Form **990**
Department of the Treasury
Internal Revenue Service

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)

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

OMB No. 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY ACTION NETWORK

Number and street (or P.O. box if mail is not delivered to street address) — Room/suite
PO BOX 130076

City or town, state or country, and ZIP + 4
ANN ARBOR MI 48113-0076

D Employer identification number
38-2792610

E Telephone number
734-973-1183

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and **I** are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ↖ **WWW.CANANNARBOR**

J Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **253,503**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	27,591	
	c	Indirect public support (not included on line 1a)	1c	92,512	
	d	Government contributions (grants) (not included on line 1a)	1d	101,957	
	e	**Total** (add lines 1a through 1d) (cash $ 222,060 noncash $)			1e 222,060
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 1,290
	5	Dividends and interest from securities			5
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8a	Gross amount from sales of assets other than inventory — **(A)** Securities / **(B)** Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a	4,395	
	b	Less: direct expenses other than fundraising expenses	9b	1,627	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c 2,768
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11 25,758
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 251,876
Expenses	13	Program services (from line 44, column (B))			13 185,984
	14	Management and general (from line 44, column (C))			14 16,555
	15	Fundraising (from line 44, column (D))			15 9,624
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 212,163
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 39,713
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 32,451
	20	Other changes in net assets or fund balances (attach explanation)			20
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 72,164

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A **SEE STATEMENT 1**	25a	45,634	31,117	8,984	5,533
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	85,992	85,030		962
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28	17,509	17,509		
29 Payroll taxes	29	14,242	12,789	776	677
30 Professional fundraising fees	30				
31 Accounting fees	31	3,100	2,418	341	341
32 Legal fees	32				
33 Supplies	33	8,571	7,888	599	84
34 Telephone	34	1,124	977	147	
35 Postage and shipping	35	1,129	25	535	569
36 Occupancy	36	400		400	
37 Equipment rental and maintenance	37	51	51		
38 Printing and publications	38	1,642	233	957	452
39 Travel	39	2,657	2,657		
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	2,022	1,010	506	506
43 Other expenses not covered above (itemize): **a** **SEE STATEMENT 2**	43a	28,090	24,280	3,310	500
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	212,163	185,984	16,555	9,624

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $; **(ii)** the amount allocated to Program services $;

(iii) the amount allocated to Management and general $; and **(iv)** the amount allocated to Fundraising $

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

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

What is the organization's primary exempt purpose?

▶ SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a FAMILIES LIVING IN 2 PUBLIC HOUSING SITES ARE PROVIDED WITH AFTER SCHOOL EDUCATIONAL AND ENRICHMENT PROGRAMS FOUR DAYS PER WEEK ON SITE AND A 6 WEEK ENRICHMENT CAMP FOR RESIDENT CHILDREN. THESE FAMILIES ARE ALSO PROVIDED WITH SUPPORT SERVICES OF FOOD, ACCESS TO HEALTH CARE, AND EVICTION PREVENTION.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ **184,802**

b READING AND SCIENCE PROGRAMS FOCUS ON THE ACADEMIC SUCCESS OF DISADVANTAGED CHILDREN AT NINE COMMUNITY CENTERS BY DISTRIBUTING THOUSANDS OF FREE BOOKS, MAINTAINING LIBRARIES AT THE CENTERS AND CONDUCTING SCIENCE PROJECTS.

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ **1,182**

c

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ **185,984**

DAA

Part IV **Balance Sheets** (See the instructions.)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing			24,156	45	66,065
	46 Savings and temporary cash investments				46	
	47a Accounts receivable	47a	7,865			
	b Less: allowance for doubtful accounts	47b		7,566	47c	7,865
	48a Pledges receivable	48a				
	b Less: allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			2,738	53	3,350
	54a Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
	b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a Investments—land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment: basis	57a	25,451			
	b Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	57b	22,304	5,169	57c	3,147
	58 Other assets, including program-related investments (describe ▶)				58	
	59 **Total assets** (must equal line 74). Add lines 45 through 58			39,629	59	80,427
Liabilities	60 Accounts payable and accrued expenses			7,178	60	8,263
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities.** Add lines 60 through 65			7,178	66	8,263
Net Assets or Fund Balances	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted			30,762	67	51,093
	68 Temporarily restricted			1,689	68	21,071
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			32,451	73	72,164
	74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			39,629	74	80,427

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	281,876
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2	30,000		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	30,000
c	Subtract line **b** from line **a**			c	251,876
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	251,876

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	242,163
b	Amounts included on line **a** but not Part I, line 17:				
1	Donated services and use of facilities	b1	30,000		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	30,000
c	Subtract line **b** from line **a**			c	212,163
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	212,163

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 5				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 10			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 30,000			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c			
d	Section 162(e) lobbying and political expenditures	85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12	86a			
b	Gross receipts, included on line 12, for public use of club facilities	86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders	87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶	0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ **NONE**

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b **17**

91a The books are in care of ▶ **JOAN DOUGHTY** Telephone no. ▶ **734-973-1183**

Located at ▶ **PO BOX 130076 ANN ARBOR, MI** ZIP + 4 ▶ **48113**

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	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.			

Part VI Other Information (continued)

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					1,290
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					2,768
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b	ENDOWMENT & OTHER INCOME					13,779
c	WORK STUDY REIMBURSEMENT					11,979
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		0	29,816
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					29,816

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	SEE STATEMENT 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: If "Yes" to **(b),** file Form 8870 **and** Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer — Date

JOAN M DOUGHTY — EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Instr. X)
	6/10/08		P00144382

Firm's name (or yours if self-employed), address, and ZIP + 4:
BREDERNITZ, WAGNER & CO., P.C.
109 W CLINTON ST
HOWELL, MI 48843-1565

EIN ▶ 38-2549242

Phone no. ▶ 517-546-2130

DAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization

COMMUNITY ACTION NETWORK

Employer identification number

38-2792610

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to empl. benefit plans & deferred comp.	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	**1**		**X**
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	**2a**		**X**
b	Lending of money or other extension of credit?	**2b**		**X**
c	Furnishing of goods, services, or facilities?	**2c**		**X**
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? **SEE PART V-A, FORM 990**	**2d**	**X**	
e	Transfer of any part of its income or assets?	**2e**		**X**
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	**3a**		**X**
b	Did the organization have a section 403(b) annuity plan for its employees?	**3b**	**X**	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	**3c**		**X**
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	**3d**		**X**
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	**4a**		**X**
b	Did the organization make any taxable distributions under section 4966?	**4b**		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	**4c**		

d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ **0**

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ **0**

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	172,921	215,486	220,741	192,503	801,651
16 Membership fees received				14,749	14,749
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	613	569	543	158	1,883
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	173,534	216,055	221,284	207,410	818,283
24 Line 23 minus line 17	173,534	216,055	221,284	207,410	818,283
25 Enter 1% of line 23	1,735	2,161	2,213	2,074	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 16,366

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 818,283

d Add: Amounts from column (e) for lines: 18 1,883 19 _____ 22 _____ 26b _____ ▶ **26d** 1,883

e Public support (line 26c minus line 26d total) ▶ **26e** 816,400

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** 99.7699 %

27 Organizations described on line 12: **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: **N/A**

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: **N/A**

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		**29**		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		**30**		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		**31**		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
32	Does the organization maintain the following:				
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		**32a**		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		**32b**		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		**32c**		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		**32d**		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
33	Does the organization discriminate by race in any way with respect to:				
a	Students' rights or privileges?		**33a**		
b	Admissions policies?		**33b**		
c	Employment of faculty or administrative staff?		**33c**		
d	Scholarships or other financial assistance?		**33d**		
e	Educational policies?		**33e**		
f	Use of facilities?		**33f**		
g	Athletic programs?		**33g**		
h	Other extracurricular activities?		**33h**		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
34a	Does the organization receive any financial aid or assistance from a governmental agency?		**34a**		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		**34b**		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		**35**		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000	**41**		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.)**			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines **c** through **h.)**			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:			
	(i) Cash	51a(i)		X
	(ii) Other assets	a(ii)		X
b	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
	(iii) Rental of facilities, equipment, or other assets	b(iii)		X
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization	**Employer identification number**
COMMUNITY ACTION NETWORK	38-2792610

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule. (Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . . ▶ $ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COMMUNITY ACTION NETWORK

Employer identification number 38-2792610

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF ANN ARBOR 110 N. FOURTH AVE. ANN ARBOR MI 48107	$ 64,192	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	ANN ARBOR HOUSING COMMISSION 727 MILLER AVE. ANN ARBOR MI 48103	$ 37,765	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	PFIZER CORP PO BOX 2072 PRINCETON NJ 08543	$ 15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	J.F. KNIGHT FOUNDATION 180 LITTLE LAKE DRIVE, SUITE 6B ANN ARBOR MI 48103	$ 6,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	ANN ARBOR AREA COMMUNITY FOUNDATION 301 N. MAIN STREET, SUITE 400 ANN ARBOR MI 48104	$ 15,680	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	WASHTENAW UNITED WAY 2305 PLATT ROAD ANN ARBOR MI 48104	$ 35,740	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ **See separate instructions.** ▶ **Attach to your tax return.**

OMB No. 1545-0172

2007

Attachment Sequence No. **67**

Name(s) shown on return: **COMMUNITY ACTION NETWORK**

Identifying number **38-2792610**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,022

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	2,022
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. Form **4562** (2007)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **990**

Special Events Schedule

2007

For calendar year 2007, or tax year beginning , and ending

Name

COMMUNITY ACTION NETWORK

Employer Identification Number

38-2792610

	(A)	(B)	(C)	Others	Total
Gross receipts	4,395	0	0	0	4,395
Less contributions	0	0	0	0	0
Gross revenue	4,395	0	0	0	4,395
Less direct expenses	1,627	0	0	0	1,627
Net income (loss)	2,768	0	0	0	2,768

Description: (A) **ITALIAN DINNER**

(B)

(C)

Others

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
OFFICER COMPENSATION			
COMPENSATION	31,117	8,984	5,533
TOTAL	$ 31,117	$ 8,984	$ 5,533

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
FOOD	5,562	5,457	105	
INSURANCE	5,897	4,778	1,119	
MISCELLANEOUS	351	109	242	
STAFF DEVELOPMENT	59	59		
CONTRACTUAL SERVICES	7,895	6,012	1,383	500
EQUIPMENT NOT DEPRECIATED	1,531	1,070	461	
FEES AND ADMISSIONS	6,795	6,795		
TOTAL	$ 28,090	$ 24,280	$ 3,310	$ 500

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Description
TO PROVIDE EDUCATIONAL AND SUPPORT SERVICES TO LOW-INCOME FAMILIES LIVING IN PUBLIC HOUSING COMMUNITIES IN WASHTENAW COUNTY, MICHIGAN.

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	$ 25,451	$ 20,282	$ 25,451	$ 22,304
TOTAL	$ 25,451	$ 20,282	$ 25,451	$ 22,304

Statement 5 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JOAN DOUGHTY PO BOX 130076 ANN ARBOR MI 48113	EXEC. DIRECT	40	45,634	0	0
ELLEN STRAND 6750 HURON RIVER DR DEXTER MI 48130	PRESIDENT	10	0	0	0
DAVID MCLEOD 9514 WHITTAKER YPSILANTI MI 48197	V. PRESIDENT	10	0	0	0
BRIDGETT FORD 802 FULLER ST. #33 ANN ARBOR MI 48104	SECRETARY	10	0	0	0
KAREN BANTEL 3017 ANDORRA DRIVE SUPERIOR TWP. MI 48198	TREASURER	10	0	0	0
MARITA INGLEHART 2626 GEDDES AVE ANN ARBOR MI 48104	DIRECTOR	10	0	0	0
MELINDA HARRISON 1701 GREEN ROAD ANN ARBOR MI 48105	DIRECTOR	10	0	0	0
MIKE CONBOY 3022 BLUETT DRIVE ANN ARBOR MI 48105	DIRECTOR	10	0	0	0
MEREDITH LOVELACE 1720 HANOVER ROAD ANN ARBOR MI 48103	DIRECTOR	10	0	0	0
ANN BYERS 417 SKYDALE DRIVE	DIRECTOR	10	0	0	0

Statement 5 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ANN ARBOR MI 48105					
MARY DANFORTH 6750 W. HURON RIVER DEXTER MI 48130	DIRECTOR	10	0	0	0

Statement 6 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
95	EARNINGS ON EXCESS CASH USED TO SUPPORT RELATED PROGRAMS
101	FUNDRAISERS HELD TO INCREASE AWARENESS AND SUPPORT RELATED PROGRAMS
103B	ENDOWMENT HELD BY OTHERS FOR THE BENEFIT OF THE ORGANIZATION
103C	WORK STUDY REIMBURSEMENTS FOR STUDENTS WITH A FINANCIAL NEED

38-2792610

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	WORK DESK	12/01/90	200				200	5	MO	S/L	200	0
2	XEROX COPIER	12/01/90	300				300	5	MO	S/L	300	0
4	5 LONG TABLES	6/01/89	250				250	5	MO	S/L	250	0
5	3 SHORT TABLES	11/01/90	200				200	5	MO	S/L	200	0
6	18 FOLDING CHAIRS	10/01/86	270				270	5	MO	S/L	270	0
7	ROOM DIVIDER	10/01/86	225				225	5	MO	S/L	225	0
9	25 FOLDING CHAIRS	7/01/93	300				300	5	MO	S/L	300	0
10	APPLE COMPUTER	5/01/94	300				300	5	MO	S/L	300	0
11	MAC CLASSIC COMPUTER	3/01/95	400				400	5	MO	S/L	400	0
13	3 POWER MAC 6100/60	9/01/98	2,400				2,400	5	MO	S/L	2,400	0
14	MAC 630 PERFORMA	11/01/98	600				600	5	MO	S/L	600	0
15	3 EPSON STYLUS PRINTERS	11/01/98	450				450	5	MO	S/L	450	0
16	IBM 486 COMPUTER/CD	11/01/98	500				500	5	MO	S/L	500	0
18	COMPUTER PROGRAMS	5/01/98	122				122	3	MO	S/L	122	0
19	WESTINGHOUSE A/C	6/01/98	100				100	5	MO	S/L	100	0
20	FRIGIDAIRE A/C	7/01/98	200				200	5	MO	S/L	200	0
21	SHARP FAX MACHINE	7/01/98	162				162	5	MO	S/L	162	0
23	AMANA REFRIGERATOR	6/01/98	500				500	7	MO	S/L	500	0
24	SOFTWARE	2/01/99	113				113	3	MO	S/L	113	0
25	AIR CONDITIONER	6/01/99	500				500	5	MO	S/L	500	0
26	AIR CONDITIONER	7/01/99	304				304	5	MO	S/L	304	0
32	AIR CONDITIONER	7/03/00	338				338	7	MO	S/L	314	24
33	WATER FOUNTAIN	7/07/00	1,294				1,294	7	MO	S/L	1,202	92
34	COMPUTER	2/25/02	1,181				1,181	5	MO	S/L	1,141	40
35	COMPUTER	2/28/02	978				978	5	MO	S/L	945	33
36	DESK	2/28/02	889				889	7	MO	S/L	614	127
37	PRINTER	2/28/02	484				484	5	MO	S/L	468	16
38	CHAIRS	2/28/02	114				114	5	MO	S/L	110	4
39	SOFWARE	2/28/02	384				384	3	MO	S/L	384	0
40	FILING CABINET	2/28/02	180				180	7	MO	S/L	124	26
41	OFFICE MAX	3/04/02	237				237	7	MO	S/L	164	33
42	SOFTWARE	3/27/02	250				250	3	MO	S/L	250	0
43	SOFTWARE	4/22/02	170				170	3	MO	S/L	170	0
44	DELL COMPUTER	2/06/03	2,000				2,000	5	MO	S/L	1,600	400
45	DELL COMPUTER	1/30/03	75				75	5	MO	S/L	60	15
46	LOG CABINS	9/10/03	900				900	7	MO	S/L	514	129
47	SIGNS	6/13/03	536				536	7	MO	S/L	306	77
48	TREEHOUSES	6/27/03	2,448				2,448	7	MO	S/L	1,399	350
49	TABLE	6/27/03	275				275	7	MO	S/L	157	39
50	PLASTIC DOME	9/17/03	2,298				2,298	7	MO	S/L	1,313	328
51	Benches	9/29/04	2,025				2,025	7	MO	S/L	651	289
	Total Other Depreciation		25,452				25,452				20,282	2,022
	Total ACRS and Other Depreciation		25,452				25,452				20,282	2,022
	Grand Totals		25,452				25,452				20,282	2,022
	Less: Dispositions		0				0				0	0
	Less: Start-up/Org Expensed		0				0				0	0
	Net Grand Totals		25,452				25,452				20,282	2,022

38-2792610

State Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	State Prior	State Current	Federal Current	Difference Fed - State
Prior MACRS:								
34	COMPUTER	2/25/02	1,181	827	1,133	48	40	-8
35	COMPUTER	2/28/02	978	685	939	39	33	-6
36	DESK	2/28/02	889	622	750	56	127	71
44	DELL COMPUTER	2/06/03	2,000	2,000	1,654	231	400	169
45	DELL COMPUTER	1/30/03	75	75	62	9	15	6
46	LOG CABINS	9/10/03	900	900	619	80	129	49
47	SIGNS	6/13/03	536	536	369	47	77	30
48	TREEHOUSES	6/27/03	2,448	2,448	1,683	219	350	131
49	TABLE	6/27/03	275	275	189	25	39	14
50	PLASTIC DOME	9/17/03	2,298	2,298	1,580	205	328	123
51	Benches	9/29/04	2,025	2,025	1,139	253	289	36
			13,605	12,691	10,117	1,212	1,827	615
Other Depreciation:								
1	WORK DESK	12/01/90	200	200	200	0	0	0
2	XEROX COPIER	12/01/90	300	300	300	0	0	0
4	5 LONG TABLES	6/01/89	250	250	250	0	0	0
5	3 SHORT TABLES	11/01/90	200	200	200	0	0	0
6	18 FOLDING CHAIRS	10/01/86	270	270	270	0	0	0
7	ROOM DIVIDER	10/01/86	225	225	225	0	0	0
9	25 FOLDING CHAIRS	7/01/93	300	300	300	0	0	0
10	APPLE COMPUTER	5/01/94	300	300	300	0	0	0
11	MAC CLASSIC COMPUTER	3/01/95	400	400	400	0	0	0
13	3 POWER MAC 6100/60	9/01/98	2,400	2,400	2,400	0	0	0
14	MAC 630 PERFORMA	11/01/98	600	600	600	0	0	0
15	3 EPSON STYLUS PRINTERS	11/01/98	450	450	450	0	0	0
16	IBM 486 COMPUTER/CD	11/01/98	500	500	500	0	0	0
18	COMPUTER PROGRAMS	5/01/98	122	122	122	0	0	0
19	WESTINGHOUSE A/C	6/01/98	100	100	100	0	0	0
20	FRIGIDAIRE A/C	7/01/98	200	200	200	0	0	0
21	SHARP FAX MACHINE	7/01/98	162	162	162	0	0	0
23	AMANA REFRIGERATOR	6/01/98	500	500	500	0	0	0
24	SOFTWARE	2/01/99	113	113	113	0	0	0
25	AIR CONDITIONER	6/01/99	500	500	500	0	0	0
26	AIR CONDITIONER	7/01/99	304	304	304	0	0	0
32	AIR CONDITIONER	7/03/00	338	338	314	24	24	0
33	WATER FOUNTAIN	7/07/00	1,294	1,294	1,202	92	92	0
37	PRINTER	2/28/02	484	484	468	16	16	0
38	CHAIRS	2/28/02	114	114	110	4	4	0
39	SOFWARE	2/28/02	384	384	384	0	0	0
40	FILING CABINET	2/28/02	180	180	124	26	26	0
41	OFFICE MAX	3/04/02	237	237	164	33	33	0
42	SOFTWARE	3/27/02	250	250	250	0	0	0
43	SOFTWARE	4/22/02	170	170	170	0	0	0
	Total Other Depreciation		11,847	11,847	11,582	195	195	0
	Total ACRS and Other Depreciation		11,847	11,847	11,582	195	195	0
	Grand Totals		25,452	24,538	21,699	1,407	2,022	615
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expensed		0	0	0	0	0	0
	Net Grand Totals		25,452	24,538	21,699	1,407	2,022	615

38-2792610

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
34	COMPUTER	2/25/02	1,181			X	827	5	HY	200DB	1,133	48
35	COMPUTER	2/28/02	978			X	685	5	HY	200DB	939	39
36	DESK	2/28/02	889			X	622	7	HY	200DB	750	56
44	DELL COMPUTER	2/06/03	2,000				2,000	5	HY	200DB	1,654	231
45	DELL COMPUTER	1/30/03	75				75	5	HY	200DB	62	9
46	LOG CABINS	9/10/03	900				900	7	HY	200DB	619	80
47	SIGNS	6/13/03	536				536	7	HY	200DB	369	47
48	TREEHOUSES	6/27/03	2,448				2,448	7	HY	200DB	1,683	219
49	TABLE	6/27/03	275				275	7	HY	200DB	189	25
50	PLASTIC DOME	9/17/03	2,298				2,298	7	HY	200DB	1,580	205
51	Benches	9/29/04	2,025				2,025	7	HY	200DB	1,139	253
			13,605				12,691				10,117	1,212
Other Depreciation:												
1	WORK DESK	12/01/90	200				200	5	MO	S/L	200	0
2	XEROX COPIER	12/01/90	300				300	5	MO	S/L	300	0
4	5 LONG TABLES	6/01/89	250				250	5	MO	S/L	250	0
5	3 SHORT TABLES	11/01/90	200				200	5	MO	S/L	200	0
6	18 FOLDING CHAIRS	10/01/86	270				270	5	MO	S/L	270	0
7	ROOM DIVIDER	10/01/86	225				225	5	MO	S/L	225	0
9	25 FOLDING CHAIRS	7/01/93	300				300	5	MO	S/L	300	0
10	APPLE COMPUTER	5/01/94	300				300	5	MO	S/L	300	0
11	MAC CLASSIC COMPUTER	3/01/95	400				400	5	MO	S/L	400	0
13	3 POWER MAC 6100/60	9/01/98	2,400				2,400	5	MO	S/L	2,400	0
14	MAC 630 PERFORMA	11/01/98	600				600	5	MO	S/L	600	0
15	3 EPSON STYLUS PRINTERS	11/01/98	450				450	5	MO	S/L	450	0
16	IBM 486 COMPUTER/CD	11/01/98	500				500	5	MO	S/L	500	0
18	COMPUTER PROGRAMS	5/01/98	122				122	3	MO	S/L	122	0
19	WESTINGHOUSE A/C	6/01/98	100				100	5	MO	S/L	100	0
20	FRIGIDAIRE A/C	7/01/98	200				200	5	MO	S/L	200	0
21	SHARP FAX MACHINE	7/01/98	162				162	5	MO	S/L	162	0
23	AMANA REFRIGERATOR	6/01/98	500				500	7	MO	S/L	500	0
24	SOFTWARE	2/01/99	113				113	3	MO	S/L	113	0
25	AIR CONDITIONER	6/01/99	500				500	5	MO	S/L	500	0
26	AIR CONDITIONER	7/01/99	304				304	5	MO	S/L	304	0
32	AIR CONDITIONER	7/03/00	338				338	7	MO	S/L	314	24
33	WATER FOUNTAIN	7/07/00	1,294				1,294	7	MO	S/L	1,202	92
37	PRINTER	2/28/02	484				484	5	MO	S/L	468	16
38	CHAIRS	2/28/02	114				114	5	MO	S/L	110	4
39	SOFWARE	2/28/02	384				384	3	MO	S/L	384	0
40	FILING CABINET	2/28/02	180				180	7	MO	S/L	124	26
41	OFFICE MAX	3/04/02	237				237	7	MO	S/L	164	33
42	SOFTWARE	3/27/02	250				250	3	MO	S/L	250	0
43	SOFTWARE	4/22/02	170				170	3	MO	S/L	170	0
	Total Other Depreciation		11,847				11,847				11,582	195
	Total ACRS and Other Depreciation		11,847				11,847				11,582	195
	Grand Totals		25,452				24,538				21,699	1,407
	Less: Dispositions		0				0				0	0
	Less: Start-up/Org Expensed		0				0				0	0
	Net Grand Totals		25,452				24,538				21,699	1,407

38-2792610

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

38-2792610

Future Depreciation Report FYE: 12/31/08

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	WORK DESK	12/01/90	200	0	0
2	XEROX COPIER	12/01/90	300	0	0
4	5 LONG TABLES	6/01/89	250	0	0
5	3 SHORT TABLES	11/01/90	200	0	0
6	18 FOLDING CHAIRS	10/01/86	270	0	0
7	ROOM DIVIDER	10/01/86	225	0	0
9	25 FOLDING CHAIRS	7/01/93	300	0	0
10	APPLE COMPUTER	5/01/94	300	0	0
11	MAC CLASSIC COMPUTER	3/01/95	400	0	0
13	3 POWER MAC 6100/60	9/01/98	2,400	0	0
14	MAC 630 PERFORMA	11/01/98	600	0	0
15	3 EPSON STYLUS PRINTERS	11/01/98	450	0	0
16	IBM 486 COMPUTER/CD	11/01/98	500	0	0
18	COMPUTER PROGRAMS	5/01/98	122	0	0
19	WESTINGHOUSE A/C	6/01/98	100	0	0
20	FRIGIDAIRE A/C	7/01/98	200	0	0
21	SHARP FAX MACHINE	7/01/98	162	0	0
23	AMANA REFRIGERATOR	6/01/98	500	0	0
24	SOFTWARE	2/01/99	113	0	0
25	AIR CONDITIONER	6/01/99	500	0	0
26	AIR CONDITIONER	7/01/99	304	0	0
32	AIR CONDITIONER	7/03/00	338	0	0
33	WATER FOUNTAIN	7/07/00	1,294	0	0
34	COMPUTER	2/25/02	1,181	0	0
35	COMPUTER	2/28/02	978	0	0
36	DESK	2/28/02	889	127	55
37	PRINTER	2/28/02	484	0	0
38	CHAIRS	2/28/02	114	0	0
39	SOFWARE	2/28/02	384	0	0
40	FILING CABINET	2/28/02	180	26	26
41	OFFICE MAX	3/04/02	237	34	34
42	SOFTWARE	3/27/02	250	0	0
43	SOFTWARE	4/22/02	170	0	0
44	DELL COMPUTER	2/06/03	2,000	0	115
45	DELL COMPUTER	1/30/03	75	0	4
46	LOG CABINS	9/10/03	900	128	80
47	SIGNS	6/13/03	536	76	48
48	TREEHOUSES	6/27/03	2,448	349	218
49	TABLE	6/27/03	275	40	24
50	PLASTIC DOME	9/17/03	2,298	329	205
51	Benches	9/29/04	2,025	289	181
	Total Other Depreciation		25,452	1,398	990
	Total ACRS and Other Depreciation		25,452	1,398	990
	Grand Totals		25,452	1,398	990

38-2792610

Future Depreciation Report FYE: 12/31/08

Form 990, Page 1

Asset	Description	Date In Service	Cost	State	AMT
Other Depreciation:					
1	WORK DESK	12/01/90	200	0	0
2	XEROX COPIER	12/01/90	300	0	0
4	5 LONG TABLES	6/01/89	250	0	0
5	3 SHORT TABLES	11/01/90	200	0	0
6	18 FOLDING CHAIRS	10/01/86	270	0	0
7	ROOM DIVIDER	10/01/86	225	0	0
9	25 FOLDING CHAIRS	7/01/93	300	0	0
10	APPLE COMPUTER	5/01/94	300	0	0
11	MAC CLASSIC COMPUTER	3/01/95	400	0	0
13	3 POWER MAC 6100/60	9/01/98	2,400	0	0
14	MAC 630 PERFORMA	11/01/98	600	0	0
15	3 EPSON STYLUS PRINTERS	11/01/98	450	0	0
16	IBM 486 COMPUTER/CD	11/01/98	500	0	0
18	COMPUTER PROGRAMS	5/01/98	122	0	0
19	WESTINGHOUSE A/C	6/01/98	100	0	0
20	FRIGIDAIRE A/C	7/01/98	200	0	0
21	SHARP FAX MACHINE	7/01/98	162	0	0
23	AMANA REFRIGERATOR	6/01/98	500	0	0
24	SOFTWARE	2/01/99	113	0	0
25	AIR CONDITIONER	6/01/99	500	0	0
26	AIR CONDITIONER	7/01/99	304	0	0
32	AIR CONDITIONER	7/03/00	338	0	0
33	WATER FOUNTAIN	7/07/00	1,294	0	0
34	COMPUTER	2/25/02	1,181	0	0
35	COMPUTER	2/28/02	978	0	0
36	DESK	2/28/02	889	55	55
37	PRINTER	2/28/02	484	0	0
38	CHAIRS	2/28/02	114	0	0
39	SOFWARE	2/28/02	384	0	0
40	FILING CABINET	2/28/02	180	26	26
41	OFFICE MAX	3/04/02	237	34	34
42	SOFTWARE	3/27/02	250	0	0
43	SOFTWARE	4/22/02	170	0	0
44	DELL COMPUTER	2/06/03	2,000	115	115
45	DELL COMPUTER	1/30/03	75	4	4
46	LOG CABINS	9/10/03	900	80	80
47	SIGNS	6/13/03	536	48	48
48	TREEHOUSES	6/27/03	2,448	218	218
49	TABLE	6/27/03	275	24	24
50	PLASTIC DOME	9/17/03	2,298	205	205
51	Benches	9/29/04	2,025	181	181
	Total Other Depreciation		25,452	990	990
	Total ACRS and Other Depreciation		25,452	990	990
	Grand Totals		25,452	990	990

Form 990, Part I, Line 1c - Indirect Public Support

Description	Cash	Noncash	Total
CONTRIBUTIONS FROM SCHEDULE B	$ 72,420	$	$ 72,420
TOTAL	$ 72,420	$ 0	$ 72,420

Form 990, Part I, Line 1d - Government Contributions

Description	Cash	Noncash	Total
CONTRIBUTIONS FROM SCHEDULE B	$ 101,957	$	$ 101,957
TOTAL	$ 101,957	$ 0	$ 101,957

Special Events Direct Expenses

Description	Amount
COLUMN A	$
ITALIAN DINNER SUPPLIES	1,627
SUBTOTAL	1,627
TOTAL	1,627

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990, PAGE 1, LINE 9B.