

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **2015**, and ending **2015**, and ending **20**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization: **THE LAREDO AREA COMMUNITY FOUNDATION**

Doing business as **LAREDO AREA COMMUNITY FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address): **P.O. BOX 450223** Room/suite

City or town, state or province, country, and ZIP or foreign postal code: **LAREDO, TX 78045**

D Employer identification number: **31-1742706**

E Telephone number: **(956) 326-2843**

F Name and address of principal officer: **Elizabeth R. Sames**
P.O. Box 450223, Laredo, TX 78045

G Gross receipts \$: **5,436,231**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ <http://www.laredofoundation.org>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2004** **M** State of legal domicile: **TX**

H(c) Group exemption number ▶

Part I Summary

| | | | |
|---|---|--|--------------------|
| 1 Briefly describe the organization's mission or most significant activities: Assess and respond to emerging and changing community needs, provide a vehicle and service donors with a varied interest and levels of giving and to serve as a resource catalyst for charitable activities in the community. | | | |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| Activities & Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 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 |
| | Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year |
| 9 Program service revenue (Part VIII, line 2g) | | 1,721,991 | 2,488,318 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 277,562 | 289,021 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 45,575 | 62,288 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,045,128 | 2,839,627 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 271,733 | 164,224 |
| | 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) | | |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,265 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 109,888 | 139,756 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 381,621 | 303,980 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,663,507 | 2,535,647 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 6,380,129 | 8,496,500 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 0 | 0 |
| | | 6,380,129 | 8,496,500 |

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: *Elizabeth R. Sames* Date: *March 28, 2016*

Type or print name and title: **Elizabeth R. Sames, Board President**

Paid Preparer Use Only

Print/Type preparer's name: **JD Woods; Co-Owner JD & PC** Preparer's signature: *J.D. Woods* Date: *Mar. 1, 2016*

Firm's name ▶ **JD & PC** Check if self-employed PTIN: **P01508256**

Firm's address ▶ **431 Cielo Vista, Canyon Lake, TX 78133** Firm's EIN ▶ **74-2961661** Phone no. **956-740-2120**

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

For Paperwork Reduction Act Notice, see the separate instructions.