Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 7/01 **, 2012, and ending** 6/30 , 2013

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C
INTERNATIONAL COMMUNITY FOUNDATION
2505 N AVENUE
NATIONAL CITY, CA 91950

D Employer Identification Number 33-0457858

E Telephone number 619-336-2250

G Gross receipts $ 8,518,197.

F Name and address of principal officer: IRMA GIGLI, MD
SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list. (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► WWW.ICFDN.ORG

H(c) Group exemption number ►

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 1990 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FOSTER INTERNATIONAL CHARITABLE GIVING BY U.S. DONORS, WITH AN EMPHASIS ON MEXICO AND LATIN AMERICA.

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	6,602,433.	7,554,644.
	9	Program service revenue (Part VIII, line 2g)	40,069.	8,152.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239,474.	305,102.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,226.	40,250.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,890,202.	7,908,148.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,948,395.	5,375,093.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	562,281.	533,829.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 111,110.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	862,911.	916,552.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,373,587.	6,825,474.
	19	Revenue less expenses. Subtract line 18 from line 12	516,615.	1,082,674.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	13,452,853.	15,131,994.
	21	Total liabilities (Part X, line 26)	1,093,205.	1,274,921.
	22	Net assets or fund balances. Subtract line 21 from line 20	12,359,648.	13,857,073.

PUBLIC DISCLOSURE COPY

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

► Signature of officer — Date

► RICHARD KIY PRES. & CEO
Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
CHRISTOPHER M. ROBERTS	CHRISTOPHER M. ROBERTS			P00235008

Firm's name ► WEST RHODE & ROBERTS

Firm's address ► 3104 FOURTH AVE
SAN DIEGO, CA 92103

Firm's EIN ► 33-0783983

Phone no. 619-615-5380

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FOSTER INTERNATIONAL CHARITABLE GIVING BY U.S. DONORS, WITH AN EMPHASIS ON MEXICO AND LATIN AMERICA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . ☐ **Yes** ☒ **No**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . ☐ **Yes** ☒ **No**

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code:) (Expenses $ 6,001,933. including grants of $ 5,375,093.) (Revenue $)

WORKING WITH DONORS TO EXPAND CHARITABLE GIVING INTERNATIONALLY AND PROVIDING GRANTS TO CHARITABLE ORGANIZATIONS THROUGHOUT THE AMERICAS FOCUSING ON THE ENVIRONMENT, COMMUNITY, ECONOMIC DEVELOPMENT, EDUCATION, HEALTH AND HUMAN SERVICES.

4 b (Code:) (Expenses $ including grants of $) (Revenue $)

4 c (Code:) (Expenses $ including grants of $) (Revenue $)

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

(Expenses $ including grants of $) (Revenue $)

4 e Total program service expenses ► 6,001,933.

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 candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 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 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 debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	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	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11 a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11 b	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*	11 c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11 d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11 e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11 f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12 b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14 a	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, 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	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules *(continued)*

		Line	Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	**21**	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	**23**	X	
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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25*	**24a**		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	**24d**		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	**25a**		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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' 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):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	**29**		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, IV, and V, line 1*	**34**	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1 a**	14			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	**1 b**	0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1 c**	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2 a**	7			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2 b**	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)					
3 a Did the organization have unrelated business gross income of $1,000 or more during the year?			**3 a**		X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*			**3 b**		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4 a**		X
b If 'Yes,' enter the name of the foreign country: ►					
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5 a**		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5 b**		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			**5 c**		
6 a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6 a**		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6 b**		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7 a**		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			**7 b**		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7 c**		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	**7 d**				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7 e**		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7 f**		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7 g**		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7 h**		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			**9 a**		
b Did the organization make a distribution to a donor, donor advisor, or related person?			**9 b**		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12	**10 a**				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10 b**				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	**11 a**				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11 b**				
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			**12 a**		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	**12 b**				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			**13 a**		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13 b**				
c Enter the amount of reserves on hand	**13 c**				
14 a Did the organization receive any payments for indoor tanning services during the tax year?			**14 a**		X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*			**14 b**		

Part VI **Governance, Management and Disclosure** *For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1 a**	13			
b Enter the number of voting members included in line 1a, above, who are independent	**1 b**	13			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?			**2**		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		X
6 Did the organization have members or stockholders?			**6**		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7 a**		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?			**7 b**		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?			**8 a**	X	
b Each committee with authority to act on behalf of the governing body?			**8 b**	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*			**9**		X

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

		Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	**10 a**		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10 b**		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11 a**	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
12 a Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	**12 a**	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12 b**	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	**12 c**	X	
13 Did the organization have a written whistleblower policy?	**13**	X	
14 Did the organization have a written document retention and destruction policy?	**14**		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	**15 a**	X	
b Other officers of key employees of the organization	**15 b**		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16 a**		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	**16 b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] 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 makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► RICHARD KIY 2505 N AVENUE NATIONAL CITY CA 91950 619-336-2250

Part VII **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	**(D)** Reportable compensation from the organization (W-2/1099-MISC)	**(E)** Reportable compensation from related organizations (W-2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
(1) DR DEBORAH L RINER, PHD BOARD MEMBER	1 0	X						0.	0.	0.
(2) GABRIELA MANRIQUEZ BOARD MEMBER	1 0	X						0.	0.	0.
(3) JOHN B MCNEECE III BOARD MEMBER	1 0	X						0.	0.	0.
(4) CATHE BURNHAM BOARD MEMBER	1 0	X						0.	0.	0.
(5) ANTHONY KINNINGER BOARD MEMBER	1 0	X						0.	0.	0.
(6) ALEJANDRA MIER Y TERAN BOARD MEMBER	1 0	X						0.	0.	0.
(7) RICHARD L ROMNEY BOARD MEMBER	1 0	X						0.	0.	0.
(8) MARY L WALSHOK, PHD BOARD MEMBER	1 0	X						0.	0.	0.
(9) SAMUEL S DYCHTER, MD VICE CHAIR	1 0	X		X				0.	0.	0.
(10) CHERYL HAMMOND PAST CHAIR	1 0	X		X				0.	0.	0.
(11) ATUL PATEL TREASURER	1 0	X		X				0.	0.	0.
(12) YURI A CALDERON SECRETARY	1 0	X		X				0.	0.	0.
(13) IRMA GIGLI, MD CHAIRMAN	1 0	X		X				0.	0.	0.
(14) RICHARD KIY PRES. & CEO	40 0			X				175,000.	0.	31,301.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total ►								175,000.	0.	31,301.
c Total from continuation sheets to Part VII, Section A ►								0.	0.	0.
d Total (add lines 1b and 1c) ►								175,000.	0.	31,301.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ► 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*	**3**		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*	**4**	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*	**5**		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,554,644.				
	g Noncash contributions included in lns 1a-1f:	$ 13,420.				
	h Total. Add lines 1a-1f	►	7,554,644.			
PROGRAM SERVICE REVENUE		Business Code				
	2a MANAGEMENT FEES	900099	8,152.	8,152.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	►	8,152.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	►	232,752.			232,752.
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	(i) 682,399.				
	b Less: cost or other basis and sales expenses	(i) 610,049.				
	c Gain or (loss)	(i) 72,350.				
	d Net gain or (loss)	►	72,350.	72,350.		
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	►				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	►				
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	900099	40,250.	40,250.		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	►	40,250.			
	12 Total revenue. See instructions	►	7,908,148.	120,752.	0.	232,752.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,341,752.	1,341,752.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	4,033,341.	4,033,341.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,009.	0.	208,009.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	236,053.		174,477.	61,576.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	14,749.		14,749.	
9 Other employee benefits	45,010.		45,010.	
10 Payroll taxes	30,008.		30,008.	
11 Fees for services (non-employees):				
a Management				
b Legal	10,480.		10,480.	
c Accounting	38,449.		38,449.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion				
13 Office expenses	2,742.		2,742.	
14 Information technology	42,342.		42,342.	
15 Royalties				
16 Occupancy	33,000.		33,000.	
17 Travel	10,642.		605.	10,037.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,143.		2,143.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,014.		2,014.	
23 Insurance	6,050.		6,050.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHARITABLE EXPENSE	626,840.	626,840.		
b CONSULTING FEES	58,563.		50,041.	8,522.
c BANK FEES	20,965.		20,965.	
d DEVELOPMENT	19,025.			19,025.
e All other expenses	43,297.		31,347.	11,950.
25 **Total functional expenses.** Add lines 1 through 24e	6,825,474.	6,001,933.	712,431.	111,110.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing				1	
	2	Savings and temporary cash investments			1,955,464.	2	1,816,342.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,358.	4	13,511.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			12,376.	9	8,264.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	345,416.			
	b	Less: accumulated depreciation	10b	23,084.	5,337.	10c	322,332.
	11	Investments — publicly traded securities			6,165,302.	11	6,904,619.
	12	Investments — other securities. See Part IV, line 11			5,300,016.	12	5,823,837.
	13	Investments — program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	243,089.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			13,452,853.	16	15,131,994.
LIABILITIES	17	Accounts payable and accrued expenses			49,598.	17	70,989.
	18	Grants payable			983,653.	18	1,163,720.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			59,954.	25	40,212.
	26	**Total liabilities.** Add lines 17 through 25			1,093,205.	26	1,274,921.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ▸** ☒ **and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			6,725,833.	27	7,704,630.
	28	Temporarily restricted net assets			982,679.	28	1,496,407.
	29	Permanently restricted net assets			4,651,136.	29	4,656,036.
		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				30	
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			12,359,648.	33	13,857,073.
	34	Total liabilities and net assets/fund balances			13,452,853.	34	15,131,994.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,908,148.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,825,474.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,082,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,359,648.
5	Net unrealized gains (losses) on investments	5	414,751.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,857,073.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL COMMUNITY FOUNDATION	33-0457858

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III — Functionally integrated **d** ☐ Type III — Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11 g (i)**		
(ii) A family member of a person described in (i) above?	**11 g (ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11 g (iii)**		

h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	6,936,538.	6,318,747.	7,217,741.	6,602,433.	7,541,224.	34,616,683.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	6,936,538.	6,318,747.	7,217,741.	6,602,433.	7,541,224.	34,616,683.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,225,640.
6 **Public support.** Subtract line 5 from line 4						26,391,043.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6,936,538.	6,318,747.	7,217,741.	6,602,433.	7,541,224.	34,616,683.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	268,886.	209,072.	199,628.	199,507.	232,752.	1,109,845.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV	13,201.		20,664.	8,226.	40,250.	82,341.
11 **Total support.** Add lines 7 through 10						35,808,869.

12 Gross receipts from related activities, etc (see instructions) **12** 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14** 73.70 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 **15** 80.80 %

16a **33-1/3% support test — 2012.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

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

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

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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lns 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | %

16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f)) | 17 | %

18 Investment income percentage from **2011** Schedule A, Part III, line 17 | 18 | %

19a **33-1/3% support tests — 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests — 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to 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

NATURE AND SOURCE	2012	2011	2010	2009	2008
OTHER INCOME	$ 40,250.	$ 8,226.	$ 20,664.		$ 13,201.
TOTAL	$ 40,250.	$ 8,226.	$ 20,664.	$ 0.	$ 13,201.

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number: 33-0457858

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	53	208
2	Aggregate contributions to (during year)	4,242,235.	3,274,509.
3	Aggregate grants from (during year)	3,207,834.	2,017,258.
4	Aggregate value at end of year	4,509,216.	4,266,335.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

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

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

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► $

(ii) Assets included in Form 990, Part X ► $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1 c	
d Additions during the year	1 d	
e Distributions during the year	1 e	
f Ending balance	1 f	

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explantion has been provided in Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	5,000,399.	4,985,179.	4,328,968.	3,930,949.	5,900.
b Contributions	4,900.	59,172.	8,000.	5,100.	-647,915.
c Net investment earnings, gains, and losses	514,300.	52,368.	863,211.	392,919.	
d Grants or scholarships					
e Other expenditures for facilities and programs	208,231.	96,320.	215,000.	0.	
f Administrative expenses					
g End of year balance	5,311,368.	5,000,399.	4,985,179.	4,328,968.	3,930,949.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► 88.00 %

c Temporarily restricted endowment ► 12.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	319,009.			319,009.
b Buildings				
c Leasehold improvements				
d Equipment	26,407.		23,084.	3,323.
e Other				

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ► 322,332.

Part VII Investments — Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other CD AND MONEY MARKET ACCOUNTS	5,823,837.	END OF YEAR MARKET VALUE
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 12.)* ►	5,823,837.	

Part VIII Investments — Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ►		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	40,212.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	40,212.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. SEE PART XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return N/A

1 Total revenue, gains, and other support per audited financial statements			1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	2a			
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines **2a** through **2d**			2e	
3 Subtract line **2e** from line **1**			3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines **4a** and **4b**			4c	
5 Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

1 Total expenses and losses per audited financial statements			1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)	2d			
e Add lines **2a** through **2d**			2e	
3 Subtract line **2e** from line **1**			3	
4 Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines **4a** and **4b**			4c	
5 Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY. THE FOUNDATION EXPECTS ITS ENDOWMENT FUNDS, OVER TIME, TO PROVIDE AN AVERAGE RATE OF RETURN OF APPROXIMATELY 8 PERCENT ANNUALLY. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

Part XIII Supplemental Information *(continued)*

PART X - FIN 48 FOOTNOTE

THE FOUNDATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701 (D) OF THE STATE REVENUE AND TAXATION CODE. THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS CODIFICATION NO. 740-10, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAX, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE FOUNDATION HAS REVIEWED ITS POSITIONS FOR ALL OPEN TAX YEARS AND HAS DETERMINED THAT NO PROVISION FOR INCOME TAX POSITIONS IS REQUIRED.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number: 33-0457858

Part I **General Information on Activities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) NORTH AMERICA			GRANTMAKING		3,551,830.
(2) CENTRAL AMERICA			GRANTMAKING		377,197.
(3) SOUTH AMERICA			GRANTMAKING		104,314.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total					4,033,341.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b) . . .	0	0			4,033,341.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		SEE ATTACHED	SEE ATTACHED	4,033,341.				FMV
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . . ► 105

3 Enter total number of other organizations or entities . . . . . . ► 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . ☐ Yes ☒ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . ☐ Yes ☒ No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

1.WE RECEIVE THE GRANT RECOMMENDATION FORM COMPLETED AND SIGNED BY A FUND ADVISOR.

2.WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUESTS FORMAL NONPROFIT DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) 3 OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR TAX AUTHORITY FROM THE GOVERNMENT OF THE GRANTEE IN QUESTION

-BY-LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

-REQUEST A BREIF DESCRIPTION OF THE GRANTEE'S ORGANIZATION (MISSION, VISION, OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-REQUEST GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-VARIOUS WEBSITES ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS

-RISK ASSESSMENT EVALUATED

3.GRANT RECOMMENDATION IS THEN SUBMITTED TO THE BOARD OF DIRECTORS OF INTERNATIONAL COMMUNITY FOUNDATION FOR APPROVAL.

4.UPON BOARD APPROVAL (MAJORITY MUST APPROVE), INTERNATIONAL COMMUNITY FOUNDATION WILL ISSUE AN AWARD LETTER-CONTRACTUAL AGREEMENT TO THE GRANTEE TO RECEIVE FUNDING.

5.THE AWARD LETTER IS SIGNED BY GRANTEE'S EXECUTIVE DIRECTOR OR FINANCIAL OFFICER AND RETURNED TO OUR FOUNDATION.

6.A CHECK (OR WIRE TRANSFER) IS SENT TO THE RECIPIENT ORGANIZATION.

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US (CONTINUED

7.FUND ADVISOR IS NOTIFIED BY EMAIL OR TELEPHONE CALL THAT FUNDS WERE SENT TO THE GRANTEE.

8.ICF PERFORMS FOLLOW UP AND EVALUATION WITH THE GRANTEE. THIS VARIES FROM PROJECT TO PROJECT.

9. ALL GRANTEES ARE REQUIRED TO SUBMIT A FINAL REPORT INCLUDING PROJECT/PROGRAM FINANCIALS. SUBMISSION OF FINAL REPORT IS A CONDITION OF FUTURE FINDING.

10.SITE VISITS ARE DONE ON AN AD HOC BASIS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number: 33-0457858

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHMENT 2505 N AVENUE NATIONAL CITY, CA 91950			1,341,752.	0.	FAIR MARKET VALUE		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ► 27

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

1.WE RECEIVE THE GRANT RECOMMENDATION FORM COMPLETED AND SIGNED BY A FUND ADVISOR.

2.WE VERIFY NONPROFIT STATUS OF THE GRANTEE AND REQUESTS FORMAL NONPROFIT DOCUMENTATION. THE FOLLOWING ARE REQUESTED FOR ALL GRANTEES:

-501 (C) 3 OR FOREIGN EQUIVALENT DOCUMENTATION PROVIDED BY THE TREASURY DEPARTMENT OR TAX AUTHORITY FROM THE GOVERNMENT OF THE GRANTEE IN QUESTION

-BY-LAWS

-DETERMINATION LETTER FOR TAX EXEMPT STATUS

-LIST OF BOARD OF GOVERNORS AND THEIR AFFILIATION

-REQUEST A BRIEF DESCRIPTION OF THE GRANTEE'S ORGANIZATION (MISSION, VISION,

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

OBJECTIVES, CURRENT PROGRAMS) AND ANNUAL OPERATING BUDGET

-REQUEST GRANTEE'S FINANCIAL INSTITUTION ACCOUNT NAME AND NUMBER

-VARIOUS WEBSITES ARE CHECKED FOR BLOCKED PERSON AND ORGANIZATIONS

-RISK ASSESSMENT EVALUATED

3.IN ADDITION TO BACK GROUND INFORMATION, FOR EACH NEW GRANT, WE REQUEST A PROPOSAL FOR EACH SPECIFIC PROJECT FROM THE GRANTEE.

4.GRANT RECOMMENDATION IS SUBMITTED TO INTERNATIONAL COMMUNITY FOUNDATION BOARD OF DIRECTORS FOR APPROVAL.

5.UPON BOARD APPROVAL (MAJORITY MUST APPROVE), ICF WILL ISSUE AN AWARD LETTER-CONTRACTUAL AGREEMENT TO THE GRANTEE TO RECEIVE FUNDING.

6.THE AWARD LETTER IS SIGNED BY GRANTEE'S EXECUTIVE DIRECTOR OR FINANCIAL OFFICER AND RETURNED TO OUR FOUNDATION.

7.A CHECK (OR WIRE TRANSFER) IS SENT TO THE RECIPIENT ORGANIZATION.

8.FUND ADVISOR IS NOTIFIED BY EMAIL OR TELEPHONE CALL THAT FUNDS WERE SENT TO THE GRANTEE.

9.ICF PERFORMS FOLLOW UP AND EVALUATION WITH THE GRANTEE. THIS VARIES FROM PROJECT TO PROJECT.

10.GRANTEE SUBMITS A COMPLETE REPORT FOR FUNDING RECEIVED 6 MONTHS TO A YEAR AFTER

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (CONTINUED)

THE FUNDING WAS AWARDED (NARRATIVE AND FINANCIAL). SITE VISITS ARE DONE ON AN AD HOC BASIS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: INTERNATIONAL COMMUNITY FOUNDATION
Employer identification number: 33-0457858

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
RICHARD KIY	(i)	175,000.	0.	0.	7,000.	24,301.	206,301.	0.
1 PRES. & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► **Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
INTERNATIONAL COMMUNITY FOUNDATION	33-0457858

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE PRESIDENT AND CEO REVIEW THE IRS FORM 990 AND IT IS THEN SENT TO THE AUDIT COMMITTEE FOR APPROVAL.THE 990 IS THEN MADE AVAILABLE FOR REVIEW AT A BOARD OF DIRECTORS MEETING PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE INTERNATIONAL COMMUNTIY FOUNDATION HAS A BOARD-APPROVED CONFLICT OF INTEREST POLICY THAT COVERS ALL ASPECTS OF ITS OPERATIONS AND APPLIES TO BOARD, STAFF, AND STANDING BOARD COMMITTEE MEMBERS. THE CONFLICT OF INTEREST POLICY IS SIGNED BY ALL BOARD, STAFF AND STANDING COMMITTEE MEMBERS ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE INTERNATIONAL COMMUNITY FOUNDATION HAS A ANNUAL REPORT THAT SHOWS FINANCIAL INFORMATION WITH A NOTE THAT COMPLETE FINANCIALS ARE AVAILABLE ON REQUEST. ADDITIONALLY, THE FORM 990 IS ON THE ICF WEBPAGE AT WWW.ICFDN.ORG/ABOUTUS/FORMS990.PHP. ALL OF THE POLICIES INCLUDING CONFLICT OF INTEREST POLICY ARE LISTED ON THE WEBPAGE AT WWW.ICFDN.ORG/POLICIES.PHP.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: INTERNATIONAL COMMUNITY FOUNDATION

Employer identification number: 33-0457858

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity? Yes	No
(1) ICF CENTER FOR CROSS-BORDER PHILAN 2502 N. AVENUE NATIONAL CITY, CA 91950 26-1640148	SUPPORTING CHARITY	CA	501 C (3)	GOOD STANDING	N/A		X
(2)							
(3)							
(4)							

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

(a) Name, address, and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Direct controlling entity	**(e)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Dispropor-tionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Direct controlling entity	**(e)** Type of entity (C corp, S corp, or trust)	**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Percentage ownership	**(i)** Sec 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)	ICF CENTER FOR CROSS-BORDER PHILANTHROPY	B	208,231.	CASH
(2)	ICF CENTER FOR CROSS-BORDER PHILANTHROPY	K	33,000.	CASH
(3)	ICF CENTER FOR CROSS-BORDER PHILANTHROPY	L	8,152.	CASH
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under section 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Dispropor-tionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

TAXABLE YEAR **2012**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2012 or fiscal year beginning month 07 day 01 year 2012, and ending month 06 day 30 year 2013

Corporation/Organization Name	California corporation number
INTERNATIONAL COMMUNITY FOUNDATION	D-1566710
Address (suite, room, or PMB no.) 2505 N AVENUE	FEIN 33-0457858
City NATIONAL CITY — State CA — ZIP Code 91950	

A First Return . . . . . Yes [ ] No [X]

B Amended Return . . . . . ● Yes [ ] No [X]

C IRC Section 4947(a)(1) trust . . . . . Yes [ ] No [X]

D Final Return ● [ ] Dissolved ● [ ] Surrendered (Withdrawn)
● [ ] Merged/Reorganized Enter date: ●

E Check accounting method:
1 [ ] Cash 2 [X] Accrual 3 [ ] Other

F Federal return filed?
1 ● [ ] 990T 2 ● [ ] 990 (PF) 3 ● [ ] Sch H (990)

G Is this a group filing for the subordinates/affiliates? . . . . ● Yes [ ] No [X]
If 'Yes,' attach a roster. See instructions

H Is this organization in a group exemption? . . . . . Yes [ ] No [X]
If 'Yes,' What's the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? . . . . ● Yes [ ] No [X]
If 'Yes,' explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? . . . . ● Yes [ ] No [X]
If 'Yes,' complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? . . . ● Yes [ ] No [X]
If 'Yes,' enter gross receipts from nonmember sources . . . . . $

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. . . . . ● [X]

M Is the organization a Limited Liability Company? . . . . ● Yes [ ] No [X]

N Did the organization file Form 100 or Form 109 to report taxable income? . . . . ● Yes [ ] No [X]

O Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . . ● Yes [ ] No [X]

CACA1112L 10/11/12

PUBLIC DISCLOSURE COPY

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8 . . . . ●			1	963,553.
	2	Gross dues and assessments from members and affiliates . . . . ●			2	
	3	Gross contributions, gifts, grants, and similar amounts received . . . . SEE SCH. B ●			3	7,554,644.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Instruction B . . . ●			4	8,518,197.
	5	Cost of goods sold . . . . ●	5			
	6	Cost or other basis, and sales expenses of assets sold . . . . ●	6	610,049.		
	7	Total costs. Add line 5 and line 6			7	610,049.
	8	Total gross income. Subtract line 7 from line 4 . . . . ●			8	7,908,148.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 . . . . ●			9	6,825,474.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 . . . . ●			10	1,082,674.
Filing Fee	11	Filing fee $10 or $25. See General Instruction F			11	
	12	Total payments			12	
	13	Penalties and Interest. See General Instruction J			13	
	14	Use tax. See General Instruction K . . . . ●			14	
	15	**Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result			15	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ — Title: PRES. & CEO — Date — ● Telephone: 619-336-2250

Paid Preparer's Use Only

Preparer's signature ▶ CHRISTOPHER M. ROBERTS — Date — Check if self-employed ▶ [ ] — ● PTIN: P00235008

Firm's name (or yours, if self-employed) and address ▶ WEST RHODE & ROBERTS, 3104 FOURTH AVE, SAN DIEGO, CA 92103 — ● FEIN: 33-0783983 — ● Telephone: 619-615-5380

May the FTB discuss this return with the preparer shown above? See instructions . . . . ● [X] Yes [ ] No

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	232,752.
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets (See instructions)	6	682,399.
	7	Other income. Attach schedule SEE STATEMENT 1	7	48,402.
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	963,553.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	5,375,093.
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	208,009.
	12	Other salaries and wages	12	236,053.
	13	Interest	13	2,143.
	14	Taxes	14	30,008.
	15	Rents	15	33,000.
	16	Depreciation and depletion (See instructions)	16	2,014.
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 2	17	939,154.
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	6,825,474.

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		1,955,464.		1,816,342.
2 Net accounts receivable		14,358.		13,511.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds		5,300,016.		5,823,837.
7 Investments in stock		6,165,302.		6,904,619.
8 Mortgage loans				
9 Other investments Attach schedule				243,089.
10 a Depreciable assets	26,407.		26,407.	
b Less accumulated depreciation	21,070.	5,337.	23,084.	3,323.
11 Land				319,009.
12 Other assets. Attach schedule STM 3		12,376.		8,264.
13 Total assets		13,452,853.		15,131,994.
Liabilities and net worth				
14 Accounts payable		49,598.		70,989.
15 Contributions, gifts, or grants payable		983,653.		1,163,720.
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule STM 4		59,954.		40,212.
19 Capital stock or principle fund		12,359,648.		13,857,073.
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund				
22 Total liabilities and net worth		13,452,853.		15,131,994.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000

1 Net income per books	1,082,674.	7 Income recorded on books this year not included in this return. Attach sch.	
2 Federal income tax		8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule		10 Net income per return. Subtract line 9 from line 6	1,082,674.
5 Expenses recorded on books this year not deducted in this return. Attach schedule			
6 Total. Add line 1 through line 5	1,082,674.		

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

OTHER INCOME	$	40,250.
PROGRAM SERVICE REVENUE		8,152.
TOTAL	$	48,402.

STATEMENT 2
FORM 199, PART II, LINE 17
OTHER EXPENSES

ACCOUNTING FEES	$	38,449.
AUTO/PARKING		3,300.
BANK FEES		20,965.
CHARITABLE EXPENSE		626,840.
CONSULTING FEES		58,563.
DEVELOPMENT		19,025.
DUES & SUBSCRIPTIONS		2,844.
INFORMATION TECHNOLOGY		42,342.
INSURANCE		6,050.
JANITORIAL		4,525.
LEGAL FEES		10,480.
MAINTENANCE		785.
MEETING EXPENSE		2,203.
MISCELLANEOUS		1,143.
OFFICE EXPENSES		2,742.
OTHER EMPLOYEE BENEFIT		45,010.
PENSION PLAN CONTRIBUTIONS		14,749.
POSTAGE AND SHIPPING		2,350.
PRINTING AND PUBLICATIONS		7,280.
PROPERTY TAXES		154.
STAFF DEVELOPMENT		1,129.
SUBSCRIPTIONS AND PUBLICATIONS		1,042.
TELEPHONE		10,337.
TRAVEL		10,642.
UTILITIES		2,995.
WORKERS COMPENSATION		3,210.
TOTAL	$	939,154.

STATEMENT 3
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES		8,264.
TOTAL	$	8,264.

STATEMENT 4
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

LINE OF CREDIT	40,212.
TOTAL	$ 40,212.

IN

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

OFFICE OF THE ATTORNEY GENERAL · CALIFORNIA DEPARTMENT OF JUSTICE · liberty and justice under law

State Charity Registration Number 077750

INTERNATIONAL COMMUNITY FOUNDATION
Name of Organization

2505 N AVENUE
Address (Number and Street)

NATIONAL CITY, CA 91950
City or Town State ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. D-1566710

Federal Employer ID No. 33-0457858

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	*Gross Annual Revenue*	Fee	*Gross Annual Revenue*	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A — ACTIVITIES

For your most recent full accounting period (beginning 7/01/12 ending 6/30/13) list:

Gross annual revenue $ 7,908,148. Total assets $ 15,131,994.

PART B — STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: **If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.**

		Yes	No
1	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	☐	☒
2	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	☐	☒
3	During this reporting period, did non-program expenditures exceed 50% of gross revenues?	☐	☒
4	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	☐	☒
5	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	☐	☒
6	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	☐	☒
7	During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	☐	☒
8	Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	☐	☒
9	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	☒	☐

Organization's area code and telephone number 619-336-2250

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date
	RICHARD KIY	PRES. & CEO	