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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	-	0000			7 /01	000	<u> </u>	 	20		2010	
_			dar year,	or tax year beginnin	g 7/01	, 200	9, and endin	g 6/			2010	
В	Check	if applicable	Please use	[C					1 ' 1		ication Numb	er
	∐ Ad	idress change	IRS label	ALLEN TEMPLE						10809		
	Na	ame change	or print or type.	DEVELOPEMENT	CORPORATIO	N			E Telepho	ne numbe	er	
	Ini	itial return	See specific	PO BOX 2202	CC 20C02 22	0.2			(86	4) 23	33-7031	
	Те	ermination	Instruc- tions	GREENVILLE,	SC 29602-22	02						
		mended return							G Gross r	eceints \$	1.18	86,279.
	-	plication pending	F Name a	and address of principal offi	cer		ŀ	H(a) Is this	a group retur			Yes X No
		prication penaling	l	As C Above			1		affiliates incl		=	Yes No
		-exempt statu			sert no) 4	1947(a)(1) or	527	If 'No,'	attach a list	(see instr	uctions)	
'.				NTEMPLECEDC.		+347(a)(1) 01						
<u> </u>						· .			exemption nu			
K		of organization	X Corpor	ation Trust As	sociation Other		Year of Formati	on 200	3 M S	tate of le	gal domicile	SC
Pa	art I	Summa	ary									
				ganization's mission								
8				EPAIRING_HOU:				<u>E FOR</u>	<u>AFFQRI</u>	ABLE	_RENT_C	<u>)R</u>
Governance		LIVABLE.	and ke	EPING MORE F	AMILIES_ERON	M_BEING H	OMELESS.					
Ē											-	
é		Check this bo		if the organization d			sposed of mo	re than 2	5% of its			
∞ ∞				bers of the governing			11-1			3		$-\frac{4}{4}$
es			-	it voting members of		ody (Part VI, III	ne rb)			5		$\frac{4}{2}$
ž				yees (Part V, line 2a eers (estimate if ned						6		2 0
Activities &				ousiness revenue fro	-	on (C) June 12				7a		0.
•		-		s taxable income froi			•			7 b		0.
	0	ivet unrelated	i pusiries:	taxable income noi	11 1 01111 330-1, 11116	E 34		Т		-/b		
	_							F	rior Year	 _	Curren	
5 2010 Revenue				its (Part VIII, line 1h				ļ	134,1			58,042.
€ 5 €	9	Program serv	reven	ue (Part VIII, line 2g)	OCIVED.			12,4		1	87,837.
5	10	Investment in	ncome (Pa	art VIII, column (A),	lines 3, 4, and R	CEIVED	781			83.		113.
~ ~	11	Other revenu	e (Part V	III, column (A), lines	5, 6d, 8c, 9 c, 10e	; and TTe)		<u> </u>	18,5			38,242.
ഹ	12	Total revenue	e – add li	nes 8 through 11 (m	ust equal Part VIII	l, columny(A) (Jirle (12)		165,2			84,234.
UEC 1	1			ounts paid (Part IX,	1 1			<u> </u>	47,2	10.	2	15,552.
<u> </u>				members (Part IX, o								<u> </u>
5 ″	15	Salaries, other	er compei	nsation, employee be	enefits (Part IX)	3 @后 <i>M</i> 》.4hh	es 5-10)		78,1	96.	1	02,268.
ø				ng fees (Part IX, colu	_							
SCANNED	Ь	Total fundrais	sina eyne	nses (Part IX, colum	n (D) line 25) ▶							
Ž ŭ	1			IX, column (A), lines	-				79,1	<u> </u>	1	60.005
<u> </u>	1	•	-		•							60,005.
3				nes 13-17 (must equ		n (A), line 25)			204,5			77,825.
ň —		Revenue less	expense	s Subtract line 18 fr	om line 12			<u> </u>	-39,3	24.	6	<u>06,409.</u>
sets or alances									ning of Y		End o	
8 9	20	Total assets	(Part X, lı	ne 16).				2	2,675,5	15.	3,4	26,807.
Ž,	21	Total liabilitie	s (Part X	, lıne 26)				1	.,519,2	01.	1,6	33,267.
žį	22	Net assets or	fund bala	ances Subtract line	21 from line 20			1 1	,156,3	14.	1.7	93,540.
Pa	art II	Signati	ure Bloc	:k					<u></u>		······	
		Under penaltie	s of necestry.	declare that I have exami	ned this return, including	a accompanying sc	hedules and state	ments and	to the hest o	f my knov	vledge and be	lief it is
		true, correct a	and complete	declare that I have exami Declaration of preparer (o	ther than officer) is base	ed on all informatio	on of which prepar	rer has any	knowledge		meage and be	
Sig	nn	► Y	- /// / //	1.				1	111.71:	1010		
He	re	Signature	of difficer	Pi ·				Da	ite // '5 /0	.010		
		>	170	mes E. E	inal (<u> </u>	Chair		, ,			
		Type or pi	rink name an		speed,		Chair	nar	L			
			/			-	Date	1.		Pre	parer's identify	vino number
Pa	id		M.	uc & Sour	· de. a		Date	se	heck if	(see	instructions)	, mg mambe
Pro		Preparer's signature	_	. —			l,		nployed P	$\square_{\mathcal{L}_{\alpha}}$	006045	_
	rer's			C L. SAUNDERS			11-11-	10		150	006247	<u> </u>
Ūs		Firm's name (i		nders & Co. F						_		
On	_	employed), address, and		East Trade S				E			12016	
	_	ZIP + 4		psonville, SC				Р	hone no	(864		3467
				with the preparer sh							X Yes	No No
BA	A For	Privacy Act	and Pape	work Reduction Ac	Notice, see the s	eparate instru	ictions.		TEEA0113L	12/29/0	9 Form	990 (2009)

Par	t III	Statement of Program Service Accomplishments				
1	HOUS	describe the organization's mission SING PROGRAM - AID FAMILIES BY BUILDING AND REPAIRING HOUSES AND MAKING [LABLE FOR AFFORDABLE RENT OR LIVABLE AND KEEPING MORE FAMILIES FROM N				 -
		LESS.	 DETM	?	-	
2	Form	e organization undertake any significant program services during the year which were not listed on the prior 990 or 990-EZ?		Yes	X	No
3		,' describe these new services on Schedule O e organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
4		,' describe these changes on Schedule O be the exempt purpose achievements for each of the organization's three largest program services by expense	es Sec	tion 5	01(c)((3)
	and 50 expen	be the exempt purpose achievements for each of the organization's three largest program services by expense 01(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations ses, and revenue, if any, for each program service reported	s to oth	ers, t	ne tota	àl
4 a	(Code				7 <u>,</u> 83	<u>37.</u>)
	AVA	SING PROGRAM - AID FAMILIES BY BUILDING AND REPAIRING HOUSES AND MAKI LABLE FOR AFFORABLE RENT OR LIVABLE AND KEEPING MORE FAMILIES FROM B LLESS. 1,000 HELPED.	EING	iem .		
				- - -		
	-					
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	\$)
			-			
						
4 c	(Code) (Expenses \$) (Revenue \$	\$)
						-
					-	
4 d	Other Expe)	program services(Describe in Schedule O) nses \$including grants of \$) (Revenue \$))	
4 e		orogram service expenses ► 443,095.			<u> </u>	

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Page 2

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 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 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х 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 Did the organization maintain any donor advised funds or any similar funds or 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 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? 'Yes,' complete Schedule D, $Part\ V$ Х 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or Х X as applicable 11 • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part V. Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If Yes, 'complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 X Yes 12AWas the organization included in consolidated, independent audited financial statement for the tax No Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Х Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х 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? If 'Yes,' complete Schedule F, Part II Х 15 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 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G. Part II 18 Х Did the organization report more than \$15,000 of gross income from gaming activities 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

Х

Х

19

20

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	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 lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? 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		Χ
	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		X
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		X
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		X
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		X
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		<u>X</u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38		X
BAA		Form	990 C	2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a 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 2 a 2			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
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 this return?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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 Form 8282?	7 c		Х
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		Χ
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u>X</u>
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 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			
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			
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?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	'Governing Body and Management				
					Yes	No
1 a	Enter the	number of voting members of the governing body	1a 4			
ı	Enter the	number of voting members that are independent	1b 4			
2	Did any o officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		_X
3	Did the o	rganization delegate control over management duties customarily performed by or i s, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3		х
4	Did the o	rganization make any significant changes to its organizational documents		4		Х
	since the	prior Form 990 was filed?	ĺ			
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's assets?	5		Х
6	Does the	organization have members or stockholders?		6		_X_
7 8	Does the	organization have members, stockholders, or other persons who may elect one or ${\rm g\ body}^2$	more members of the	7a		Х
ı	Are any o	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7 b		Х
8	Did the o	rganization contemporaneously document the meetings held or written actions under	ertaken during the year by			
á	The gove	rning body?		8a	Х	
ı	Each con	nmittee with authority to act on behalf of the governing body?		8ь	Х	
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca	innot be reached at the			
	organizat	tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		<u> X</u>
		Policies (This Section B requests information about policies not	required by the Internal			
Reve	enue Code				1	
10.	. D #	and the second s	ſ	30-	Yes	No X
		organization have local chapters, branches, or affiliates?		10 a		
	and bran	does the organization have written policies and procedures governing the activities of the organization?		10b		
		organization provided a copy of this Form 990 to all members of its governing body		11	Х	
		in Schedule O the process, if any, used by the organization to review this Form 990	See Schedule O	 -7	 1	
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
	to conflic		J	12b	X	
		organization regularly and consistently monitor and enforce compliance with the position of the second seco	olicy? If 'Yes,' describe in	12 c	Х	
		organization have a written whistleblower policy?		13		X
		organization have a written document retention and destruction policy?		14		X
15	Did the p persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?			
ä	The orga	nization's CEO, Executive Director, or top management official		15 a		<u>X</u>
ŀ		icers of key employees of the organization		15 b		<u> X</u>
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions)				
16		rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16 a		X
ı	in joint ve	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to evaluate its participation d the organization's exempt	16 b		
Sec	tion C.		· · · · · · · · · · · · · · · · · · ·			
17	List the s	states with which a copy of this Form 990 is required to be filed None				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a n Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) av	aılabl	e for p	oublic
	Own	website Another's website X Upon request				
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docur	ments, conflict of interest poli	cy, ar	id fina	ncıal
		name, physical address, and telephone number of the person who possesses the RATE OFFICE 404 VARDRY ST GREENVILLE SC (864) 235-8		ınızatı 	on	-

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. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of 'key employees'
- 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) of 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

(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		ition ((checl	k all I	hat app		Reportable		Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SAMUEL MCPHERSON										
Chairman	4	Х						0.	0.	0.
LELA MCKNIGHT										
President	4	Х						0.	0.	0.
WINIFRED LYKES										
Treasurer	2	Х						0.	0.	0.
JERRY HARMON										
Secretary	2	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trus		(ey	En			es,	an			T
(A)	(B) Average	Pos	tion (•	C) (all t	hat a	nnlvl	(D)	(E)	(F)
*Name and Title •	hours per week			Officer	_	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		·								
1b Total							•	0.	0.	<u> </u>
2 Total number of individuals (including but not limited from the organization ► 0	to the	se II:	sted	abo	ove)	wh	o re	ceived more than	\$100,000 in report	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trusto ndividua	ee, k	кеу	emp	loye	ee, d	or hi	ighest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable nan \$15	con 0,00	npei 0? /	nsat If 'Yo	ion es' d	and com	oth plet	er compensation i e Schedule J for s	from such	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atior I for	n fro suci	m a h pe	ny (unre	elate	d organization for	services	5 X
Section B. Independent Contractors			_							
Complete this table for your five highest compensation from the organization	ed inder	pend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business address	S							(B) Description o	of Services	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımıt	ed t	o th	ose	listi	ed a	bove) who receive	ed more than	

(1 4)		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S, GIFTS, GRANTS WILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e 759,017.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f Business Code	858,042.			
SERVICE REVENUE	2a 11 JUDY STREET b DEVELOPER FEES c 221 MALLOY ST LOT d	89,900. 86,937. 11,000.	89,900. 86,937. 11,000.		
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	187,837.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	113.	113.		
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses	38,242.	38,242.	-	
OTHER REVENUE	c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b				
	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				
	10 a 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				
	b c d All other revenue.				
	e Total. Add lines 11a-11d 12 Total revenue. See instructions	1,084,234.	226,192.	0.	0.

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).

Do	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<i>6b,</i>	7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
_	line 21				***************************************
2	the U.S. See Part IV, line 22	215,552.	215,552.		
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	0.	0.	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	95,000.	85,500.	9,500.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,268.	6,541.	727.	
11	Fees for services (non-employees) Management	5,760.	5,760.		
	o Legal	3,700.	3,700.		
	c Accounting	18,986.		18,986.	· · · · · · · · · · · · · · · · · · ·
	Lobbying			, , , , , , , , , , , , , , , , , , , ,	
€	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	Other				
12	Advertising and promotion				
13	Office expenses	4,115.	4,115.		
14	Information technology				
15	Royalties	10 600	16.740	1 060	
16 17	Occupancy Travel	18,600.	16,740.	1,860.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,614.		2,614.	
20	Interest				
21	Payments to affiliates	01 027	01 007		
	Depreciation, depletion, and amortization	91,837.	91,837.		
	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)				
	REPAIRS	8,401.	8,401.		
	AUTO EXPENSE	3,956.	3,560.	396.	
	: TELEPHONE	2,125.	1,913.	212.	
	Printing and Publications INTERNET - COMPUTER	1,596. 732.	1,596.	73	
	All other expenses	1,283.	659. 921.	73. 362.	
	Total functional expenses. Add lines 1 through 24f	477,825.	443,095.	34,730.	0.
	Joint costs. Check here ► If following	317,023.	440,000.	33,130.	<u> </u>
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

BAA

Form **990** (2009)

Part X **Balance Sheet** (A) Beginning of year (B) End of year 24,618 1 28,916. Cash' - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 150 9 500. 10a Land, buildings, and equipment cost or other basis. 10 a 3,554,974 Complete Part VI of Schedule D 10 b 157,583. 2,650,747 **b** Less accumulated depreciation 10 c 3,397,391. 11 Investments — publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 2,675,515 Total assets Add lines 1 through 15 (must equal line 34) 16 3,426,807. 17 Accounts payable and accrued expenses 17 1,600. 18 Grants payable 18 19 Deferred revenue 396,275 19 427,650. 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 1,122,926. 23 1,201,140. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 2,877. 26 Total liabilities. Add lines 17 through 25 1,519,201 26 1,633,267. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 24,768 Unrestricted net assets 27 28,916. 28 Temporarily restricted net assets 1,131,546 28 1,764,624. Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,156,314 33 1,793,540. Total liabilities and net assets/fund balances 2,675,515. 3,426,807.

TEEA0111L 01/30/10

Form 990 (2009)	ALLEN	TEMPLE	COMMUNITY	ECONOMIC

86-1080961

Page **12**

Tarting Timemoral Charles and Hopertung			
		Yes	No
1 Accounting method used to prepare the Form 990 \overline{X} Cash $\overline{}$ Accrual $\overline{}$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b Were the organization's financial statements audited by an independent accountant?	2b		Χ
c If 'Yes' to line 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?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
Separate basis Consolidated basis Both consolidated and separate basis	İ	j	
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?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3h	,	

BAA Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

ALLEN TEMPLE COMMUNITY ECONOMIC

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

DEVELOPEMENT CORPORATION 86-1080961 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(bX1)(AXi). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX1XAXvi). (Complete Part II) X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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 Type III - Functionally integrated Type III - Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No 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? (1) 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations (I) Name of Supported (n) EIN (III) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify the organization in col (i) of (IV) Is the (vii) Amount of Support rganization in col (i) listed in your organization in col (I) organized in the your support? governing document? Yes No Yes No Yes No Total

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

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 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 25,400 23,975. 1,319,483 858,042 134,101 2,361,001. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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. 25,400 23, 975. 1, 319, 483. 134,101 Total. Add lines 1-through 3 858,042 2,361,001. 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). 0. Public support. Subtract line 5 from line 4 2,361,001. Section B. Total Support Calendar year (or fiscal year (b) 2006 (c) 2007 (a) 2005 (d) 2008 (e) 2009 (f) Total beginning in) > Amounts from line 4 25,400 23,975. 1,319,483 134,101 858,042 2,361,001. Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form similar sources 113 113. Net income from unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 0. 11 Total support. Add lines 7 through 10 2,361,114. 12 Gross receipts from related activities, etc. (see instructions) 12 0. 13 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f). 100.0% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 0.0% 16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test — 2008. 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 stop here. The organization qualifies as a publicly supported organization 17 a 10%-facts-and-circumstances test - 2009 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 b 10%-facts-and-circumstances test - 2008. 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 **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 ALLEN TEMPLE COMMUNITY ECONOMIC

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.)

Coo	(Complete only if you check	tked the box on ii	ne your arti							
	tion A. Public Support	4 3 0005	42.0006	4-> 0007	(4) 2000	(-) 2000	Т	(O Total		
Caler 1	dar year (or fiscal yr beginning in) P Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total		
2	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									
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge.									
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year									
С	Add lines 7a and 7b									
	Public support (Subtract line		-			-				
•	7c from line 6)	· · · · · · · · · · · · · · · · · · ·								
Sec	tion B. Total Support					<u> </u>				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	T	(f) Total		
	Amounts from line 6	(4) 2000	(5) 2000	(5) = 5 5 1	(e)	722-333				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
	Add lines 10a and 10b 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 14	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, secoi	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3) ▶ □		
Sec	tion C. Computation of Pu	blic Support P	ercentage					1_1		
<u>360</u> 15				ne 13. column (f))		15	%		
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))16 Public support percentage from 2008 Schedule A, Part III, line 15						16				
	tion D. Computation of Inv						.5			
17	Investment income percentage f				umn (fl)		17	%		
18	Investment income percentage f			•	umm (1 <i>))</i>	}	18			
	33-1/3 support tests – 2009. If the more than 33-1/3%, check this b	organization did not	check the box on	line 14, and line 15	is more than 33-1/3	L 3%, and line 13 organization				
	33-1/3 support tests – 2008. If t is not more than 33-1/3%, check	he organization di this box and sto	id not check a bo p here. The organ	x on line 14 or 19 nization qualifies	Pa, and line 16 is r as a publicly supp	nore than 33 orted organia	zation	, and line 18		
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedul	e A (Forn	n 990 d	r 990-E	Z) 2009	ALL	ĿΕΝ	TEMPI	ĿΕ	COMM	UNIT	Y EC	CONOMIC	8	6-1080961	Page 4
Part IV	∕ ⊊ Sup	pleme	ental Ir	nforma	tion. (Com	plete t	his	part	to pro	vide	the exp	olanations requir	ed by Part II	, line 10;
	Part	II, lin	e 17a	or 17b	; and	Part	i III, lin	e 1	2. Pr	ovide	any	other a	2 8 planations requir dditional informa	tion. See in	structions.
		,													
	`													. _	
							-					. 			
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86-1080961

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TTTV ECONOMIC

Employer Identification number

	LEN TEMPLE COMMUNITY ECONOMIC VELOPEMENT CORPORATION			86-10	80961		
Pai	t I Organizations Maintaining Dono	r Advised Funds or Othe	er Similar Funds o			f	
	the organization answered 'Yes' t	o Form 990, Part IV, line	e 6.				
		(a) Donor advised	funds	(b) Funds and	other accou	unts	
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 dor	oor advisors in writing that the	assets held in donor a	dvised			
•	funds are the organization's property, subject			avisca	Yes		No
6	Did the organization inform all grantees, dono	rs, and donor advisors in writi	ng that grant funds ma	y be	<u> </u>		
	used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or dor	nor advisor or for any o	ther	□v	п.	\1.
Da				000 D-ut	∐ Yes	<u> </u>	No
	t II Conservation Easements Comple			rm 990, Pari	. IV, line /		
'	Purpose(s) of conservation easements held by	,	¬ '' ''				
	Preservation of land for public use (e g , r	ecreation or pleasure)	Preservation of an I			ea	
	Protection of natural habitat	l	Preservation of cert	ified historic str	ucture		
•	Preservation of open space			,			
2	Complete lines 2a through 2d if the organization last day of the tax year	on neid a qualified conservation	on contribution in the to	orm of a conserv	/ation easem	nent c	on the
				Held at	the End of the	he Ye	ar
ä	Total number of conservation easements			2 a			
ł	Total acreage restricted by conservation easer	ments		2 b	· · · · · · · · · · · · · · · · · · ·		
(Number of conservation easements on a certification	fied historic structure included	ın (a)	2c			
(Number of conservation easements included in	n (c) acquired after 8/17/06		2d			
3	Number of conservation easements modified,	transferred, released, extingui	shed, or terminated by	the organizatio	n during the	tax	
	year ►						
4	Number of states where property subject to co	inservation easement is locate	d ▶				
5	Does the organization have a written policy re	garding the periodic monitoring	g, inspection, handling	of violations,	¬	<u> </u>	
6	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring		onconstan accoment	_ L	Yes	□ 1	No
U	during the year	ig, inspecting, and emorcing c	onservation easement	5			
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conse	ervation easements			•	
	during the year ►			\$		•	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of section		Yes	<u> </u>	No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its root the organization's financial s	evenue and expense sta statements that describ	tement, and bala les the organiza	nce sheet, ar tion's accoui	nd ntıng	for
Par	t III Organizations Maintaining Colle	ctions of Art, Historical	Treasures, or Othe	er Similar As	sets		
	Complete if the organization answ	wered 'Yes' to Form 990,	Part IV, line 8.				_
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publithe text of the footnote to its financial stateme	lic exhibition, education, or res	search in furtherance of	id balance shee f public service,	t works of ar provide, in f	t, his Part)	torical (IV,
t	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revice exhibition, education, or res	renue statement and basearch in furtherance of	alance sheet wo f public service,	rks of art, hi provide the	storic follov	al ving
	(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	rt, historical treasures, or othe 116 relating to these items	r sımılar assets for fına	ancial gain, prov	ide the follow	wing	
ā	Revenues included in Form 990, Part VIII, line	1		► \$	} _		
t	Assets included in Form 990, Part X			▶ \$	3		

Schedule D (Form 990) 2009 ALLEI						86-108		Page 2	
Part III Organizations Mainta	ining Colle	ctions	of Art, Hist	orica	<u>l Treasures, o</u>	r Other Similar As	sets (contini	ued)	
3 Using the organization's acquisition items (check all that apply)	on accession	and oth	ner records, che	ck an	y of the following	that are a significant u	se of its collect	lion	
a Public exhibition			d 🗌 Loan	or exc	change programs				
b Scholarly research			e Other	·					
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIV	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in								
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Part IV Escrow and Custodia 9, or reported an amo	i Arrangen unt on Fori	n ents (Complete if on Part X, line	orgar 21	nization answe	red 'Yes' to Form 9	990, Part IV,	line	
1a is the organization an agent, trus included on Form 990, Part X?	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No								
b If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the follow	ing ta	ble		····		
							Amount		
c Beginning balance						1c			
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	7			Yes	No	
b If 'Yes,' explain the arrangement									
Part V Endowment Funds Co	mplete if o	rganız	ation answer	ed 'Y	es' to Form 9'	90, Part IV, line 10	·		
	(a) Current	year	(b) Prior yea	ar	(c) Two years bad	k (d) Three years back	(e) Four yea	rs back	
1 a Beginning of year balance									
b Contributions									
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance							,		
2 Provide the estimated percentage	e of the year	end bal	ance held as						
a Board designated or quasi-endov	vment 🟲		*						
b Permanent endowment ▶									
c Term endowment ►									
3a Are there endowment funds not a organization by	n the posses	sion of t	he organization	that	are held and adm	inistered for the	Yes	No	
(i) unrelated organizations							3a(i)	ļ	
(ii) related organizations							3a(ii)	<u> </u>	
b If 'Yes' to 3a(II), are the related of	organizations	listed a	s required on S	chedu	ile R?		3b	<u> </u>	
4 Describe in Part XIV the intended									
Part VI Investments-Land, B	uildings, a	nd Eq	uipment. Se	e For	m 990, Part X	, line 10.			
Description of investment	:		t or other basis ivestment)) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book V	'alue	
1 a Land					232,994.			,994.	
b Buildings				L	3,321,980.	157,583.	3,164	,397.	
c Leasehold improvements									
d Equipment									
e Other									
Total. Add lines 1a through 1e (Colum	n (d) must eq	ual For	m 990, Part X,	colum	n (B), line 10(c))	•	3,397	,391.	

BAA

3,397,391. Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See	Form 990, Part X, line	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial	derivatives.			
Closely-he	eld equity interests			
Other				
				_
	mn (b) must equal Form 990 Part X, col (B) line 12)			
Part VIII	Investments-Program Related (Se			
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market value	
	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · ·			
				
				
Total (Colur	nn (b) must equal Form 990, Part X, Col (B) line 13)	>		- -
Part IX	Other Assets (See Form 990, Part	X, line 15) N/A		
	(a)	Description	(b) Book value	
	olumn (b) must equal Form 990, Part X, col (B), line 15)	<u>_</u>	
Part X	Other Liabilities (See Form 990, Pa			
	(a) Description of Liability	(b) Amount		
	come Taxes			
	L LIABILITIES	2,874	<u>. </u>	
Roundi	ng	3	<u>. </u>	
			_	
			4	
			4	
			4	
			-	
			-	
			-	
Takal (0:1	The most anial Face 000 Part V 1 (D) 1 (D)	2 222	-	
	mn (b) must equal Form 990, Part X, col (B) line 25)	2,877	financial statements that reports the organization's lia	
z. FIN 46 1	-comple in Farl ALV. Drovide the text of the t	oomote to the organization's	unancial Statements that reports the organization's lia	militi.

Schedule D (Form 990) 2009 ALLEN TEMPLE COMMUNITY ECONOMIC

86-1080961

Page 3

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 ALLEN TEMPLE COMMUNITY ECONOMI	IC .	86-1080961	Page 4
Part XI Reconciliation of Change in Net Assets from Form 99	00 to Financial Stater	ments N/A	
1 Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
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 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine			
Part XII. Reconciliation of Revenue per Audited Financial Stat	ements With Revenu	ue per Return N/A	
1 Total revenue, ga:ns, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
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)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	40		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a 4b		
b Other (Describe in Part XIV) c Add lines 4a and 4b	[40]		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	a 12 \	4c	
Part XIII Reconciliation of Expenses per Audited Financial Sta			
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		 	
a Donated services and use of facilities	2 a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d	<u> </u>	2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, lin	ne 18)	5	
Part XIV Supplemental Information		, ,	
Complete this part to provide the descriptions required for Part II, lines 3, 5, an ine 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin information	nd 9, Part III, lines 1a and nes 2d and 4b Also compl	4, Part IV, lines 1b and 2b, lete this part to provide any	Part V, additional
			
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Schedule D (Form 990) 2009 ALLEN TEMPLE COMMUNITY ECONOMIC	86-1080961	Page 5
Part XIV Supplemental Information (continued)		
		
		
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public

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ջ □ (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes Employer identification number 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 86-1080961 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal other) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (b) EIN ALLEN TEMPLE COMMUNITY ECONOMIC 1 (a) Name and address of organization or government 111111111 İ 1 1 1 1 1 Partl Part II

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

Page 2 Grants and Other Assistance to Individuals in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) of additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 86-1080961 (e) Method of valuation (book, FMV, appraisal, other) THE ORGANIZATION MAINTAINS RECORDS TO VERIFY THAT THE INDIVIDUALS QUALIFY FOR HOUSING (d) Amount of non-cash assistance (c) Amount of cash grant _ Part I, Line 2 - Grantmaker's Description of How Grants are Used ALLEN TEMPLE COMMUNITY ECONOMIC (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 __ASSISTANCE. Part III

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

name of the organization	ALLEN TEMPLE COMMUNITY ECONOMIC DEVELOPEMENT CORPORATION	86-108	30961
Form 990,	Part VI, Line 11 - Form 990 Review Process		
	D REVIEWED THE 990 BEFORE IT WAS MAILED.		
	Part VI, Line 12c - Explanation of Monitoring and Enforce		
	THE IRS CONFLICT OF INTEREST POLICY AND PERIO		TO MAKE SURE IN
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Schedule O (Form 990) 2009	Page Z
Name of the organization ALLEN TEMPLE COMMUNITY ECONOMIC DEVELOPEMENT CORPORATION	Employer identification number
DEVELOPEMENT CORPORATION	86-1080961
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