

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)

2007

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 2007 calendar year, or tax year beginning 10-01, 2007, and ending 09-30, 2008

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

C Name of organization: CRAWFORD SEBASTIAN COMMUNITY
D Employer identification number: 71-0388927
E Telephone number: (479) 785-2303
F Accounting method: Accrual

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? No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? No
H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Website:

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,596,603

I Group Exemption Number

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

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

**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	
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule) . . . . .	23				
24	Benefits paid to or for members (attach schedule) . . . . .	24				
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A . . . . .	25a	51,458	51,458		
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	784,877	741,462	43,415	
27	Pension plan contributions not included on lines 25a, b, and c . . . . .	27	92,662	90,375	2,287	
28	Employee benefits not included on lines 25a - 27 . . . . .	28				
29	Payroll taxes . . . . .	29	66,391	58,737	7,654	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31				
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33	186,157	186,157		
34	Telephone . . . . .	34	25,313	22,518	2,795	
35	Postage and shipping . . . . .	35	108,306	100,032	8,274	
36	Occupancy . . . . .	36	38,832	31,568	7,264	
37	Equipment rental and maintenance . . . . .	37				
38	Printing and publications . . . . .	38	22,346	22,346		
39	Travel . . . . .	39	40,188	38,151	2,037	
40	Conferences, conventions, and meetings . . . . .	40	369	369		
41	Interest . . . . . STM108	41	1,126	1,126		
42	Depreciation, depletion, etc. (attach schedule) . . . . .	42	34,348	27,619	6,729	
43	Other expenses not covered above (itemize): STM167	43	3,158,176	2,652,548	505,628	
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	_____	43e				
f	_____	43f				
g	_____	43g				
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) . . . . .	44	4,610,549	3,973,008	637,541	0

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
A s s e t s	45 Cash - non-interest-bearing . . . . .	378,664	45	491,334	
	46 Savings and temporary cash investments . . . . .		46		
	47 a Accounts receivable . . . . .		47a		
	b Less: allowance for doubtful accounts . . . . .	153,967	47b	47c	
	48 a Pledges receivable . . . . .	156,640	48a		
	b Less: allowance for doubtful accounts . . . . .		48b	48c	156,640
	49 Grants receivable . . . . .	1,369,565	49		1,058,031
	50 a 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) (attach schedule) . . . . .			50b	
	51 a Other notes and loans receivable (attach schedule) . . . . .		51a		
	b Less: allowance for doubtful accounts . . . . .		51b	51c	
	52 Inventories for sale or use . . . . .	91,651	52		116,693
	53 Prepaid expenses and deferred charges . . . . .	9,868	53		12,704
	54 a Investments - publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a	
	b Investments - other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55 a Investments - land, buildings, and equipment: basis . . . . .		55a		
	b Less: accumulated depreciation (attach schedule) . . . . .		55b	55c	
	56 Investments - other (attach schedule) . . . . .			56	
	57 a Land, buildings, and equipment: basis . . . . .	809,537	57a		
	b Less: accumulated depreciation (attach schedule) . . . . . STM116	570,637	57b	57c	238,900
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	2,275,097	59		2,074,302	
L i a b i l i t i e s	60 Accounts payable and accrued expenses . . . . .	75,467	60	102,485	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .	1,313,672	62		1,099,805
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63	
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .			64a	
	b Mortgages and other notes payable (attach schedule) . . . . .			64b	
	65 Other liabilities (describe <input type="checkbox"/> )			65	
	66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	1,389,139	66		1,202,290
N e t A s s e t s o f F u n d s	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted . . . . .	885,958	67	872,012	
	68 Temporarily restricted . . . . .	0	68	0	
	69 Permanently restricted . . . . .	0	69	0	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	885,958	73		872,012
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	2,275,097	74		2,074,302





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? . . . . .	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 6,596,245		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .		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	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	N/A	
	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? . . . . .	85g	N/A
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? . . . . .	85h	N/A
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 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 . . . . . ▶		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	89e	N/A
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	N/A
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	N/A
90a	List the states with which a copy of this return is filed ▶		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . .	90b	30
91a	The books are in care of ▶ % CSCDC Telephone no. ▶ 479-785-2303 Located at ▶ 4831 ARMOUR AVE FT SMITH AR ZIP + 4 ▶ 72904		
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	N/A
	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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No

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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a <b>FOODBANK FEES</b>					498,948
b <b>FAMILY PLANNING FEES</b>					42,147
c <b>DENTAL CLINIC</b>					11,595
d <b>HOUSING REHAB &amp; COUNS</b>					73,395
e					
f Medicare/Medicaid payments . . . . .					35,660
g Fees and contracts from government agencies					3,321,575
94 Membership dues and assessments . . . . .					
95 Interest on savings & temporary cash investments			14	2,916	
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					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,916	3,983,320
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					3,986,236

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).
93A	FOOD SOLD TO OTHER 501(C)(3) ORGS FOR LOW INCOME PERSONS
93B	FEES FOR FAMILY PLANNING-ONE OF THE EXEMPT PURPOSES
93C	DENTAL CLINIC SERVING LOW INCOME PERSONS
93D	HOUSING COUNSILING & DOWN PAYMENT ASSISTANCE FOR FIRST TIME HOME

**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
	%			
	%			
	%			
	%			

**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).

**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.

Yes	No
	X

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

**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.

Yes	No
	X

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

**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?

Yes	No
	X

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.

**Please Sign Here**

Signature of officer: *Mark Whitmer* Date: 02/05/09

Type or print name and title: Mark Whitmer, Executive Director

**Paid Preparer's Use Only**

Preparer's signature: *John P. Przybylski* Date: 01-30-2009 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: PRZYBYSKI & ASSOCIATES CPAS, PC EIN:

4200 JENNY LIND ROAD, SUITE B Phone no.: 4796490888

FORT SMITH, AR 72901

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

**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**

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (See separate instructions.)**

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

Name of the organization

Employer identification number

**CRAWFORD SEBASTIAN COMMUNITY**

**71-0388927**

**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 employee benefit plans & deferred compensation	(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.) . . . . .		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? . . . . .		X
b	Lending of money or other extension of credit? . . . . .		X
c	Furnishing of goods, services, or facilities? . . . . .		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		X
e	Transfer of any part of its income or assets? . . . . .		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.) . . . . .		X
b	Did the organization have a section 403(b) annuity plan for its employees? . . . . .		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 . . . . .		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .		X
b	Did the organization make any taxable distributions under section 4966? . . . . .		X
c	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
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 . . . . . ▶ _____		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ▶ _____		

**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?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 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.) . . . . .	3,021,250	3,153,306	3,067,611	2,715,189	11,957,356
16 Membership fees received . . . . .	0	0	0	0	0
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 . . . . .	703,424	772,106	365,933	268,711	2,110,174
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 . . . . .	2,532	2,209	622	364	5,727
19 Net income from unrelated business activities not included in line 18 . . . . .	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .	0	0	0	0	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	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	0	0	0	0	0
23 Total of lines 15 through 22 . . . . .	3,727,206	3,927,621	3,434,166	2,984,264	14,073,257
24 Line 23 minus line 17 . . . . .	3,023,782	3,155,515	3,068,233	2,715,553	11,963,083
25 Enter 1% of line 23 . . . . .	37,272	39,276	34,342	29,843	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶					26a 239,262
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 11,963,083
d Add: Amounts from column (e) for lines: 18 5,727 19 . . . . . ▶					26d 5,727
22 . . . . . ▶					26e 11,957,356
e Public support (line 26c minus line 26d total) . . . . . ▶					26f 99.95%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					

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:

(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:			
(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	0	
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 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)

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-		
	<b>If the amount on line 40 is-</b>		
	<b>The lobbying nontaxable amount is-</b>		
	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	0

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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.)

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:

- 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.)

Yes	No	Amount
		0
		0

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



Federal Supporting Statements

2007 PG 01

Name(s) as shown on return

Your Social Security Number

CRAWFORD SEBASTIAN COMMUNITY

71-0388927

FORM 990, SCH FOR PART II, LINE 42  
DEPRECIATION AND DEPLETION SCHEDULE

Statement #108

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management &amp; General</u>	<u>Fundraising</u>
DEPRECIATION	<u>34,348</u>	<u>27,619</u>	<u>6,729</u>	<u>          </u>
TOTAL	<u>34,348</u>	<u>27,619</u>	<u>6,729</u>	<u>          </u>



Statement of Program Service Accomplishments

2007 01

Name(s) as shown on return

Your Social Security Number

CRAWFORD SEBASTIAN COMMUNITY

71-0388927

FORM 990, PART III (a)

Grants and Allocations \$0  
Program Service Expenses \$3973008  
Includes Foreign Grants NO

Explanation

CHILDCARE FOOD PROGRAMS, HOME ENERGY ASSISTANCE PROG  
COMMUNITY ASSISTANCE, MEALS AND LODGING PROVIDED TO  
LOW INCOME & HOMELESS PERSONS, COMMODITY DISTRIBUTIO  
EMERGENCY FOOD & SHELTER, HOME WEATHERIZATION, FAMIL  
PLANNING, DENTAL CLINIC, FOODBANK, AND HUD COUNSELIN