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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation)

Internal Revenue Service 20 07 12/31 For the 2007 calendar year, or tax year beginning 1/1 2007, and ending D Employer identification number C Name of organization B Check if applicable usa IRS **UPAVIM Community Development Foundation** 0558209 Address change label or E Telephone number print or Number and street (or P.O box if mail is not delivered to street address) Room/suite Name change type. 618 N. 13th St. (254) 624-5747 Initial return Specific City or town, state or country, and ZIP + 4 Instruc Termination Temple, Texas 76501 tions. ☐ Other (specify) ▶ Amended return H and I are not applicable to section 527 organizations • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? ☐ Yes ☑ No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ▶ www.upavim.org/foundation/foundation/htm H(c) Are all affiliates included? Yes No Organization type (check only one) ► ✓ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list See instructions) H(d) Is this a separate return filed by an K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling? Yes No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return Group Exemption Number ▶ Check ▶ ☐ if the organization is not required Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 103.075.97 to attach Sch B (Form 990, 990-EZ, or 990-PF). Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Contributions, gifts, grants, and similar amounts received: 1a a Contributions to donor advised funds 1b 103,246.62 **b** Direct public support (not included on line 1a) 1c c Indirect public support (not included on line 1a) . . . 1d **d** Government contributions (grants) (not included on line 1a) 103,246.62 1e Total (add lines 1a through 1d) (cash \$____ 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 4 882.70 Interest on savings and temporary cash investments 5 Dividends and interest from securities 6a 6a Gross rents 6b Less: rental expenses . . 6c Net rental income or (loss). Subtract line 6b from line 6a 7 Other investment income (describe (A) Securities (B) Other 8a Gross amount from sales of assets other 7,467.23 8a than inventory 8,520.58 8b **b** Less: cost or other basis and sales expenses. (1.053.35)c Gain or (loss) (attach schedule) 8d (1,053.35)d Net gain or (loss). Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1b) Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtlact line 9b from 9c 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 150 Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10 10c 11 Other revenue (from Part VII, line 103) . 11 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 302 12 103,075.97 12 59,054.75 13 13 Program services (from line 44, column (B)) 14 14 Management and general (from line 44, column (C)) 15 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) . 16 59,054.75 17 Total expenses. Add lines 16 and 44, column (A) 17 44,021.22 18 Excess or (deficit) for the year. Subtract line 17 from line 12 Assets 18 19 92,555.39 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 3,816.69 20 Other changes in net assets or fund balances (attach explanation), . . Š 140,393.30 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21

Par	Statement of All organizations m Functional Expenses organizations and s	ust cor section	nplete column (A). Co 4947(a)(1) nonexempt	lumns (B), (C), and (D t chantable trusts but) are required for sec optional for others. (tion 501(c)(3) and (4) See the instructions.)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a					:	
	(cash \$)	00-				
	If this amount includes foreign grants, check here	22a				
22 b		1				
	(cash \$ 33,830.75 noncash \$ 25,224.00) If this amount includes foreign grants, check here	22b	59,054.75	59,054.75		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c	Compensation and other distributions, not					
J	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	35				<u> </u>
35 36	Postage and shipping	36				
30 37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings.	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
а	Bank Fees	43a	93.47		93.47	
b		43b				
_		43c				
d		43d 43e				
0		43f		· · · · · · · · · · · · · · · · · · ·	•	
f		43g				
g		,g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines		E0 440 00	E0 0E4 7F	02.47	
	13-15)	44	59,148.22	59,054.75	93.47	· ····
Are a	t Costs. Check ► ☐ if you are following SOP my joint costs from a combined educational campaign s," enter (i) the aggregate amount of these joint cost is amount allocated to Management and general \$	and for s \$	undraising solicitation	amount allocated	to Program services	

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wr	at is the organization's primary exempt purpose? Charitable Activities	Program Service
All of o	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a	Promoted awareness of and raised funds for a women's cooperative located in Guatemala City called Unidos Para Vivir Mejor. Granted funds to support coop's school, dental clinic, well-baby care program, after school program.	uners)
	(Grants and allocations \$ 33,830.75) If this amount includes foreign grants, check here ▶ ✓	33,830.75
b	Distributed funds out of endowment to a group called Consejo Independiente Mejor Amancer.	
	They are maintaining their own endowment	
	(Grants and allocations \$ 25,224.00) If this amount includes foreign grants, check here ▶ □	25,224.00
С		
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	59.054.75
		,

Pa	art IV	Balance Sheets (See the instructions.)			
,	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		45	
	46	Savings and temporary cash investments	23,799.29	46	73,757.91
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b	 	47c	
		40.			
		Pledges receivable		48c	
	i .	2000. 410-10-10-10-10-10-10-10-10-10-10-10-10-1		49	
	49	Grants receivable		73	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	h	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
ş		schedule)			
Assets	b	Less: allowance for doubtful accounts . 51b		51c	··
⋖	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	00 007 07	53	00 004 00
		Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV	86,627.87	54a	66,821.39
	1	investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV		54b	
	55a	Investments—land, buildings, and		<u> </u>	
		equipment basis , ,			
	D	Less: accumulated depreciation (attach schedule)		55c	
	56	Investments—other (attach schedule)		56	
		Land, buildings, and equipment: basis . 57a			
	i	Less: accumulated depreciation (attach			
	-	schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	110,427.16	59	140,579.30
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61 62	
₁	62	Deferred revenue		02	
ities	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
Liabili	642	Tax-exempt bond liabilities (attach schedule)		64a	
:"		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ► Loans to fund programs)	17,871.77	65	0
		· ·			
	66	Total liabilities. Add lines 60 through 65	17,871.77	66	0
	Orga	nizations that follow SFAS 117, check here ► 🗹 and complete lines			
S		67 through 69 and lines 73 and 74.	440 407 40	-	440.570.00
ž	67	Unrestricted	110,427.16	67	140,579.30
ala	68	Temporarily restricted		68 69	
8	69	Permanently restricted		69	
Š	Orga	unizations that do not follow SFAS 117, check here ▶ ☐ and			
Net Assets or Fund Balances	70	complete lines 70 through 74.		70	
Š	70 71	Capital stock, trust principal, or current funds		71	
set	72	Retained earnings, endowment, accumulated income, or other funds		72	
As	73	Total net assets or fund balances. Add lines 67 through 69 or lines	-		
<u>f</u> et	•	70 through 72. (Column (A) must equal line 19 and column (B) must			
~		equal line 21)	110,427.16		140,579.30
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	92,555.39	74	140,579.30

Pai	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Re	evenue pe	r Retu	m (See the
a՝ b		enue, gains, and other support per audit included on line a but not on Part I, line				а	103,246.62
1		alized gains on investments		b1		Į į	
2		services and use of facilities		b2]]	
3		es of prior year grants		b3			
4	Other (sp	ecify):		b4			
		b1 through b4				b	
С					• • •	С	103,246.62
d		included on Part I, line 12, but not on Iii					·
1		nt expenses not included on Part I, line		d1			
2		ecify):				1 1	
2	Other (sp	• •		d2			
	Add lines	d1 and d2				d	
е		d1 and d2				e	103,246.62
	rt IV-B	Reconciliation of Expenses per Au					
						a	59,054.75
а		enses and losses per audited financial s				- a	33,034.13
b		included on line a but not on Part I, line		l sa l			
1		services and use of facilities		b1		1	
2	-	adjustments reported on Part I, line 20		b2		-	
3	Losses re	eported on Part I, line 20		b3			
4	Other (sp	ecify):		li		1	
				b4			
	Add lines	b1 through b4				b	
С	Subtract	line b from line a , , , , ,				С	59,054.75
d	Amounts	included on Part I, line 17, but not on lii	ne a:			1 1	
1		nt expenses not included on Part I, line		d1]	
2		ecify):]	
_	O (OP			d2]	
	Add lines					d	
е	Total exp	d1 and d2	d			e	59,054.75
Par	rt V-A	Current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees	(List each pers	on who wa	s an offi	cer, director, trustee,
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensatio	n (D) Contribut er benefit pla		
Bar	bara Lorra	aine	Pres./Dir./20 Hours				
808	E. 23rd S	t., Bryan, Texas		-0-	_ ~ (—	
Mic	hael Norn	nan	V. Pres./Dir./5 Hours				
618	N. 13th S	t., Temple, Texas		-0-		Ð —	-0-
Gre	g Norman		V. Pres./Dir./5 Hours	-0-	-6) —	-0-
		rrara-Marsland	V. Pres./Dir./5 Hours				
		Baltimore Rd., Boyds MD	V. Fleszbil 35 Houls	-0-	-0	<u> </u>	-0-
			<u> </u>				
 -					1		
					-		

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Form	ggn	(2007)	

Pai	t V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and to meetings	rustees permitted to vo	ote on organizatio	n business at board 4			
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that id	phest compensated pill-B, related to each	orofessional and other through	other independent family or business	75b		\
С	Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the	employees listed in Part I, or highest co Part II-A or II-B, rec	Form 990, Par compensated professive compensate	rt V-A, or highest essional and other ion from any other			
ď	the definition of "related organization."		the instructions.		75c 75d	·	1
	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of com	Key Employees That leceived compensation of	Received Comper or other benefits (de	nsation or Other Bene escribed below) during	efits (If	ear, lis	
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen nt and owance	other
		-					
				arts and a			
		-					
							
		-					
		-					 -
Par	t VI Other Information (See the instruction	ns.)	•	 		Yes	No
76	Did the organization make a change in its activit detailed statement of each change	ies or methods of con	•	? If "Yes," attach a	76		√
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the change	verning documents bu		the IRS?	77		✓
78a	Did the organization have unrelated business grothis return?	oss income of \$1,000	or more during t	he year covered by	78a		✓
b	If "Yes," has it filed a tax return on Form 990-T	for this year?			78b		<u> </u>
79	Was there a liquidation, dissolution, termination, a statement	or substantial contract	tion during the ye	ar? If "Yes," attach	79		✓
80a	Is the organization related (other than by association common membership, governing bodies, trust				00		
b	organization?				80a	-	✓
		and check whether it	is 🗆 exempt o				
	Enter direct and indirect political expenditures. (\$\) Did the organization file Form 1120-POL for this	See line 81 instructions	s.) [81a [81b		✓

Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			
832	(See instructions in Part III.)	83a	1	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) [85f]	ļ		L_ J
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		<u></u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	051		ļJ
	following tax year?	85h		i
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12	1		
	dross receipts, included off line 12, for public use of club facilities	ł		
87	to 7(5)(72) orgs. Enter. a cross moome with members of shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction	89b		✓
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		1
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
902	List the states with which a copy of this return is filed Texas			
b	Number of employees employed in the pay period that includes March 12, 2007 (See		0	36-
91a	instructions.) The books are in care of ▶ Barbara Lorraine Telephone no. ▶ (979)		3-468	
	Located at ▶ 808 E. 23rd St., Bryan, Texas ZIP + 4 ▶ 77&03	82	3-	1907
b	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		Yes	No
	account)?	91b	-	✓
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

orm 99					·- ·· ·				age 8
		Other Information (continued)			··-··		010	Yes	No
92 3	f "Y Sect	ny time during the calendar year, did the es," enter the name of the foreign countr tion 4947(a)(1) nonexempt charitable trust enter the amount of tax-exempt interest	y ▶ s filing Form 990	ın lıeu of Form	1041 —Check	here			. ▶ [
Part '	VII	Analysis of Income-Producing Ac	tivities (See the	instructions.,)				
Note: I	Ente	er gross amounts unless otherwise	Unrelated by	isiness income	Excluded by sect	ion 512, 513, or 514	, p,	(E) elated	or
ndicat	ed.		(A) Business code	(B) Amount	(C)	(D) Amount	exem	pt fur	nction
93		gram service revenue:	Business code	Amount	Exclusion code	Amount		ncom	
а	Cn	aritable Activities	- 		-		1	03,24	40.02
b			- 		 		-		
c d			_						
e			_						
-	Med	dicare/Medicaid payments							
		es and contracts from government agencie	s						
_		mbership dues and assessments			1				
95		rest on savings and temporary cash investment	s				<u> </u>		82.70
96		dends and interest from securities	<u> </u>	 	 		 		
		rental income or (loss) from real estate:			-				
		ot-financed property			 				
		debt-financed property	,			 			
		er investment income			 				
		or (loss) from sales of assets other than inventor	v					(1,05	3.35
		income or (loss) from special events .							
102		ess profit or (loss) from sales of inventory					ļ		
103	Oth	er revenue: a	_		 		<u> </u>		
b			_		+				
C			-		 				
d	_		-		1				
е 104		ototal (add columns (B), (D), and (E)) .	_				1	03.0	75.97
		al (add line 104, columns (B), (D), and (E))			>	•		75.97
		105 plus line 1e, Part I, should equal the							
Part '	VIII	Relationship of Activities to the Ac	complishment of	of Exempt Pur	poses (See th	e instructions.)			
Line I	No.	Explain how each activity for which income of the organization's exempt purposes (of				mportantly to the	accor	mplish	ıment
		All of the items of activity contributed			cempt purpos	e as all funds r	aised	are	
		used to fund the charitable programs of	of the organization	on.					
Dawl		Information Deposition Toyokia Cult	aidiodes and Di	vocando d F4	tion (Con the !	nota sotions 1			
Part		Information Regarding Taxable Sub (A)		•			Г	(E)	
	Nam	ne, address, and EIN of corporation,	(B) Percentage of wnership interest	(C) Nature of a	ctivities	(D) Total income		d-of-y assets	
			<u>%</u> %				 		
-			%				 	-	
			%		-		<u> </u>		
Part	X	Information Regarding Transfers Ass		onal Benefit Co	ntracts (See th	ne instructions.)			
(a)	Did t	the organization, during the year, receive any funds, the organization, during the year, pay pre					☐ Ye	_	No No

Part	Information Regarding 1 is a controlling organization			ntities. Com	plete only if the o	rganiz	ation
106	Did the reporting organization ma the Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D Amount of		
а 							
b							
С							
	Totals			·			
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"					Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) iption of nsfer	(D Amount of		er
а							
b							
С							
	Totals						
108	Did the organization have a binding rents, royalties, and annuities des			2006, coveri	ng the interest,	Yes	No
Pleas Sign Here	Signature of officer Michael T. Norman, Vice Portion of the property of the p	te declaration of preparer (other the	accompanying so an officer) is based	thedules and state d on all informatio	ments, and to the best of n of which preparer has a	my knov	wiedge viedge.
Paid Prepare	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen	Inst. X)
Use On	I FIRM S DAME FOR VOURS &			EIN Phone	▶ ()		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Employer identification number

UPAVIM Com	munity Development Foundation			68	0558209
Part I	Compensation of the Five High (See page 1 of the instructions. L	est Paid Employees O ist each one. If there ar	ther Than Offic e none, enter "N	ers, Directors,	, and Trustees
(a) Name a	nd address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans deferred compensatio	& account and other
	of other employees paid over \$50,000 .				
Part II-A	Compensation of the Five Highe (See page 2 of the instructions. List	est Paid Independent C each one (whether indivi	contractors for duals or firms). If	Professional S there are none	Services , enter "None.")
(a) Na	me and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
					
			i		
Total number professional :	of others receiving over \$50,000 for services				····•
Part II-B	Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "None of the Five Higher Properties of the Five Higher Pro	ed services other than p	rofessional serv	Other Services ices, whether in	ndividuals or
(a) Na	me and address of each independent contractor	paid more than \$50,000	(b) Type	of service	(c) Compensation
				, 11,2,	
	•••••				
otal number 50,000 for o	of other contractors receiving over ther services				

Schedule	٨	/Earm	990	~	OOA.	こつ	2007

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Pa	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 \$\Bigsim \bigsim		1
	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.)		
а	Sale, exchange, or leasing of property?		✓
b	Lending of money or other extension of credit?		✓
С	Furnishing of goods, services, or facilities?		✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e	Transfer of any part of its income or assets?		✓
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		1
b	Did the organization have a section 403(b) annuity plan for its employees?		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		√
đ	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		✓
4a	lines 4f and 4g		1
Ь	Did the organization make any taxable distributions under section 4966?		<u> </u>
С	Did the organization make a distribution to a donor, donor advisor, or related person?		✓
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Γđ	rt I\	Reason for Non-Private	e Foundation :	Status (See pages 4	through 8 o	t the instruc	tions.)			
í ce	tify 1	that the organization is not a private	te foundation bed	ause it is: (Please check	only ONE ap	plicable 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 of and state ▶	•	•		(A)(iii). Enter th	e hospital's пате, city			
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 co	omplete the Support Sc	hedule in Part	: IV-A.)				
12		An organization that normally receifrom activities related to its charitifrom gross investment income ar organization after June 30, 1975.	able, etc., function ad unrelated busi	ns—subject to certain ex ness taxable income (les	cceptions, and ss section 511	(2) no more the tax) from bus	nan 331/3% of its suppor sinesses acquired by the			
13		An organization that is not contributed requirements of section 509(a)(3). Type I Type II	Check the box the		f supporting o					
		Provide the following info	rmation about th	e supported organizat	ions. (See pag	je 8 of the inst	ructions.)			
Na	ime((a) (s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organiza	d) upported on listed in oporting zation's documents?	(e) Amount of support			
					Yes	No				
					ļ					
Tota	1 .				L	•				
14	•	An organization organized and op	erated to test for	public safety. Section 5	509(a)(4) (See	page 8 of the	Instructions.)			

	e: You'may use the worksheet in the instructions endar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 20		(e) Total
15	Gifts, grants, and contributions received. (Do	(a) 2000	(0) 2003	(0) 2004	(0) 20	100	(e) rotai
	not include unusual grants. See line 28.).	80,080.48	87,403.98	112,902.49		0	280,386.95
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				_		
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. Net income from unrelated business	29.73	335.73	331.66		0	697.12
	activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	80,110.21	87,739.71	113,234.15		0	281,084.07
24	Line 23 minus line 17	80,110.21	87,739.71	113,234.15		0	281,084.07
25	Enter 1% of line 23	891.10	877.40	1,132.15		0	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in column	n (e), line 24	▶	26a	5,621.68
b	Prepare a list for your records to show the name	ne of and amoun	t contributed by e	ach person (oth	er than a		
	governmental unit or publicly supported organiz						
	amount shown in line 26a. Do not file this list w				ounts 🕨	26b	81,400.00
C	Total support for section 509(a)(1) test: Enter li	ne 24, column (e)		_	▶	26c	281,084.07
đ	Add Amounts from column (e) for lines: 18		19				
_		0	26b81,4		▶	26d	82,097.12
e f	Public support (line 26c minus line 26d total) Public support percentage (line 26e (numera		ino Ofo Idonomia			26e	198,986.95
						26f	70.8 %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2006)	the name of, and s sum of such an	total amounts reconounts for each ye	eived in each yea ear:	ır from, ead	ch "disqi	ualified person."
ь	For any amount included in line 17 that was received	ed from each per-	son (other than "di	squalified persons	s"), prepare	a list fo	r vour records to
	show the name of, and amount received for each y (Include in the list organizations described in lines to the difference between the amount received and amounts) for each year.	through 11b, as v the larger amount	vell as individuals) described in (1) o	Do not file this list (2), enter the su	st with you of these	r return. differer	After computing ices (the excess
	(2006) (2005)		. (2004)	••••••	(2003)		
С	Add: Amounts from column (e) for lines: 15				•	27c	
d			·			27d	
e	Public support (line 27c total minus line 27d total					27e	
f	Total support for section 509(a)(2) test: Enter a	mount from line 2	23, column (e) .	▶ 27f		1 1	
g	Public support percentage (line 27e (numera					27g	<u>%</u>
h	Investment income percentage (line 18, colu	mn (e) (numerat	or) divided by lin	e 27f (denomina	ator)), ▶	27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant. Do not fi	ch year, the name	e of the contribute	or, the date and	amount o	f the ar	

Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			<u> </u>
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		_
32	Does the organization maintain the following:	32a		
a b	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	-		
-	basis?	32b		<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
22	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 a	Does the organization discriminate by race in any way with respect to. Students' rights or privileges?	33a		
b	Admissions policies?	33Ь		
c	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		ļ
е	Educational policies?	33e		_
f	Use of facilities?	33f		
g	Athletic programs?	33g		
ħ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			İ	ĺ
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			

of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule	Α.	/Earm	non	~-	aga.	E71	2007
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Pa	rt VI-A Lobbying Expenditures by El (To be completed ONLY by an	eligible organ	ization that file	ed Form 5	768)			
Che	ck > a f the organization belongs to an affilia	ited group Che	nck ▶ b 🔲 if	you checked	"a" ar	nd "limited co	ntrol"	provisions apply.
	Limits on Lobbyin	• .		(a) Affiliated gri totals	oup	(b) To be completed for all electing organizations		
	· · · · · · · · · · · · · · · · · · ·		_ 		06			Organizations -
36	Total lobbying expenditures to influence public				36_		-	
37	Total lobbying expenditures to influence a legis				37	 		
38	Total lobbying expenditures (add lines 36 and				38			
39	Other exempt purpose expenditures				40			<u> </u>
40	Total exempt purpose expenditures (add lines :				 40	 		
41	Lobbying nontaxable amount. Enter the amount		•		}			
		obbying nontaxa						,
	Not over \$500,000				ł			1
	Over \$500,000 but not over \$1,000,000 . \$100,0				41		-	-
	Over \$1,000,000 but not over \$1,500,000 . \$175,0							
		000 plus 5% of the						'
40		0,000			42	^		
42	Grassroots nontaxable amount (enter 25% of li				43			<u> </u>
43	Subtract line 42 from line 36. Enter -0- if line 4		· · · ·		44			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38			<u> </u>		<u> </u>
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47	720.]			
		eraging Period						
	(Some organizations that made a section See the instructions for	n 501(h) election or lines 45 throug	do not have to	complete al 3 of the inst	of the	ns.)		······································
		7.5	1	T		T 40		
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005		(d) 2004		(e) Total
	iiscai year beginning iii)	2007	2006	2005	·	2004		Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))				_			
47	Total lobbying expenditures			-				
48	Grassroots nontaxable amount			ļ 				
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
	t VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A)	(See	page 14 c	of the	e instructions.)
	ng the year, did the organization attempt to influ				ding a	'ny Yes	No	Amount
а	Volunteers					. []		
b	Paid staff or management (Include compensation	on in expenses re	eported on lines	c through h	ı.) . .	. L_1		
С	Media advertisements	•	•					
d	Mailings to members, legislators, or the public							
е	Publications, or published or broadcast statement							
f	Grants to other organizations for lobbying purp							
g	Direct contact with legislators, their staffs, gove			odv.				
h	Rallies, demonstrations, seminars, conventions		-	-	•			
i	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a state	jh h .)			hvina			

		(Form 990 or 990-EZ)	2007						Р	age 7
Par	t VI			ransfers To and Transa e page 14 of the instructio		Relationships	With	Nonc	harit	able
51				indirectly engage in any of the in(c)(3) organizations) or in sections					d in s	ection
а		·		to a noncharitable exempt orga					Yes	No
_		•						51a(i)		
		Other assets						a(ii)		
ь		er transactions:								
_			e of seepte with s	noncharitable exempt organiza	tion		- 1	b(ī)		
	(ii)	_		table exempt organization			•	b(ii)		
	(iii)			ner assets			·	b(iii)		
	(iv)						`	b(iv)		
	(v)		•					b(v)	_	
		_		ship or fundraising solicitations				b(vi)		
_				sts, other assets, or paid emplo			•	C		
		-		sts, other assets, or paid emplo complete the following schedule	-	ould always about	-		<u> </u>	of the
a	goo	ds, other assets, o	r services given by	the reporting organization. If the column (d) the value of the good	he organization	received less than	fair n			
(a	s)	(b)		(c)		(d)				
Line	no	Amount involved	Name of none	chantable exempt organization	Description of	transfers, transactions,	, and sh	anng arn	angeme	ents
									•••	
			}							
						· · · · · · · · · · · · · · · · · · ·				
							-			
									-	
	des	cribed in section 50		affiliated with, or related to, on other than section 501(c)(3)) or i] Yes	. [No No
		(a)	·	(b)	1	(c)				
		Name of organiz	ation	Type of organization		Description of rela	itionship			
				<u> </u>		·				
						·				
		·								
					1					
				I						
			 			······				
										
		 			 					
					 					