



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

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

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

A For the 2004 calendar year, or tax year beginning, 2004, and ending, 20

B Check if applicable

- Address change
Name change
Initial return
Final return
Amended return
Application pending

C Name of organization: UJAMAA COMMUNITY DEVELOPMENT CORP
Number and street (or P O box, if mail is not delivered to street address): 52 S 6TH AVE
Room/suite:
City or town, state or country, and ZIP + 4: MOUNT VERNON, NY 10550

D Employer identification number

13-3940622

E Telephone number

F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash [] Accrual [X] Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website:

J Organization type (check only one) - [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ \$ 93,637

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows for 5a, 5b, 5c, 6a, 6b, 6c, 7a, 7b, 7c. Total revenue is 93,637 and total expenses is 104,470.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions)

Table with 7 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Total assets and net assets are 9,333.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2004)

JUL 07 2010

STATUTE CLEARED

REVENUE

EXPENSES

ASSETS

STATUTE UNIT RECEIVED JUL 07 2010

TPR BRANCH OGDEN

RECEIVED JUN 28 2010 OGDEN, UT IRS-OSC

SCANNED AUG 03 2010

301-P

| Part III Statement of Program Service Accomplishments (See page 41 of the instructions.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others) | |
|---|--|---|---------|
| What is the organization's primary exempt purpose? <u>ECONOMIC & COMUNITY DEVELOPME</u> | | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title | | | |
| 28 | <u>SPONSORED A FREEDOM SCHOOL PROGRAM WHICH SERVED OVER 100 CHILDREN. TWO NUTRITIOUS MEALS AND SNACKS WERE PROVIDED TO CHILDREN.</u> (Grants \$ <u>77,852</u>) | 28a | 104,470 |
| 29 | (Grants \$) | 29a | |
| 30 | (Grants \$) | 30a | |
| 31 | Other program services (attach schedule) (Grants \$) | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 104,470 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions) | | | | |
|--|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| <u>See attached statement</u> | | | | |
| | | | | |
| | | | | |
| | | | | |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14) | | Yes | No |
|--|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a | | |
| b | Did the organization file Form 1120-POL for this year? | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b | | |
| 39 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 > ; section 4912 > , section 4955 > | | |
| b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. | | X |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 > | | |
| d | Enter: Amount of tax on line 40c, above, reimbursed by the organization > | | |
| 41 | List the states with which a copy of this return is filed > <u>CONNECTICUT</u> | | |
| 42 | The books are in care of > <u>ENID HAYE</u> Telephone no > <u>914-664-2676</u> Located at > <u>52 SOUTH SIXTH AVE MT VERNON NY</u> ZIP + 4 > <u>10550</u> | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here > <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year > 43 | | |

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.

Please Sign Here

Signature of officer: [Signature] Date: 6/21/10

Type or print name and title: Enid G. Haye - Executive Director

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 06-19-2010 Check if self-employed: Preparer's SSN or PTIN (See Gen Inst W): 045-56-7674

Firm's name (or yours if self-employed), address, and ZIP + 4: Samuel N. Wilson Jr CPA
1000 Lafayette Blvd Ste 408
Bridgeport CT 06604 EIN: 06-1297107 Phone no: 203-368-6086

Part III Statements About Activities (See page 2 of the instructions)

| | Yes | No |
|---|-----------|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) | 1 | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X |
| e Transfer of any part of its income or assets? | 2e | X |
| 3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) | 3a | X |
| b Do you have a section 403(b) annuity plan for your employees? | 3b | X |
| 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4a | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | X |

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|--|----------------------------|
| | |
| | |
| | |

- 14** An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions)

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns (a) Affiliated group totals and (b) To be completed for ALL electing organizations.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions)

Table for 4-Year Averaging Period with columns (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include lines 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Table with columns Yes, No, and Amount. Rows a-i describe various lobbying activities.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

MA314

Overflow Statement

Name as shown on Return

UJAMAA COMMUNITY DEVELOPMENT CORP

Employer identification number

13-3940622

OTHER EXPENSES

| DESCRIPTION | AMOUNT |
|---------------------|---------------|
| INSURANCE..... | 3,500 |
| OFFICE EXPENSE..... | 9,850 |
| MISCELLANEOUS..... | 1,500 |
| TOTAL: | <u>14,850</u> |

Statement Summary

2004

Form 990-EZ - Part IV

List of Officers, Directors, Trustees, and Key Employees

| Name(s) shown on return | | Identifying Number | | |
|---|--------------------------|---------------------|-----------------|----------------|
| UJAMAA COMMUNITY DEVELOPMENT CORP | | 13-3940622 | | |
| (A) Name and address | Title and Average Hrs | (C) Compensation | (D) Contrib. | (E) Expense |
| FRANKLIN W RICHARDSON 16 HIGHPOINT LN SCARSDALE NY | CHAIRMAN 2 | 0 | 0 | 0 |
| EDWARD MULRAINE 101 SO FIRST AVE MT VERNON NY | VICE CHAIRMAN 2 | 0 | 0 | 0 |
| JIM COLEMAN 265 FOX MEADOW R SCARSDALE NY | MEMBER 2 | 0 | 0 | 0 |
| VIVIEN SALMON 98 SOUTH FULTON MT VERNON NY | MEMBER 2 | 0 | 0 | 0 |
| RICHARD THOMPSON 28 PARKWAY CIR MT VERNON NY | MEMBER 2 | 0 | 0 | 0 |
| ORCHID BURNSIDE 354 HUSSEY RD MT VERNON NY 105 | MEMBER 2 | 0 | 0 | 0 |