

COPY

Form 990-EZ

Short Form 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)

OMB No. 1545-1150

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: CORPUS CHRISTI EDUCATION FOUNDATION. D Employer identification number: 74-2711535. E Telephone number: (361) 844-0358. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify). H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: http://cccf-ccisd.org. J Tax-exempt status (check only one): [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527.

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 131,759

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (118,204); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Investment income (6,136); 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events; 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue (describe in Schedule O); 9 Total revenue (131,759); 10 Grants and similar amounts paid (list in Schedule O); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors (1,300); 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping; 16 Other expenses (describe in Schedule O); 17 Total expenses (166,789); 18 Excess or (deficit) for the year (-35,030); 19 Net assets or fund balances at beginning of year (326,233); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (291,203).

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 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	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ... ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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 ANDY CROCKER	Date
	Type or print name and title CHAIRMAN	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 03-23-2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ A. R. LEMA, C.P.A.	Firm's EIN ▶			
	Firm's address ▶ 610 E MARKET ST STE 2906	Phone no. 210-212-4822			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Public Charity Status and Public Support

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization CORPUS CHRISTI EDUCATION FOUNDATION	Employer identification number 74-2711535
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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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- 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 it 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?
 - (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?

Yes	No
11g(i)	X
 - (ii) A family member of a person described in (i) above?

Yes	No
11g(ii)	X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

Yes	No
11g(iii)	X
- 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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 year beginning in) ▶	(a) 2007	(b)2008	(c)2009	(d)2010	(e)2011	(f)Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	198,026	281,119	102,839	171,724	118,204	871,912
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	198,026	281,119	102,839	171,724	118,204	871,912
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.)						871,912

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b)2008	(c)2009	(d)2010	(e)2011	(f)Total
9 Amounts from line 6	198,026	281,119	102,839	171,724	118,204	871,912
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,708	7,047	5,600	16,155	6,136	36,646
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b	1,708	7,047	5,600	16,155	6,136	36,646
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.)			6,296	6,361	7,419	20,076
13 Total support. (Add lines 9, 10c, 11, and 12.)	199,734	288,166	114,735	194,240	131,759	928,634

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 2011 (line 8, column (f) divided by line 13, column (f))	15	93.89 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	3.95 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests – 2011. 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 – 2010. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

CORPUS CHRISTI EDUCATION FOUNDATION

74-2711535

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) CORPUS CHRISTI EDUCATION F 74-2

Name of organization: CORPUS CHRISTI EDUCATION FOUNDATION
 Employer identification number: 74-2711535

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OPTIMIST FOUNDATION P.O. BOX 291 CORPUS CHRISTI, TX 78403	\$ 9,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	VALERO ENERGY FOUNDATION P.O. BOX 696000 SAN ANTONIO, TX 78269	\$ 16,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CCISD (COCA-COLA) 5126 GREENWOOD CORPUS CHRISTI, TX 78417	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2011Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

CORPUS CHRISTI EDUCATION FOUNDATION

Employer identification number

74-2711535

FORM 990-EZ, PART 1, LINE 8, OTHER REVENUE:
 AFFINITY PROGRAM \$6,500
 MISC. OPERATING INCOME 919
 TOTAL \$7,419

FORM 990-EZ, PART 1, LINE 10, GRANTS & SIMILAR AMOUNTS PAID:
 STATE OF THE DISTRICT \$96,916
 FLINT HILLS 2,560
 VALERO 32,200
 COMM. SCHOLARSHIP/ACHIEVEMENT 1,500
 OPTIMIST CLUB 10,750
 DUAL CREDIT 8,736
 HICKS 5,000
 FEES 1,876
 TOTAL 159,538

FORM 990EZ, PAGE 1, LINE 16, OTHER EXPENSES:
 DEVELOPMENT \$61
 CREDIT CARD/BANK FEES 462
 MARKETING 738
 CONFERENCE/TRAINING 420
 OFFICE EXPENSE 144
 MEALS 2,077
 INSURANCE 554
 AWARDS/RECOGNITION 125
 WEBSITE EXPENSE 1,370
 TOTAL \$5,951

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
CORPUS CHRISTI EDUCATION FOUNDATION	74-2711535	

Primary Purpose
TO ENHANCE THE EDUCATIONAL OPPORTUNITIES FOR CORPUS CHRISTI INDEPENDENT SCHOOL DISTRICT (CCISD) STUDENTS BY SOLICITING, MANAGING, AND DISTRIBUTING FUNDS FOR ENRICHMENT PURPOSES IN PROGRAM AREAS NOT OTHERWISE FUNDED BY THE CCISD.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
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Name of Organization CORPUS CHRISTI EDUCATION FOUNDATION	Employer Identification Number 74-2711535
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	166,789
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Exempt Purpose Achievements

PROMOTED STUDENT READINESS, DEVELOPMENT, AND ACHIEVEMENT THROUGH ENRICHMENT PROGRAMS, ACTIVITIES, AND RECOGNITION OF STUDENT ACCOMPLISHMENTS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2011 or tax period beginning , and ending		
Name of Organization				Employer Identification Number
CORPUS CHRISTI EDUCATION FOUNDATION				74-2711535
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
ANDY CROCKER P.O. BOX 1856 Corpus Christi, TX 78403	CHAIRMAN/EXEC COMM. 1.00	0	0	0
GINA PRINCE 6810 SARATOGA BLVD Corpus Christi, TX 78414	CHAIR/FINANCE 1.00	0	0	0
MARK AVELAR 5905 BISHOPS MILL Corpus Christi, TX 78414	CHAIRMAN/MARK 1.00	0	0	0
D.SCOTT ELLIFF 801 LEOPARD Corpus Christi, TX 78401	SUPER/SCHOOLS 1.00	0	0	0
DEE LABAY 210 LORRAINE DR. Corpus Christi, TX 78411	EXEC MEMBER AT LARGE 1.00	0	0	0
MARY JO CHEESMAN 7413 LAKE WINDEMERE Corpus Christi, TX 78413	CHAIR. OF PROGRAMS 1.00	0	0	0
REBECCA A. DURHAM 525 SOUTH STAPLES ST. STE E-5 Corpus Christi, TX 78411	CHAIR/DEVELOP 1.00	0	0	0
ROBERTO GARCIA, ED.D. 2021 AGNES Corpus Christi, TX 78405	SECRETARY 1.00	0	0	0
VERONICA ADAMS 1147 CANTWELL LANE Corpus Christi, TX 78407	BOARD MEMBER 1.00	0	0	0
GABE GUERRA 4211 AYERS Corpus Christi, TX 78415	BOARD MEMBER 1.00	0	0	0
AMY McCOY 1513 N. CHAPARRAL ST. Corpus Christi, TX 78401	BOARD MEMBER 1.00	0	0	0
ANGELA ALLEN 6441 SARATOGA Corpus Christi, TX 78414	BOARD MEMBER 1.00	0	0	0
HEATHER GUERRERO 2710 N. SHORELINE BLVD Corpus Christi, TX 78402	BOARD MEMBER 1.00	0	0	0
CAROL A. SCOTT P.O. BOX 331486 Corpus Christi, TX 78463	BOARD MEMBER 1.00	0	0	0
CHRIS CISNEROS P.O. BOX 9277 Corpus Christi, TX 78469	BOARD MEMBER 1.00	0	0	0
ERIC JARAMILLO 1901 N. SHORELINE BLVD Corpus Christi, TX 78401	BOARD MEMBER 1.00	0	0	0
PETER WEIL	BOARD MEMBER	0	0	0

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection For calendar year 2011 or tax period beginning , and ending

Name of Organization **CORPUS CHRISTI EDUCATION FOUNDATION** Employer Identification Number **74-2711535**

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
7011 W. PARMER LANE, STE.611 Austin, TX 78729	1.00		0	0
O.B. GARCIA 4021 KINGSTON Corpus Christi, TX 78411	BOARD MEMBER 1.00		0	0
JERRET KROUSE 802 N. CARANCAHUA Corpus Christi, TX 78401	BOARD MEMBER 1.00		0	0
MARY WILLIAMS 601 BARRACUDA Corpus Christi, TX 78411	ADVISORY/EX-O 1.00		0	0
CRYSTAL MATERN P.O. BOX 2822 Corpus Christi, TX 78403	BOARD LIAISON 1.00		0	0
TRACY GARZA P.O. BOX 2822 Corpus Christi, TX 78403	ADM. ASSISTANT 1.00		0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization CORPUS CHRISTI EDUCATION FOUNDATION		Employer Identification Number 74-2711535

Part V - Line 42a

Individual Name CRYSTAL MATERN
or
Business Name:

Street Address P.O. BOX 2822

U.S. Address:

Zip code 78403 City Corpus Christi State TX

Foreign Address

City

Province or State

Country

Postal code

Phone Number (361) 844-0358

Fax Number

CORPUS CHRISTI EDUCATION FOUNDATION
 STATEMENT OF FINANCIAL POSITION
 December 2011

ASSETS

Current Assets:

American Bank	\$134,043.89
Navy Army FCU	\$41,050.37

Endowment Investments*:

Cissy Reynolds Scholarship	4,915.85
Community Scholarship for Achievement	29,934.83
CCISD Dual Credit	53,639.33
CCEF Foundation Endowment Fund	17,661.39
Mary & Bill Hamrick Scholarship Fund	9,957.65
CCEF Special Projects Fund	0.00

Total Assets	<u>\$291,203.31</u>
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LIABILITIES AND NET ASSETS

Liabilities:	\$0.00
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Net Assets:

Unrestricted	72,676.40
Temporarily Restricted	175,526.91
Permanently Restricted (Endowments)	43,000.00

Total Liabilities and Net Assets	<u>\$291,203.31</u>
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*Balances as of 12/31/11

Restricted:

CBCF-Endowments	\$43,000.00
CBCF-Non-Permanent Funds	\$73,109.05
Cheetah Girls (Chula Vista/Wynn Seale)	34,618.00
Coca Cola Fund (Dual Credit)	20,000.00
Coastal Bend Community Foundation	5,000.00
GWCS	29,290.86

CORPUS CHRISTI EDUCATION FOUNDATION
 FOR YTD PERIOD ENDING DECEMBER 31, 2011
 P&L STATEMENT

2011
 ACTUAL

DIRECT PROGRAM RECEIPTS:

State of the District (GWCS)	\$57,846
Optimist Club	9,750
Valero	16,600
Friends of Mary Helen Berlanga	3,650
Dual Credit	20,000
Texas Pioneer Fund	1,000
Wynn Seal/Chula Vista	1,500
Shoemaker	380
CCISD Block Party	334
Flint Hills	2,560
Interest+	<u>6,136</u>

Total Program Receipts \$119,757

PUBLIC SUPPORT:

Donations	
CCEF Board of Director Donations	3,520
CCISD Employee Donations	888
Annual Campaign	100
Memorials	<u>75</u>

Total Public Support 4,583

OPERATING REVENUE:

Affinity Card Partnership	6,500
Interest+	<u>919</u>

Total Operating Revenue: 7,419 \$131,759

DIRECT PROGRAM DISBURSEMENTS:

State of the District	\$96,916
Flint Hills	2,560
Valero	32,200
Community Scholarship for Achievement	1,500
Optomist Club	10,750
Dual Credit	8,736
Hicks	5,000
Fees++	<u>1,876</u>

Total Disbursements 159,539

OPERATING EXPENSES:

Professional Fees (CPA)	\$1,300
Development	\$81
Credit Card/Bank Fees	\$462
Marketing	\$738
Conference/Training	\$420
Office Expense	\$144
Meals	\$2,077
Insurance	\$554
Awards/Recognition	\$125
Website Expense	<u>\$1,370</u>

Total Operating Expenses: 7,250 166,789

Net Difference (\$35,030)

NOTES: +Interest totals \$6,136.44 in the program area because that interest is earned from grant funds and stays in the grant area (restricted), \$919 is from operating accounts and is included in the operating revenue section on this statement.

++Fee totals of \$1,876 are included in the program area because these are fees that are charged to funds that reduce the availability of funds in that program.