shall also include the member's business or other nonprofit affiliations, family and/or significant other, employer, or close associates who may stand to receive a benefit or gain. Each individual shall disclose to the Board Chair any personal interests which he or she may have in any matter pending before the organization and shall refrain from participation in any discussion or decision on such matter.

In addition, any member of United Fund of Carlsbad & South Eddy County's Board of Directors or Staff shall refrain from obtaining any list of clients or donors for personal or private solicitation purposes at any time during the term of their affiliation.

Any new member of the Board of Directors shall be given this policy at the time of their election onto the Board of Directors and the policy will be reviewed annually by the board at a regularly scheduled meeting.

We understand that the purposes of this policy are to protect the integrity of United Fund of Carlsbad & South Eddy County and the organization's decision-making process as well as to enable our constituencies to have confidence in the integrity, intentions and actions of the officers, staff, board members and volunteers. To that end, we understand that this policy is not meant to supplement good judgment and all constituents should respect its spirit as well as its wording.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors annually approves all compensation and merit based
adjustments for all employees.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Board of Directors annually approves all compensation and merit based

Name of the organization

United Fund of Carlsbad

Employer identification number

85-6004416

adjustments for all employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation In-person requests:

A member of the public may request to inspect documents including tax returns, financial statements and board approved policies at the principal Office of the organization. The Organization will generally provide the information requested that same day. However, if the request Places an 'unreasonable burden' on the organization, the staff will provide copies of the requested information no later than the next business day After the unreasonable circumstances cease to exist (limited to a maximum of five business days after the request).

Written requests:

Written requests for documents received by fax, mail, email or overnight Services, which include the requester's address is generally provided to the requester within five business days.

Form 4562

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

Name(s) shown on return

United Fund of Carlsbad & South Eddy County

Identifying number 85-6004416

Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 Listed property Enter the amount from line 29 7 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 9.395 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions) Part III o 17 17 MACRS deductions for assets placed in service in tax years beginning before 2013 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 vrs S/L h Residential rental 27 5 yrs. MM property MM S/L 27 5 yrs ММ Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year S/L С 40 yrs MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 9,395 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

1080 United Fund of Carlsbad 85-6004416

FYE: 8/31/2014

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec E <u>%</u> 179Bonus for	Basis r Depr	PerConv Meth	Prior	Current_
Other 5 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 30 31 32	FILING CABINET COMPUTER & MONITOR HP COMPUTER Land - 116 S Canyon Building - 116 S Canyon Remodel - 116 S Canyon Projector, Screen & Case Lateral File - 1 Open Hutch - 1 Round Table - 1 Front Bow Desks - 2 Conference Table Bridge Credenza - 2 Files - Box - 2 Hutch - 2 Doors & Tackboard - 2 Keyboard Tray & Drawer Screen Filters Drawer Files - 2 Desk Chair - Front	8/31/94 11/09/09 3/23/10 8/17/11 11/04/11 10/18/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11 12/19/11	141 782 641 10,000 105,140 24,963 588 548 320 355 1,070 396 688 590 860 296 212 590 378		782 641 10,000 105,140 24,963 588 548 320 355 1,070 396 688 590 860	10 MO S/L 7 MO S/L 5 MO S/L 0 Land 40 MO S/L 10 MO S/L 5 MO S/L 7 MO S/L 8 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L 9 MO S/L	141 428 386 0 5,257 4,577 215 130 76 85 255 94 164 140 205 49 70 71 140	0 112 128 0 2,629 2,496 118 79 46 50 153 57 98 85 123 30 43 42 85 76
33 34 35 36 37 38	Desk Chair - Back Art & Pictures Awning & Front Signage Campaign Software - Cascade Data Solution Chairs - 26 Office Desks & Cabinets	12/19/11 12/22/11 2/14/12	425 846 4,106 6,495 4,810 2,658		425 846	5 MO S/L 10 MO S/L 10 MO S/L 5 MO S/L 7 MO S/L 7 MO S/L	142 141 411 1,299 1,145 380	85 85 410 1,299 687 379
	Total Other Depreciation Total ACRS and Other Deprec	- ciation	168,194		168,194 168,194		16,127 16,127	9,395 9,395
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	=	168,194 0 0 168,194		168,194 0 0 168,194		16,127 0 0 16,127	9,395 0 0 9,395

1080 United Fund of Carlsbad

85-6004416

Depreciation Adjustment Report

FYE: 8/31/2014

All Business Activities

AMT	
Adjustments/	
Preferences	

Form Unit Asset

Description

Tax

AMT

There are no assets that meet the criteria of this report

1080 United Fund of Carlsbad

85-6004416

Future Depreciation Report FYE: 8/31/15

FYE: 8/31/2014 Form 990, Page 1

Asset	, Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
.5	FILING CABINET	8/31/94	141	0	0
14	COMPUTER & MONITOR	11/09/09	782	112	0
15	HP COMPUTER	3/23/10	641	127	0
16 17	Land - 116 S Canyon	8/17/11	10,000	0	0
18	Building - 116 S Canyon	8/17/11	105,140	2,628	0
19	Remodel - 116 S. Canyon Projector, Screen & Case	11/04/11	24,963	2,496	0
20	Lateral File - 1	10/18/11 12/19/11	588 548	118 78	0
21	Open Hutch - I	12/19/11	320	78 46	0
22	Round Table - 1	12/19/11	355	51	0
23	Front Bow Desks - 2	12/19/11	1,070	152	0
24	Conference Table Bridge	12/19/11	396	56	0
25	Credenza - 2	12/19/11	688	98	ŏ
26	Files - Box -2	12/19/11	590	84	ő
27	Hutch - 2	12/19/11	860	122	ŏ
28	Doors & Tackboard - 2	12/19/11	296	30	ŏ
29	Keyboard Tray & Drawer	12/19/11	296	42	ő
30	Screen Filters	12/19/11	212	42	ŏ
31	Drawer Files - 2	12/19/11	590	84	ŏ
32	Desk Chair - Front	12/19/11	378	75	ŏ
33	Desk Chair - Back	12/19/11	425	85	ŏ
34	Art & Pictures	12/22/11	846	84	ŏ
35	Awning & Front Signage	2/14/12	4,106	411	ő
36	Campaign Software - Cascade Data Solutions	7/16/12	6,495	1,299	ŏ
37	Chairs - 26	12/19/11	4,810	688	ő
38	Office Desks & Cabinets	9/01/12	2,658	380	0
	Total Other Depreciation		168,194	9,388	0
				- 7	
	Total ACRS and Other Depreciation		168,194	9,388	0
	Grand Totals		168,194	9,388	0

31. Number of independent voting members of governing body

32. Number of employees

33. Number of volunteers

Two Year Comparison Report Form **990** 2012 & 2013 09/01/13 08/31/14 For calendar year 2013, or tax year beginning ending Name Taxpayer Identification Number United Fund of Carlsbad & South Eddy County 85-6004416 2012 2013 Differences 874,009 1. Contributions, gifts, grants 1. 865,120 -8,8892. 2. Membership dues and assessments 3. Government contributions and grants 3. 4. Program service revenue 4. 1,979 2,156 177 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 62,202 -62,2027. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 4,738 2,561 11. Other revenue 11. -2,177 -73,091 942,928 12. 869,837 12. Total revenue. Add lines 1 through 11 575,402 555,455 -19,947 13. 13. Grants and similar amounts paid 14. Benefits paid to or for members 14. 19,512 -19,512 15. Compensation of officers, directors, trustees, etc 15. 76,284 106,583 16. Salaries, other compensation, and employee benefits 16. 30,299 17. Professional fundraising fees 17. 6,178 6,461 283 18. Other professional fees 18. 17,279 17,590 311 19. Occupancy, rent, utilities, and maintenance 19. 9,488 9,437 20. Depreciation and Depletion -51 20. 25,259 21. Other expenses 21. 37,680 12,421 22. Total expenses. Add lines 13 through 21 22. 729,402 733,206 3,804 213,526 136,631 -76,89523. Excess or (Deficit). Subtract line 22 from line 12 23. 942,928 869,837 -73,091 24. Total exempt revenue 24. 25. Total unrelated revenue 25. Other Information 26. Total excludable revenue 942,928 869,837 -73,091 26. 1,069,698 1,308,972 239,274 27. Total assets 27. 211,568 314,211 102,643 28. Total liabilities 28. 858,130 994,761 136,631 29. Retained earnings 29. 21 18 30. Number of voting members of governing body 30. 21 18

31.

32.

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United Fund of Carlsbad	Form 990			Tax Return History	, Si		2013
South Eddy County 2009 2010 2011 2012 2013 85-60044 85-6004		und of Carlsbad				Employer lo	lentification Number
aneloss) meloss) list paid meles etc meles me	South	Eddy County				85-60	04416
nerioss) hoss) hoss) hoss hos		2009	2010	2011	2012	2013	2014
hoss) hoss) hoss) hoss It paid hoss It pai	Contributions, gifts, grants				874,009	_	
horses) horses) horses	Membership dues						
nnefloss) Africas) Its paid the paid the paid to the p	Program service revenue						
Is paid there to the control of the	Capital gain or loss						
hits paid the paid to the paid	Investment income				•	2,156	
his paid with the rest of the	Fundraising revenue (income/loss)						
hts paid mbers etc	Gaming revenue (income/loss)						
hts paid mbers etc	Other revenue				•	١ ٠	
nts paid mbers etc mbers and makers are and makers are and makers are are are are are are are are are are	Total revenue				_		
nthers etc 19,512 66 17,284 106 17,279 17,279 17,29,402 131,437 132,402 133,526 136,938 1,308,942,928 1,308,942,928 1,308,944,928 1,308,944,928	Grants and similar amounts paid				7	1	
etc 19,512	Benefits paid to or for members						
n 17,279 106, 64, 106, 64, 106, 64, 106, 64, 106, 64, 106, 64, 106, 64, 106, 64, 106, 694, 106,	Compensation of officers, etc				19,512		
n 17,279 17, 9,488 9, 31,437 37, 31,437 37, 729,402 733, 729,402 733, 729,402 733, 729,402 733, 729,402 733, 729,402 733, 736,402 733, 736,402 733, 736,402 733, 737,437 314, 739,402 733, 737,437 314, 738,4130 738, 738,130 738, 738,130 738, 738,130 738, 738,130 738, 738,130 738, 738,130 738,	Other compensation				76,284		
17,279 17, 9,488 9, 31,437 37, 31,437 37, 31,437 37, 31,437 37, 31,437 37, 31,437 37, 31,437 37, 31,69,698 1,308, 314, 858,130 994,	Professional fees					6,461	
9,488 9, 31,437 37, 729,402 733, 729,402 733, 729,402 733, 729,402 733, 136, 136, 1,069,698 1,308, 1,069,698 1,308, 858,130 994,	Occupancy costs				_	17,590	
31,437 37,437 729,402 733,432 733,526 136,526 942,928 869,69,69 1,069,698 1,308,514,568 858,130 994,994,694	Depreciation and depletion						
729,402 73,526 136, 942,928 869, 942,928 869, 1,069,698 1,308, 211,568 314, 858,130 994,	Other expenses				7		
213,526 136, 942,928 869, 1,069,698 1,308, 211,568 314, 858,130 994,	Total expenses				- 4		
942,928 869, 942,928 869, 1,069,698 1,308, 211,568 314, 858,130 994,	Excess or (Deficit)				٦		
942,928 869, 942,928 869, 1,069,698 1,308, 211,568 314, 858,130 994,					- 1		
942,928 869, 1,069,698 1,308, 211,568 314, 858,130 994,	Total exempt revenue				_	_	
942,928 869, 1,069,698 1,308, 211,568 314, 858,130 994,	Total unrelated revenue						
1,069,698 1,308, 211,568 314, 858,130 994,	Total excludable revenue					٦	
211,568 314, 858,130 994,	Total Assets				, 690′	,308,	
858,130 994,	Total Liabilities					٦	
	Net Fund Balances					•	

1080 United Fund of Carlsbad

85-6004416 FYE: 8/31/2014

Federal Statements

5/12/2015 11:46 AM

Taxable Interest on Investments

Description

Amount Business Code Code Code 6/30/75 Obs (\$ or %)

Unrelated Exclusion Postal Acquired after US

Interest

2,156

14

Total

2,156