



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



Return of Organization Exempt From Income Tax

2012

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning 4/1/2012 **and ending** 3/31/2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization HERD Community Development Corporation
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 PO Box 881329
 City, town or post office, state, and ZIP code
 Los Angeles CA 90009

D Employer identification number 95-4760461

E Telephone number (310) 641-0870

G Gross receipts \$ 0

F Name and address of principal officer
 Paul Radke 7111 Ramsgate Avenue, Los Angeles, CA 90045

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1998 **M State of legal domicile** CA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	Business and Economic Development - Occupational Training - Property Management - Incubate start up businesses Provide assistance to individuals who are victims or potential victims of illegal removal from their homes	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	28,000	0
	10	Investment income (Part VIII, column (A), lines 3, 4) and 2013	325,300	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	353,300	0
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	334,491	0
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	334,491	0
19	Revenue less expenses Subtract line 18 from line 12	18,809	0	
Net Assets or Fund Balance	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	602,196	427,335
	22	Net assets or fund balances Subtract line 21 from line 20	18,049	0

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

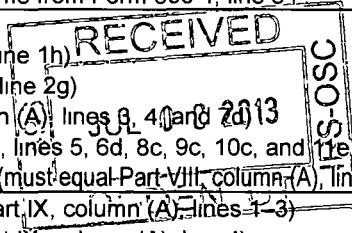
Signature of officer: Paul Radke
 Date: _____
 Signature of preparer: _____
 Date: _____
 Type or print name and title: Treasurer

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED JUL 18 2013



10