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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 benefit trust or private foundation)

2008

OMB No 1545-0047

Department of the Treasury

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	For th	e 2008 calen	dar year,	or tax year beginning 7/01	, 2008, and ending			, 2009
В	Check if	applicable	Please use			D Er	iployer Identi	fication Number
	Add	ress change	IRS label	LET LOENTE COMMONITA DESELOR	MENT CORP	7	4-30815	569
	Nar	ne change	or print or type.	1902 W. CHESTNUT		E Te	lephone numb	er
	Init	al return	See specific	SANTA ANA, CA 92703			714) 83	34-9400
	Ter	mination	Instruc- tions					
	\mathbf{H}	ended return				ا ه د	oss receipts \$	1,701,31
	\vdash	lication pending	F Name a	and address of principal officer		(a) Is this a group		
	— ~м	meation pending	l .	AS C ABOVE		(b) Are all affiliate		Yes Yes
	Tay	exempt statu			V(1) or 527	If 'No, attach a	list (see inst	ructions)
! 					a)(1) or 527		_	
<u></u>				WW.KIDWORKSONLINE.ORG/		(c) Group exempti		
K		of organization	Corpora	ation Trust Association Other ►	L Year of Formatio	on	M State of le	gal domicile
Pa	rt I	Summ						
				ganization's mission or most significant activ				
Activities & Governance				<u> S KIDWORKS - A NEIGHBORHOOD</u>				
<u>a</u>				IFORNIA. EL PUENTE CDC PROV				
5	_	SUPPORT.	_AND _DE	CVELOPS LEADERSHIP SKILLS FO	R_HIGH-RISK_YO	T_NI_HTUC	HE_HISP	ANIC
Š				if the organization discontinued its operatio		e than 25% of	1 - 1	
8				nbers of the governing body (Part VI, line 1a			3	
2				nt voting members of the governing body (Pa	art vi, line ib)		4	
				oyees (Part V, line 2a)			5	
ACT				teers (estimate if necessary) Dusiness revenue from Part VIII, line 12, col	umn (C)		7a	· · · · · · · · · · · · · · · · · · ·
•		_		s taxable income from Form 990-T, line 34	ullill (C)		7 a	
		vet uniferated	ı business	s taxable income nom i omi 990-1, fine 54				
						Prior Y		Current Year
			_	its (Part VIII, line 1h)			1,918.	1,488,58
1		-		ue (Part VIII, line 2g)			5,177.	199,47
				art VIII, column (A), lines 3, 4, and 7d)	44 \		3,471.	13,26
			-	III, column (A), lines 5, 6d, 8c, 9c, 10c, and	•		1,004.	1 701 21
4				nes 8 through 11 (must equal Part VIII, colu	mn (A), line 12)	1,/5	0,570.	1,701,31
				ounts paid (Part IX, column (A), lines 1-3)				-
				members (Part IX, column (A), line 4)				
စ္ဆ	15	Salaries, othe	er comper	nsation, employee benefits (Part IX, column	(A), lines 5-10)	880	5,667.	944,56
Expenses	16a F	Professional	fundraisin	ng fees (Part IX, column (A), line 11e)				
2	b T	otal fundrais	sing expei	nses (Part IX, column (D), line 25) ►	253,641.			*
ij				2 Ex (1) [1] [1] [1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		67	3,608.	696,73
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				s Subtract line 18 from Arie 12	20)		0,295.	60,00
٦	-13 1	VEACURE 1622						
800			11-2	1221		Beginning		End of Year
ă		otal assets		110 107			7,188.	2,928,48
ا ۽	21 7	otal liabilitie	s (Part X	JUSTAN, UI J	1		3,262.	54,54
_		let assets or	fund bala	ances Subtract line 21 from line 20	·	2,813	3,926.	2,873,93
<u>a</u>	<u>rt II</u>	Signati	ure Bloc	ck				
	rt II	Under penaltie	s of perjury	Leclare that I have examined this return, including accom Declaration of prepager (other than officer) is based on al	panying schedules and stater	ments, and to the b	est of my kno	wledge and belief, it is
		true, correct, a	ina comprete	queciaration of preparer (other than officer) is based on all	iniormation of which prepare	r nas any knowled مرد	1	2
g	n	>	(IN	al sulations		12	10/09	7
ē	re	Signature	of officer	OL ON TO	• / / /	D Date		
		>	-1 V	a Steattens. Ive	281dent/	[E0		
		Type or pr	rint name and	dititle	12.01.0101			
	-				Date	Check if	Pre	parer's identifying numbe e instructions)
ai	d		(Jet / MA	11/2.1	self- employed	. 1 11	e instructions)
re		Preparer's signature	► Jos	EFF A CUSTAFF, CPA,CFP®	(((3°/3	7 employed	<u> </u>	00094548
11	er's		34337				110	70074740
S		Firm's name (o					מב פרי	12220
n	ly	employed), address, and	► <u>772</u>			EIN ►	95-35	
_		ZIP + 4		NGE, CA 92868-4710	 	Phone no	<u>► (714</u>	
				with the preparer shown above? (see instruc				X Yes N
3A/	\ For l	Privacy Act a	and Paper	work Reduction Act Notice, see the separa	te instructions.	TEEAC	112L 12/22/0	08 Form 990 (20

art III Statement of Program Service Accomplishments (see Instructions) 1 Briefly describe the organization's mission: SEE SCHEDULE 0 Did the organization undertake any significant program services during the year which were not listed on the promise of the organization undertake any significant program services during the year which were not listed on the promise of the organization cease conducting, or make significant changes in how it conducts, any program services if Yes,' describe these changes on Schedule 0 4 Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501 (c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 1,219,096. including grants of \$) (Reve EL PUENTE COMMUNITY DEVELOPMENT CENTER OPERATES KIDWORKS - A NEIGHBO DEVELOPMENT PROGRAM LOCATED IN SANTA ANA, CALIFORNIA. EL PUENTE CDC CONTINUAL FOCUSED EDUCATIONAL SUPPORT AND DEVELOPS LEADERSHIP SKILLS YOUTH IN THE HISPANIC COMMUNITY. 4b (Code) (Expenses \$ including grants of \$) (Reve	expenses cations to PROVID FOR H	You Section others	es X es X on 501(c) s, the to	No No No No
2 Did the organization undertake any significant program services during the year which were not listed on the program 99 or 990-EZ? If 'Yes,' describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services if 'Yes,' describe these changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by e and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 1,219,096. including grants of \$) (Reve	expenses cations to PROVID FOR H	You Section others	es X es X on 501(c) s, the to	No
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Ad Other program services (Describe in Schedule O.)				
4d Other program services. (Describe in Schedule O.)				
(Expenses \$ including grants of \$) (Revenue \$ 4e Total program service expenses ► \$ 1,219,096. (Must equal Part IX, Line 25, column (B).))	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete' Schedule D, Part IV	9		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	_x	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>	15		<u>X</u> _
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>X</u>
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19		X
20 21	Did the organization operate one or more nospitals? If Yes, complete Schedule II. Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	20 21		<u>X</u>
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete			
	Schedule J	23		<u>X</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		<u>x</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u>X</u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
2 A A			000	2000

Part IV | Checklist of Required Schedules (continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.		,	
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively		Ŷ	
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		_X_
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	=	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
RΔ		Earm	990 /	2000)

Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance

Part V

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 7 Information Returns Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1Ы c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 31 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a **b** If 'Yes,' enter the name of the foreign country: **b** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Did the organization solicit any contributions that were not tax deductible? Х 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X Form 8282 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h X Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 ø 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12h BAA Form 990 (2008) Form 990 (2008) EL PUENTE COMMUNITY DEVELOPMENT CORP 74-3081569 Page (
Part VI | Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Sec	ction A. Governing Body and Management										
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstate processes, or changes in Schedule O. See instructions	nces,	Yes	No							
1 a	a Enter the number of voting members of the governing body	15	\$. 3								
ŀ	b Enter the number of voting members that are independent 1b	**									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee or key employee?	ıer	2	X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervol of officers, directors or trustees, or key employees to a management company or other person?		3	Х							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	4	X							
5	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?		5	X							
-		- '	^	_							
	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?										
t	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	W. 77	7 b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by									
	a The governing body?	—	Ва	X							
	b Each committee with authority to act on behalf of the governing body?	<u> </u>	3b	X							
	a Does the organization have local chapters, branches, or affiliates?	—	9a	X							
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affilia and branches to ensure their operations are consistent with those of the organization?	9	ЭЬ								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations mudescribe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	ust 10)	Х							
11	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	11	ı	X							
Sec	tion B. Policies										
		_	Yes	No							
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12	2a X								
t	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	2ь Х								
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe Schedule O how this is done SEE SCHEDULE O	<i>in</i> 12	2c X								
	Does the organization have a written whistleblower policy?	13	3	X							
14	Does the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ent									
	The organization's CEO, Executive Director, or top management official?	15	5a X								
t	Other officers of key employees of the organization? SEE SCHEDULE O	15	5b	X							
	Describe the process in Schedule O. (see instructions)	ŀ		ì							
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ta entity during the year?	xable 16		X							
t	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participum joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exercists with respect to such arrangements?	pation empt 16	5b								
Sec	tion C. Disclosures										
17	Lat the state of the form of the Form 000 commend to be find a CD										
17	List the states with which a copy of this Form 990 is required to be filed ► CA										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o inspection. Indicate how you make these available Check all that apply X Own website	nly) availa	able for	public							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o inspection. Indicate how you make these available Check all that apply										
18 19 20	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o inspection. Indicate how you make these available Check all that apply X Own website	est policy,	and fina								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did	not compen	sate a	ny (offic	er, e	directo	or, tr	rustee, or key employe	ee			
(A) (B) (c) (D) (E) Name and Title Average Position (check all that apply) Reportable Reportable												
Name and Title	l houre				k all l	hat app	ly)	Reportable	Reportable compensation from	Estimated		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
LARRY ACOSTA												
DIRECTOR	0	L						0.	0.	0.		
BRIAN_HENDRICKS												
DIRECTOR	0				<u> </u>			0.	0.	0.		
STEVE CASE												
TREASURER	0							0.	0.	0.		
TERRY DONAHUE					ŀ							
DIRECTOR	0				L			0.	0.	0.		
RACHID CHAMTIEH					ŀ				ŀ			
DIRECTOR	0							0.	0.	0.		
MADELIN SWINDEN]											
DIRECTOR	0				L.,			0.	0.	0.		
AL ESQUERRA												
DIRECTOR	0							0.	0.	0.		
RICK RAWLINS												
DIRECTOR	0							0.	0.	0.		
TOM SCHRIBER												
CHAIRMAN	0							0.	0.	0.		
AVA STEAFFENS												
DIRECTOR	40	<u> </u>						80,000.	0.	0.		
BETSY FLINT												
DIRECTOR	0							0.	0.	0.		
JOHN MCKAY												
DIRECTOR	0							0.	0.	0.		
NORMA GARCIA GUILLEN			ı									
DIRECTOR	0							0.	0.	0.		
TONY HARRELSON												
DIRECTOR	0							0.	0.	0.		
				-	-							
BAA	1	لِــــا		1107	04	/24/09				Form 000 (2009)		
שתת		'	اهن	,1U/L	. 04	24103				Form 990 (2008)		

Name and Title Name and Title Name	(A)	(B)	\e <u>y</u> │	EH		c)	c 5,	all	(D)	(E)	(F)
The Total Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a' 1i' Yes,' complete Schedule 1 for such individuals Description and related on line 1a, is the sum of reportable compensation from the organization and related organizations (1' Yes,' complete Schedule 2) or such person Section B, independent Contractors 1 Complete Is the stable for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization five highest compensated independent contractors (C) Description of Services Compensation (C) Compensation (S) Compensatio	• •	Average	Posi	tion (hat a	pply)	1	Reportable	
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0 Yes Judy the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of Services Compensation		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from	compensation from	amount of other
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization Yes Joint the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If Yes,' complete Schedule J for such person Tomplete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of Services Compensation											
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organization ▶ 0 Yes											<u>. </u>
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 6 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 6 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services 6 Did any person listed on line 1a, is the sum of reportation and other compensation from the organization or accrue compensation from any unrelated organization for services 7 Did any person listed on line 1a, is the sum of reportation and other compensation from the organization or accrue compensation from any unrelated organization for services 7 Did any person listed on line 1a, is the sum of reportation and other compensation from the organization of services 8 Did any person listed on line 1a, is the sum of reportation and other compensation from		who rece	eive	d me	ore	than	\$10	00,0	00 in reportable c	ompensation from	the
rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address (B) Description of Services (C) Compensation	 on line 1a? If 'Yes,' complete Schedule J for such i For any individual listed on line 1a, is the sum of rethe organization and related organizations greater t 	ndıvıdua	ıl 💮	_		-					3 X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address (B) Description of Services (C) Compensation	5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	ompens hedule	atio I for	n fro	om a h pe	any erso	unre n	elate	ed organization for	services	5 X
(A) Name and business address Description of Services Compensation	1 Complete this table for your five highest compensation	ted inde	pend	dent	cor	ntrac	tors	tha	at received more to	nan \$100,000 of	
	(A)	s							Description o	of Services	(C) Compensation
			_ 11						U 0100 000		

Part VIII Statement of Revenue **(B)** Related or **(C)** Unrelated (D) Revenue Total revenue excluded from tax exempt business under sections 512, 513, or 514 function revenue revenue 1a Federated campaigns. 1 a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 5,206. 1 b **b** Membership dues c Fundraising events 1 c d Related organizations. 1 d e Government grants (contributions) 199,674. 1 e f All other contributions, gifts, grants, and similar amounts not included above 1,283,701 1f g Noncash contribns included in Ins 1a-1f. h Total. Add lines 1a-1f 1,488,581 PROGRAM SERVICE REVENUE **Business Code** 2a PROGRAM SERVICE FEES 199,474 199,474 f All other program service revenue 199,474. g Total. Add lines 2a-2f Investment income (including dividends, interest and 13,261 13,261. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory **b** Less cost or other basis \$ and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$_____ OTHER REVENUE of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold • c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 1,701,316 199,474 0. 1<u>3,</u>261

Form 990 (2008)

Page 9

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

' All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Dо 6Ь,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				* **
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	80,000.	80,000.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	729,310.	500,703.	96,637.	131,970.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	66,990.	50,700.	7,371.	8,919.
10	Payroll taxes	68,268.	49,466.	7,579.	11,223.
11	Fees for services (non-employees)				
	a Management	82,167.	28,620.	14,982.	38,565.
	Legal L				
	Accounting				
	Lobbying		,	1808 80. 8	
	e Prof fundraising svcs See Part IV, In 17		<u> </u>	2444	
	Investment management fees				
	Other	20.	20.		
13	Advertising and promotion Office expenses	20.	20.		
14	Information technology	8,631.	6,875.	-280.	2,036.
15	Royalties	0,031.	0,073.	200.	2,030.
16	Occupancy	41,390.	36,556.	4,469.	365.
17	Travel	14,393.	9,359.	2,571.	2,463.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		370031	2/0/11	2,1001
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	112,586.	89,559.	9,227.	13,800.
23 24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	20,223.	13,803.	3,251.	3,169.
á	UNCOLLECTIBLE PROMISES TO GIVE	100,000.	100,000.		
ı	GRANT/CONTRACT EXPENSES	87,895.	87,548.	110.	237.
•	MISCELLANEOUS	34,986.	28,809.	4,304.	1,873.
•	EVENT EXPENSES	31,412.	31,061.	174.	177.
	PRINTING & COPYING	26,689.	5,079.	645.	20,965.
1	All other expenses.	136,347.	100,938.	17,530.	17,879.
	Total functional expenses. Add lines 1 through 24f	1,641,307.	1,219,096.	168,570.	253,641.
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation				Form 990 (2008)

1 Cash - non-interest bearing 28,392, 1 67,540. 2 Samings and temporary cash investments 485,864, 2 471,905. 3 Pideges and grants receivable, net 578,500. 3 214,226. 4 Accounts receivable, net 5 Receivables from current and formar difficers, directors, flustees, key employees, complete Part II of Schedule L 7 1 1 1 1 1 1 1 5 Receivables from current and formar difficers, directors, flustees, key employees, complete Part II of Schedule L 6 6 6 7 Notes and loans receivable, net 7 7 1 1 1 1 1 1 1 1			, Darance Officer		(A) Beginning of year		(B) End of year	_					
2 Savings and temporary cash investments 485,864. 2 471,905. 3 Pieloges and grains receivable, net 578,500. 3 214,226. 4 Accounts receivable, net 5 5 5 5 5 Receivables from current and former officers, directors, flustees, key employees, or other related parties. Complete Part II of Schedule L 5 6 6 6 Receivables from other disqualified persons (as defined under section 4988(0)(1)) and persons described in section 4988(0)(3)(8). Complete Part II of Schedule L 7 7 7 Notes and loans receivable, net 7 7 7 8 Inventiories for sale or use 7 7 8 7 7 9 Prepaid expenses and different charges 10al 2,556,832. 10al 2,556,832		1	Cash - non-interest-bearing		28.392	1		_					
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? 3b	L						Yes No	_ o					
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c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? 3b	2	a We	re the organization's financial statements compiled or revie	wed by an independent a	accountant?								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? 3b				· ·			2b X	<u></u>					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? 3b		c If "	Yes' to 2a or 2b, does the organization have a committee the	nat assumes responsibility	y for oversight of the a	udıt,	20						
b If 'Yes,' did the organization undergo the required audit or audits? 3b	2	a ∆c	a result of a federal award, was the organization required t	o undergo an audit or au	dits as set forth in the	Sinale	26	_					
	,				and do oct form in the	gic	3a X	·					
			Yes,' did the organization undergo the required audit or aud	its?				<u>_</u>					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2008

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

			IY DEVELOPMEN'I							081569		
Part	F	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	(see	instruct	tions)	
The o	rgani	zation is not a pri	vate foundation becau	ise it is (Please check o	nly one	organız	ation)					
1	A	church, conventi	on of churches or ass	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)).			
2	ПА	school described	In section 170(b)(1)(A)(ii). (Attach Schedule	E)							
3	ПА	hospital or coope	erative hospital servic	e organization described	ın secti	on 170(b)(1)(A)(iii). (At	tach Sci	hedule H	i)	
4	ПΑ	medical research	n organization operate	d in conjunction with a h	nospital	describe	d in sec	tion 17	0(b)(1)(/	A)(iii) Er	nter the hospital's	
	n	ame, city, and sta	ate	•								
5		n organization op 70(b)(1)(A)(iv). (C	erated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a govei	rnmenta	l unit des	scribed in section	
6	A	federal, state, or	local government or	governmental unit descri	bed in s	ection 1	70(b)(1)	(A)(v).				
7	Z A	n organization than section 170(b)(1)	at normally receives a XAXvi). (Complete P	substantial part of its su art II)	upport fr	om a go	vernme	ntal uni	t or fron	n the ger	neral public described	
8												
9	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	∐ A	n organization org	ganized and operated	exclusively to test for pu	ublic saf	ety See	section	1 509(a)	(4) . (se	e instruc	tions)	
11	-m	ore publicly supp	orted organizations of	exclusively for the bene lescribed in section 509(zation and complete line:	a)(1) or	section	509(a)(2	ctions o 2) See	of, or ca section	rry out th 509(a)(3	ne purposes of one or). Check the box that	
	а	Type I	b Type II	c 🗌 Type II	I — Fund	ctionally	ıntegra	ted		d 🗌	Type III- Other	
е	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	lf		received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organization,	
g			006 has the organiza	tion accepted any gift o	r contrib	oution fr	nm anv	of the f	ollowina	nersons	.7	
9	Ŭ	mee magast 17, 2	ooo, nas the organiza	non accepted any gift o	COMMI	Janon III	om any	01 1110 1	onowing	persons	Yes No	
	(i)) a person who	directly or indirectly	controls, either alone or	toaethei	with pe	rsons d	escribei	d in (ii) i	and (iii)	103 110	
	•	below, the go	verning body of the s	upported organization?	J						11 g (i)	
	(i	i) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)	
	(i	ii) a 35% contro	lled entity of a persor	described in (i) or (ii) a	bove?						11 g (iii)	
<u>h</u>	P	rovide the following	ng information about t	he organizations the org	anizatio	n suppo	rts					
	(i) N	ame of Supported Organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the tion in col d in your erning ment?	the organ	(i) of	l organizat	s the ion in col zed in the 3.7	(vii) Amount of Support	
					Yes	No	Yes	No	Yes	No		
					1						-	
									1			
				\(\bullet = \dots \)	1							
						1						
		_				1			1			
	_				1		_	-	<u> </u>	 		
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				, , , , , , , , , , , , , , , , , , , 		 						
Total												
	For P	rivacy Act and Pa	aperwork Reduction	Act Notice, see the Instru	uctions	or Form	1 990.		Schedule	A (Forn	n 990 or 990-EZ) 2008	
			,	,				•				

Sec	(Complete only if you check	ed the box on line	e 5, 7, or 8 of Par	tl)			 -				
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	18	(f) Total			
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	1,463,196.	1,743,322.	1,478,303.	1,728,095.	1,688,0)55.	8,100,971.			
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.			
3	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							0.			
4	Total. Add lines 1-3	1,463,196.	1,743,322.	1,478,303.	1,728,095.	1,688,0)55.	8,100,971.			
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)	om 2-dynasis					, v	480,871.			
6	Public support. Subtract line 5 from line 4			*************************************				7,620,100.			
Sec	tion B. Total Support	<u> </u>				l	I	7,020,100.			
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	18	(f) Total			
7	Amounts from line 4 1,463,196. 1,743,322. 1,478,303. 1,728,095. 1,688,055. 8,100,971.										
8											
9	Net income form unrelated business activities, whether or not the business is regularly carried on	·						0.			
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV) SEE PART IV	10,491.	13,319.	13,033.	4,004.			40,847.			
11	Total support. Add lines 7 through 10	. & 4.			ž.			8,205,333.			
12	Gross receipts from related activ	rities, etc. (see ins	structions)				12	0.			
13	First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth,	or fifth tax year as	s a section !	501(c)	(3)			
Sec	tion C. Computation of Pu										
14	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)			14	92.9%			
15	Public support percentage for 20	007 Schedule A, F	art IV-A, line 26f				15	91.9%			
16 a	33-1/3 support test - 2008. If the and stop here. The organization	e organization did qualifies as a put	I not check the bo blicly supported o	x on line 13, and rganization.	the line 14 is 33	-1/3 % or m	ore, cl	heck this box ► X			
t	33-1/3 support test - 2007. If the and stop here. The organization	e organization did qualifies as a pub	I not check a box olicly supported o	on line 13, or 16a rganization	a, and line 15 is 3	3-1/3% or m	nore, c	heck this box			
17 a	17a 10%-facts-and-circumstances test — 2008. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstance: test The organi	s' test, check this zation qualifies as	box and stop he i a publicly suppo	re. Explain i rted organiz	n Part zation.	IV how the ▶			
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a							
BAA					Sc	hedule A (F	orm 99	90 or 990-EZ) 2008			

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 yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line **4**: : 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (d) 2007 (c) 2006 (e) 2008 (f) Total 9 Amounts from line 6. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 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 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 A	A (Form	n 990 or	990-EZ	2008	EL P	UENTE	COMN	UNITY	DEV	ELOPM	<u>IENT</u>	CORP	74-3081569	Page 4
Partiv	д эир Part	il, line	ו ונםו וחו 17a o	r orma t r 17b;	or Par	ompieti t III, lir	e this ne 12.	Provid	provi e any	ae tne other	expi addi	anation re tional info	equired by Part II ormation. (see ins	, line 10; structions)
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TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule **D** (Form 990) 2008

Name of the organization			Employer Identification number			
EL PUENTE COMMUNITY DEVELOPMENT	CORP		74-3081569			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if						
the organization answered 'Yes' to Form 990, Part IV, line 6.						
	(a) Donor advised funds	(b) F	unds and other accounts			
1 Total number at end of year						
2 Aggregate contributions to (during year)						
3 Aggregate grants from (during year)						
4 Aggregate value at end of year						
5 Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held in d to the organization's exclusive legal control?	onor advised	Yes No			
6 Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	ers, and donor advisors in writing that grant fun the benefit of the donor or donor advisor or oth	ds may be ner	Yes No			
Part II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 99	0, Part IV, line 7.			
1 Purpose(s) of conservation easements held b	y the organization (check all that apply)		.			
Preservation of land for public use (e g , i	recreation or pleasure)	of an historica	ally important land area			
Protection of natural habitat	Preservation	of certified his	storic structure			
Preservation of open space						
2 Complete lines 2a-2d if the organization held	a qualified conservation contribution in the form	n of a conser	vation easement on the last day			
of the tax year			Held at the End of the Year			
a Total number of conservation easements		2a	neid at the Elid of the Teal			
b Total acreage restricted by conservation ease	ments	2 b	· · · · · · · · · · · · · · · · · · ·			
c Number of conservation easements on a certi		2c				
d Number of conservation easements included i	• •	2d				
3 Number of conservation easements modified,	``		nanization during the taxable			
year ►	the analysis of the analysis o	5, 5,	garmaanan aannig tiro tanaaro			
4 Number of states where property subject to co	onservation easement is located •					
5 Does the organization have a written policy re enforcement of the conservation easement it	garding the periodic monitoring, inspection, vio holds?	olations, and	Yes No			
•	g, inspecting, and enforcing easements during	_				
7 Amount of expenses incurred in monitoring, in	nspecting, and enforcing easements during the	year ► \$				
8 Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection	Yes No			
9 In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expei to the organization's financial statements that (nse statement, describes the	and balance sheet, and organization's accounting for			
Part III Organizations Maintaining Colle	ctions of Art, Historical Treasures. or	r Other Sim	ilar Assets			
Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.				
1a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in furthera	nent and balar ance of public	nce sheet works of art, historical service, provide, in Part XIV,			
amounts relating to these items:	lic exhibition, education, or research in furthera	nent and balar ance of public	service, provide the following			
(i) Revenues included in Form 990, Part VIII,	line 1		►\$ ►\$			
(ii) Assets included in Form 990, Part X			► \$			
2 If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	for financial g				
a Revenues included in Form 990, Part VIII, line	e 1		►\$ ►\$			
b Assets included in Form 990, Part X	•		► \$			

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

Schedule D (Form 990) 2008 EL Pt Part III Organizations Mainta							, or O		74-3083 ilar Ass		Page 2
Using the organization's accession that apply)											
a Public exhibition			ď	Loan	or exc	change progra	ms				
b Scholarly research			e	Other		3 , 3					
c Preservation for future gener											
4 Provide a description of the orga Part XIV	nızatıon's co	lections	and ex	kplain hov	w they	further the or	rganıza	tion's exen	npt purpos	se in	
5 During the year, did the organiza assets to be sold to raise funds r										Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Ar an amoun	rangen t on Fo	nents orm 99	Comple 90, Part	ete i : X, I	f organization ine 21.	on ans	swered '\	res' to F	orm 990, F	² art
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	an, or oti	her inte	ermediary	for c	ontributions or	r other	assets not	Γ	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV	and com	olete ti	he followi	ına ta	ble			L		
2			, p. 0.0 t.							Amount	
c Beginning balance								1 c			
d Additions during the year								1 d			
e Distributions during the year								1 e			
f Ending balance								1f			
2a Did the organization include an a	mount on Fo	rm 990,	Part X	, line 21?	,			·		Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV								•		
Part V. Endowment Funds Co.	mplete if o	rganıza	ation .	answer	ed 'Y	'es' to Form	າ 990,	Part IV,	lıne 10.		
	(a) Current	year	(t) Prior year	r	(c) Two years	back	(d) Three	years back	(e) Four ye	ars back
1 a Beginning of year balance											
b Contributions			1	1:	أم		À	fici s	·, 🐐	la ay, ik	
c Investment earnings or losses				>			**	7*2	77	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
d Grants or scholarships											,
Other expenditures for facilities and programs			*	3 1	\$	**	*			**	
f Administrative expenses											
g End of year balance			<u> </u>	· · · · · · · · · · · · · · · · · · ·			, ×		M 1/4	k	%
2 Provide the estimated percentage	e of the year	end bala	ance h	eld as							
a Board designated or quasi-endov	vment ►		و ــــــــــــــــــــــــــــــــــــ	;							
b Permanent endowment ►	%										
c Term endowment ►	 8										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No											
(i) unrelated organizations										3a(i)	
(ii) related organizations											
b If 'Yes' to 3a(II), are the related of	organizations	listed as	s requi	red on So	chedu	le R?				3b	
4 Describe in Part XIV the intended											
Part VI Investments-Land, B	<u>uildings, a</u>	nd Eq	uipme	ent. See	For	m 990, Par	t X, Iır	ne 10.			
Description of investment			t or oth	er basis ent)		Cost or other oasis (other)		(c) Deprec	ation	(d) Book \	
1a Land						630,48) <u>,482.</u>
b Buildings						1,496,62	5.	139	,446.	1,357	<u>7,179.</u>
c Leasehold improvements			_								
d Equipment.		<u> </u>				230,91			,119.		794.
e Other						198,81	2	123	,526.		5,286.
Total. Add lines 1a-1e (Column (d) sho	ould equal Fo	rm 990,	Part X	, column	(B), I	line 10(c))			•	2,133	3,741.

BAA

Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 EL PUENTE COMMUNI	TY DEVELOPMENT	CORP	<u>74-</u> 3081569	Page 3
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iır	e 12. N/A		
(a) Description of security or category (including name of security)	(b) Book value	(c) M Cost or er	ethod of valuation id-of-year market valu	Je
Financial derivatives and other financial products				
Closely-held equity interests				-
Other				

Total. (Column (b) should equal Form 990 Part X, col (B) line 12) ►	<u> </u>		<u> </u>	\$ 1
Part VIII Investments—Program Related (See	Form 990, Part X, I	ine 13) N/A		
(a) Description of investment type	(b) Book value	(c) M	ethod of valuation	
		Cost or er	nd-of-year market valu	ie
			, <u>, , , , , , , , , , , , , , , ,</u>	· · · · · · · · · · · · · · · · · · ·
				
				
			<u> </u>	
			<u></u>	
				
				
Total Column (h) (about descriptions 000 Part V Cal (P) Inc. 12)		žį ×v	₩,	,
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)	line 15) N/A	ş × ·		,
Part IX Other Assets (See Form 990, Part X,	• •			Pook value
Part IX Other Assets (See Form 990, Part X,	line 15) N/A			Book value
Part IX Other Assets (See Form 990, Part X,	• •			Book value
Part IX Other Assets (See Form 990, Part X,	• •			Book value
Part IX Other Assets (See Form 990, Part X,	• •			Book value
Part IX Other Assets (See Form 990, Part X,	• •			Book value
Part IX Other Assets (See Form 990, Part X,	• •			Book value
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Part IX Other Assets (See Form 990, Part X,	• •			Book value
Part IX Other Assets (See Form 990, Part X,	• •			Book value
Part IX Other Assets (See Form 990, Part X,	• •			Book value
Part IX Other Assets (See Form 990, Part X, (a) De	scription			Book value
Part IX Other Assets (See Form 990, Part X, (a) De Total. Column (b) Total (should equal Form 990, Part X, co	scription		(b)	Book value
Total. Column (b) Total (should equal Form 990, Part X, co Part X Other Liabilities (See Form 990, Part X, co	scription		(b)	Book value
Part IX Other Assets (See Form 990, Part X, (a) De Total. Column (b) Total (should equal Form 990, Part X, co	scription I (B), line 15) X, line 25)		(b)	Book value
Total. Column (b) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X) Other Liabilities (See Form 990, Part X) Description of Liability	scription I (B), line 15) X, line 25)		(b)	Book value
Total. Column (b) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X) Other Liabilities (See Form 990, Part X) Description of Liability	scription I (B), line 15) X, line 25)		(b)	Book value
Total. Column (b) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X) Other Liabilities (See Form 990, Part X) Description of Liability	scription I (B), line 15) X, line 25)		(b)	Book value
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Total. Column (b) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X) Other Liabilities (See Form 990, Part X) Description of Liability	scription I (B), line 15) X, line 25)		(b)	Book value
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Total. Column (b) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X) Other Liabilities (See Form 990, Part X) Description of Liability	scription I (B), line 15) X, line 25)		(b)	Book value
Total. Column (b) Total (should equal Form 990, Part X, column Y) Total (should equal Form 990, Part X, column Y) Total (a) Description of Liability	scription I (B), line 15) X, line 25)		(b)	Book value
Total. Column (b) Total (should equal Form 990, Part X, co Part X Other Liabilities (See Form 990, Part (a) Description of Liability Federal Income Taxes	scription I (B), line 15) X, line 25)		(b)	Book value

Schedule D (Form 990) 2008 EL PUENTE COMMUNITY DEVE		Page 4
Part XI Reconciliation of Change in Net Assets from F		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	 11-111-1	,701,316.
2 Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	<u>,641,307.</u>
3 Excess or (deficit) for the year Subtract line 2 from line 1	 	60,009.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4-8	<u> </u>	60 000
10 Excess or (deficit) for the year per financial statements Combine		60,009.
Part XII Reconciliation of Revenue per Audited Finance		,701,316.
 Total revenue, gains, and other support per audited financial sta Amounts included on line 1 but not on Form 990, Part VIII, line 1 		, 101, 316.
	1 1	
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	701 216
3 Subtract line 2e from line 1		<u>,701,316.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line	I I I I I I I I I I I I I I I I I I I	
a Investments expenses not included on Form 990, Part VIII, line 7		
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	701 216
5 Total revenue Add lines 3 and 4c. (This should equal Form 990,		,701,316.
Part XIII Reconciliation of Expenses per Audited Finan		C41 207
1 Total expenses and losses per audited financial statements		<u>,641,307.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1 1	
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d		644 000
3 Subtract line 2e from line 1		,641,307.
4 Amounts included on Form 990, Part IX, line 25, but not on line	1 1 1	
a Investments expenses not included on Form 990, Part VIII, line 7		
b Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c (This should equal Form 990), Part I, line 18.) 5 1,	,641,307.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b, and Ab,	s 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 lines 2d and 4b	2b, Part V,
BAA TFFA33C	04L 12/23/08 Schedule D (Fo	orm 990) 2008

Schedule D (Form 990) 2008	Page 5
Part XIV Supplemental Information (continued)	
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SCHEDULE O (Form 990) .

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization	Employer identification number
EL PUENTE COMMUNITY DEVELOPMENT CORP	74-3081569
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
EL_PUENTE COMMUNITY DEVELOPMENT CENTER OPERATES KIDWORKS - A NE	IGHBORHOOD/COMMUNITY
DEVELOPMENT_PROGRAM_LOCATED_IN_SANTA_ANA,_CALIFORNIAEL_PUENTE	_CDC_PROVIDES
CONTINUAL FOCUSED EDUCATIONAL SUPPORT AND DEVELOPS LEADERSHIP S	KILLS FOR HIGH-RISK
YOUTH IN THE HISPANIC COMMUNITY.	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF C
BOARD LEVEL REVIEW OF EXPENSES/DISBURSEMENTS	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEE
BOARD LEVEL REVIEW OF ANNUAL COMPENSATION	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
PROVIDED UPON REQUEST	
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2008 .

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

EL PUENTE COMMUNITY DEVELOPMENT CORP

74-3081569

PART II	1 INF 10	- OTHER	INCOME
FARI II.	LINL IV	· OIDER	IIICOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
PROGRAM SERVICE REVENUE OTHER INCOME RESOURCE SALES LOSS ON ASSET DISPOSITIO	NS	4,004.	11,745. 4,582.	1,780. 11,539.	6,540. 3,675. 276.
TOTAL	\$ 0.	\$ 4,004.	-3,294. 13,033. \$	13,319. \$	10,491.