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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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2008 calendar year, or tax year beginning <u>7/1/2008</u> , and ending <u>6/30/2009</u>											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization <b>HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP,</b></td> <td><b>D</b> Employer identification number <b>42-1616359</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) <b>21 EAST FRANKLIN STREET</b></td> <td>Room/suite <b></b></td> </tr> <tr> <td>City, town, or country <b>HAGERSTOWN</b></td> <td>State <b>MD</b></td> </tr> <tr> <td>ZIP + 4 <b>21740</b></td> <td><b>E</b> Telephone number <b>301-797-0900</b></td> </tr> <tr> <td colspan="2"><b>F</b> Group Exemption Number <b>N/A</b></td> </tr> </table>	<b>C</b> Name of organization <b>HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP,</b>	<b>D</b> Employer identification number <b>42-1616359</b>	Number and street (or P.O. box, if mail is not delivered to street address) <b>21 EAST FRANKLIN STREET</b>	Room/suite <b></b>	City, town, or country <b>HAGERSTOWN</b>	State <b>MD</b>	ZIP + 4 <b>21740</b>	<b>E</b> Telephone number <b>301-797-0900</b>	<b>F</b> Group Exemption Number <b>N/A</b>	
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ZIP + 4 <b>21740</b>	<b>E</b> Telephone number <b>301-797-0900</b>										
<b>F</b> Group Exemption Number <b>N/A</b>											

• **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  
Other (specify) **►**

**I** Website: **► www.hagerstownhomestore.org****J** Organization type (check only one) ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross 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.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **► \$ 209,571**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	174,687
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	25,696
	<b>3</b> Membership dues and assessments	<b>3</b>	
	<b>4</b> Investment income	<b>4</b>	0
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	0
	<b>b</b> Less: cost of other basis and sales expenses	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	<b>5c</b>	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including reported on line 1) of contributions	<b>6a</b>	0
<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	0	
<b>8</b> Other revenue (describe <b>► DEVELOPMENT PROPERTY - RENTAL INCOME</b> )	<b>8</b>	9,188	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	209,571	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	0
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	213,114
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	3,660
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	6,665
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	3,600
	<b>16</b> Other expenses (describe <b>► See attached statement</b> )	<b>16</b>	87,636
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	314,675	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-105,104
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	288,798
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	183,694

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	316,582	216,422
<b>23</b> Land and buildings	990,222	973,252
<b>24</b> Other assets (describe <b>►</b> )	0	0
<b>25</b> <b>Total assets</b>	1,306,804	1,189,674
<b>26</b> <b>Total liabilities</b> (describe <b>► See attached statement</b> )	1,018,006	1,005,980
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	288,798	183,694

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

(HTA)

SCANNED FEB 23 2010

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

What is the organization's primary exempt purpose? ECONOMIC AND COMMUNITY DEVELOPMENT  
 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

**Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )

<b>28</b>	Encourage the creation, development, expansion & retention of housing. Increase financial investments in housing, commercial and industrial projects by providing loans & equity investments & leveraging other funding sources to make projects feasible in distressed or specifically designated target areas. (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	235,996
<b>29</b>	   (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b>	   (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b>	Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b>	<b>Total program service expenses.</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	235,996

**Part IV List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (See the instructions for Part IV )

(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
Name SHARON DISQUE	Str 6623 JEFFERSON BL		Title EXEC DIR			
City FREDERICK	ST MD ZIP 21703		Hr/WK 40 00	86,384	2,592	0
Name RICHARD W PHOEB	Str 25 E FRANKLIN ST		Title PRES			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1.00	0	0	0
Name JOHN M MENARD	Str 13126 PENNSYLVAN		Title VICE PRES			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1 00	0	0	0
Name PHILLIP KELLY	Str 17907 GARDEN SPO		Title TREAS			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1 00	0	0	0
Name JOSEPH KUHN	Str 100 W WASHINGTON		Title SECR			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1 00	0	0	0
Name JOSEPH A MARSCH	Str 522 SUMMIT AVE		Title MEMBER			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1.00	0	0	0
Name ANN BASS	Str 1008 HAMILTON BLV		Title MEMBER			
City HAGERSTOWN	ST MD ZIP 21742		Hr/WK 1 00	0	0	0
Name STEPHEN BASS	Str 108 EAST FRANKLIN		Title MEMBER			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1 00	0	0	0
Name DENNIS MILLER	Str 1428 HAMILTON BLV		Title MEMBER			
City HAGERSTOWN	ST MD ZIP 21742		Hr/WK 1 00	0	0	0
Name ERIC HASTINGS	Str 124 S PROSPECT ST		Title MEMBER			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1.00	0	0	0
Name JUDITH WHEELER	Str 213 S PROSPECT ST		Title MEMBER			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1.00	0	0	0
Name JANICE KELSH	Str 633 PENNSYLVANIA		Title MEMBER			
City HAGERSTOWN	ST MD ZIP 21740		Hr/WK 1 00	0	0	0
Name	Str		Title			
City	ST ZIP		Hr/WK 00	0	0	0
Name	Str		Title			
City	ST ZIP		Hr/WK .00	0	0	0
Name	Str		Title			
City	ST ZIP		Hr/WK 00	0	0	0
Name	Str		Title			
City	ST ZIP		Hr/WK 00	0	0	0
Name	Str		Title			
City	ST ZIP		Hr/WK .00	0	0	0
Name	Str		Title			
City	ST ZIP		Hr/WK .00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		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, 6a, and 7a (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 section 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," complete applicable parts of Schedule N . . . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38 a	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," complete Schedule L, Part II and enter the total amount involved . . . . . 38b 0		
39	Section 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		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		
b	Section 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," complete Schedule L, Part I . . . . .		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		X
41	List the states with which a copy of this return is filed ▶		
42 a	The books are in care of ▶ Name VICKI BENDER Telephone no. ▶ (301) 797-0900 Located at ▶ 21 EAST FRANKLIN STREET City HAGERSTOWN ST MD ZIP + 4 ▶ 21740		
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 account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S? . . . . .		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

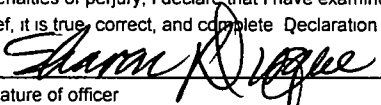
**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

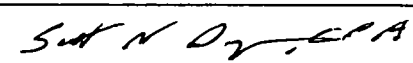
- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46** **47** **48** **49a** **49b**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization(s) a section 527 organization?
- 50** Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51** Complete this table for the 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
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Name _____ Str _____		
City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

<b>Sign Here</b>	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.			
	 Signature of officer		Date <u>1/27/10</u>	
	SHARON DISQUE Type or print name and title		EXECUTIVE DIRECTOR	

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>1/13/2010</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00608551</u>
	Firm's name (or yours if self-employed), address, and ZIP +4 <u>NYT CERTIFIED PUBLIC ACCOUNTANTS, LLC</u>		EIN <u>52-2272961</u>	Phone no <u>301-797-6609</u>
	<u>864 JEFFERSON BLVD, HAGERSTOWN, MD 21740</u>			

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

HAGERSTOWN NEIGHBORHOOD DEVELOPMENT PARTNERSHIP, INC

Employer identification number

42-1616359

**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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the following information about the organizations the organization supports**

(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	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	192,831	425,519	263,469	308,552	174,687	1,365,058
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	14,662	14,662	14,662	14,662	14,662	73,310
4 <b>Total.</b> Add lines 1-3.	207,493	440,181	278,131	323,214	189,349	1,438,368
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).						
6 <b>Public support.</b> Subtract line 5 from line 4.						1,438,368

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	207,493	440,181	278,131	323,214	189,349	1,438,368
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	21,609	0	0			21,609
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.)	0	48,688	93,278	53,221	9,188	204,375
11 <b>Total support.</b> Add lines 7 through 10.						1,664,352
12 Gross receipts from related activities, etc. (see instructions).					12	
13 <b>First five years.</b> 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 <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	86.42%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f.	15	84.98%
16a <b>33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b <b>33 1/3% support test-2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances-test-2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test-2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0	0			0
<b>2</b> 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	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
<b>6 Total.</b> Add lines 1-5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6)						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						0
<b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	0 00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	0 00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0 00%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	0 00%

- 19a 33 1/3% support tests—2008.** 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—2007.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

1	Contributions	1	200
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	146,987
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	WELLS FARGO GRANT	8	7,500
9	CITIGROUP GRANT	9	20,000
10		10	
11	Total	11	174,687

Part I, Line 8 (990-EZ) - Other Revenue

9,188

Description		Amount	
1	DEVELOPMENT PROPERTY - RENTAL INCOME	1	9,188
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	

**Part I, Line 16 (990-EZ) - Other Expenses**

87,636

1	Travel, Meals and Entertainment		
	a Travel	1a	1,939
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	762
5	Depreciation, depletion, etc	5	16,970
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	1,626
10	Unrelated business income taxes	10	0
11	ADVERTISING	11	412
12	CLEANING & JANITORIAL	12	2,340
13	CREDIT REPORTS	13	2,534
14	DOWN PAYMENT ASSISTANCE PROGRAM	14	35,000
15	DUES & SUBSCRIPTIONS	15	2,438
16	INSURANCE - GENERAL	16	3,526
17	HOMEOWNER WORKSHOP	17	870
18	MISCELLANEOUS EXPENSE	18	348
19	OFFICE EQUIPMENT & SUPPLIES	19	3,408
20	TAXES - REAL ESTATE	20	15,463
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

**Part II, Line 26 (990-EZ) - Liabilities**

		1,018,006	1,005,980
Description		Beginning	End
1	LONG TERM DEBT	1,000,000	1,000,000
2	ACCRUED COMPENSATED ABSENCES	8,756	976
3	PAYROLL WITHHOLDINGS	9,250	5,004
4			
5			
6			
7			
8			
9			
10			