

# 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.

Department of the Treasury  
Internal Revenue Service

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>INCLUSIVE COMMUNITIES PROJECT</b>		<b>D</b> Employer identification number 75-2352462
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E</b> Telephone number
		3301 ELM STREET		(214) 939-9239
		City or town State or country ZIP + 4	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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.inclusivecommunities.net

**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 ▶ \_\_\_\_\_

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,721,479

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

**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	0	
	b	Direct public support (not included on line 1a) . . . . .	1b	450	
	c	Indirect public support (not included on line 1a) . . . . .	1c	0	
	d	Government contributions (grants) (not included on line 1a) . . . . .	1d	1,700,000	
	e	<b>Total</b> (add lines 1a through 1d) (cash \$ 1,700,450 noncash \$ 0) . . . . .	1e	1,700,450	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	0	
	3	Membership dues and assessments . . . . .	3	0	
	4	Interest on savings and temporary cash investments . . . . .	4	20,484	
	5	Dividends and interest from securities . . . . .	5	0	
	6a	Gross rents . . . . .	6a		
	6b	Less: rental expenses . . . . .	6b		
6c	Net rental income or (loss). Subtract line 6b from line 6a . . . . .	6c	0		
7	Other investment income (describe ▶ ) . . . . .	7	0		
Revenue	8a	Gross amount from sales of assets other than inventory . . . . .	(A) Securities	(B) Other	
			0	8a	0
	b	Less: cost or other basis and sales expenses . . . . .	0	8b	0
	c	Gain or (loss) (attach schedule) . . . . .	0	8c	0
8d	Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . .			8d	0
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0 of contributions reported on line 1b) . . . . .	9a	0	
	b	Less: direct expenses other than fundraising expenses . . . . .	9b	0	
9c	Net income or (loss) from special events. Subtract line 9b from line 9a . . . . .	9c	0		
Revenue	10a	Gross sales of inventory, less returns and allowances . . . . .	10a	0	
	b	Less: cost of goods sold . . . . .	10b	0	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . .	10c	0	
11	Other revenue (from Part VII, line 103) . . . . .	11	545		
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	12	1,721,479		
Expenses	13	Program services (from line 44, column (B)) . . . . .	13	1,606,969	
	14	Management and general (from line 44, column (C)) . . . . .	14	160,926	
	15	Fundraising (from line 44, column (D)) . . . . .	15	0	
	16	Payments to affiliates (attach schedule) . . . . .	16	0	
	17	<b>Total expenses.</b> Add lines 16 and 44, column (A) . . . . .	17	1,767,895	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . .	18	-46,416	
	19	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	19	88,625	
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	0	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18, 19, and 20 . . . . .	21	42,209	

**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 \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	294,866	294,866		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	114,583	98,762	15,821	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
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)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	430,383	370,957	59,426	
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	76,209	66,874	9,335	
29	Payroll taxes	40,348	35,405	4,943	
30	Professional fundraising fees	0			
31	Accounting fees	10,807	7,024	3,783	
32	Legal fees SEE PART III, PROGRAM SERVICE ACCOMPLISHM	525,735	525,735		
33	Supplies	0			
34	Telephone	13,302	8,646	4,656	
35	Postage and shipping	0			
36	Occupancy	85,300	55,445	29,855	
37	Equipment rental and maintenance	0			
38	Printing and publications	6,231	4,051	2,180	
39	Travel	30,230	30,230		
40	Conferences, conventions, and meetings	0			
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	7,250	4,713	2,537	0
43	Other expenses not covered above (itemize):				
a	See attached statement	132,651	104,261	28,390	0
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,767,895	1,606,969	160,926	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 \$ 0 ; (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.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing . . . . .	1,182	45	36,608
	46 Savings and temporary cash investments . . . . .	78,875	46	47,848
	47 a Accounts receivable . . . . .	47a 0		
	b Less: allowance for doubtful accounts . . . . .	47b 0	0	47c 0
	48 a Pledges receivable . . . . .	48a 0		
	b Less: allowance for doubtful accounts . . . . .	48b 0	0	48c 0
	49 Grants receivable . . . . .		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50a 0
	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 0		
	b Less: allowance for doubtful accounts . . . . .	51b 0	0	51c 0
	52 Inventories for sale or use . . . . .			52
	53 Prepaid expenses and deferred charges . . . . .			53
	54 a Investments—publicly-traded securities. . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a 0
	b Investments—other securities (attach schedule). . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b 0
	55 a Investments—land, buildings, and equipment: basis . . . . .	55a 0		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b 0	0	55c 0
	56 Investments—other (attach schedule) . . . . .		0	56 0
	57 a Land, buildings, and equipment: basis . . . . .	57a 39,163		
	b Less: accumulated depreciation (attach schedule) . . . . .	57b 12,148	9,593	57c 27,015
58 Other assets, including program-related investments (describe . . . . .)		0	58 0	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		89,650	59 111,471	
Liabilities	60 Accounts payable and accrued expenses . . . . .	1,025	60	69,262
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule) . . . . .	0	64a	0
	b Mortgages and other notes payable (attach schedule) . . . . .	0	64b	0
	65 Other liabilities (describe . . . . .)	0	65	0
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		1,025	66 69,262	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	88,625	67	42,209
	68 Temporarily restricted . . . . .		68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 <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) . . . . .		88,625	73 42,209
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		89,650	74 111,471

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	21,479
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify):	<b>b4</b>	0	
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	21,479
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify): COURT FUNDS	<b>d2</b>	1,700,000	
	Add lines d1 and d2		<b>d</b>	1,700,000
<b>e</b>	Total revenue (Part I, line 12). Add lines c and d		<b>e</b>	1,721,479

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,767,895
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify):	<b>b4</b>	0	
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	1,767,895
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines c and d		<b>e</b>	1,767,895

**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
Name ELIZABETH K. JU Str 3301 ELM STREET City DALLAS ST TX ZIP 75226	Title PRES/TREAS Hr/WK 40	114,583	0	0
Name CRAIG FLOURNO Str 3301 ELM STREET City DALLAS ST TX ZIP 75226	Title CHAIR Hr/WK 2	0	0	0
Name FLORENCE ROISI Str 3301 ELM STREET City DALLAS ST TX ZIP 75226	Title VICE-CHAIR Hr/WK 2	0	0	0
Name DEBRA KROUPA Str 3301 ELM STREET City DALLAS ST TX ZIP 75226	Title SECRETARY Hr/WK 2	0	0	0
Name RAMONA UTTI Str 3301 ELM STREET City DALLAS ST TX ZIP 75226	Title VICE CHAIR Hr/WK 2	0	0	0
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

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

	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . .		
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." . . . . . If "Yes," attach a statement that includes the information described in the instructions.	75c	X
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
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

**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
78 a 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	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	79	X
80 a 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 ► THE WALKER HOUSING FUND CHARITABLE TRUST and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) . . . . .	81a	
b Did the organization file Form 1120-POL for this year? . . . . .	81b	X

Part VI Other Information (continued)

		Yes	No
82 a	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		0
83 a	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	
84 a	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	
85	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? 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.	N/A	
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	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?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	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		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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
90 a	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	11
91 a	The books are in care of Name THE ORGANIZATION Telephone no. (214) 939-9239 Located at 3301 ELM STREET City DALLAS ST TX ZIP + 4 75226		
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)? 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.	91b	X

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  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 | N/A

**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 _____					
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 . . . . .			14	20,484	
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 MISCELLANEOUS			01	545	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		0		21,029	0
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					21,029

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).
▼	N/A

**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	%		0	0
	%		0	0
	%		0	0
	%		0	0

**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>				0

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>				0

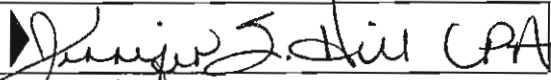
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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 \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 7/29/2008	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) P00236976
	Firm's name (or yours if self-employed) address, and ZIP + 4	ALBRIGHT, HILL AND SUMPTER PC 12160 N. ABRAMS ROAD SUITE 412, DALLAS, TX 75243		EIN 20-0104286 Phone no. (972) 270-5452

**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

INCLUSIVE COMMUNITIES PROJECT

Employer Identification number

75-2352462

**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
DEMETRIA MCCAIN, 3301 ELM STREET DALLAS, TX 75226	DIRECTOR OF ADVOC 40	61,500		
STEPHANIE MCGEE, 3301 ELM STREET DALLAS, TX 75226	DIR. OF MOBILITY ASS 40	55,000		

Total number of other employees paid over \$50,000 ▶ 0

**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
DANIEL & BSAHRA DALLAS, TX	LEGAL SERVICES	379,815
HENRY KORMAN, ESQ BOSTON, MA	LEGAL SERVICES	126,750

Total number of others receiving over \$50,000 for professional services ▶ 0

**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 ▶ 0

**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 ► \$ <u>3,500</u> (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)? . . . SEE 990 PART V-A	X	
e	Transfer of any part of its income or assets? . . . . .		X
3 a	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
4 a	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? . . . . .		
c	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
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 . . . . . ►	NONE	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ►	NONE	

**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  City  ST  Country
- 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.)
- 11 a  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.)
- 11 b  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	
					0
					0
					0
					0
					0
					0
<b>Total</b>					0

- 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.)	641,219	965,925	100		1,607,244
16 Membership fees received					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					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	9,944	12,222			22,166
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	1,479	840			2,319
23 Total of lines 15 through 22	652,642	978,987	100	0	1,631,729
24 Line 23 minus line 17	652,642	978,987	100	0	1,631,729
25 Enter 1% of line 23	6,526	9,790	1	0	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 32,635
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 1,631,729
d Add: Amounts from column (e) for lines:					
18 22,166 19					
22 2,319 26b					26d 24,485
e Public support (line 26c minus line 26d total)					26e 1,607,244
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.50%
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 0
d Add: Line 27a total and line 27b total					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
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 N/A
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A
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)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination, financial aid, and compliance with requirements.

**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.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	500
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	3,000
38	Total lobbying expenditures (add lines 36 and 37)	38	3,500
39	Other exempt purpose expenditures	39	1,764,395
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,767,895
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		20%
	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
	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
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41			238,395
42	Grassroots nontaxable amount (enter 25% of line 41)	42	59,599
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
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				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

**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.)			0

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



**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

INCLUSIVE COMMUNITIES PROJECT

75-2352462

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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—**

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 <b>INCLUSIVE COMMUNITIES PROJECT</b>	Employer identification number <b>75-2352462</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<p>THE WALKER HOUSING FUND</p> <hr/> <p>CHARITABLE TRUST (SEE ATTACHED)</p> <p>DALLAS TX 75212</p> <p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ 1,700,000	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
2	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
3	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
4	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
5	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
6	<p>_____</p> <hr/> <p>_____</p> <hr/> <p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ _____	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>

Name of organization <b>INCLUSIVE COMMUNITIES PROJECT</b>	Employer identification number 75-2352462
--	--

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry.)  
 For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once—see instructions.)   ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e)</b> Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____ For. Prov.                      Country		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e)</b> Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____ For. Prov.                      Country		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e)</b> Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____ For. Prov.                      Country		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e)</b> Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____ For. Prov.                      Country		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>INCLUSIVE COMMUNITIES PROJECT</b>	Employer identification number <b>75-2352462</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3301 ELM STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS TX 75226</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ THE ORGANIZATION

Telephone No. ▶ (214) 939-9239 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box.  . If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2007 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a</b> - Contributions to Donor Advised Funds . . . . .		
<b>Line 1b</b> --Direct public support		
1 Contributions . . . . .	450	1
2 Membership dues and assessments (contributions from the public) . . . . .		2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4
5 _____		5
6 _____		6
7 _____		7
8 _____		8
9 _____		9
10 Total . . . . .	450	10 0
<b>Line 1c</b> - Indirect public support . . . . .		
<b>Line 1d</b> - Government contributions (grants) . . . . .	1,700,000	

**Part II, Line 23 (990) - Specific Assistance to Individuals**

294,866

Class of Activity		Amount
1	APPLICATION FEES	7,183
2	LANDLORD BONUS	59,609
3	MOVING EXPENSE	59,200
4	SECURITY DEPOSITS	151,259
5	OTHER MOBILITY ASSISTANCE	17,615
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Part II, Line 43 (990) - Other Expenses**

132,651

104,261

28,390

0

	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	CONSULTANTS & PROFESSIONAL FEES	68,208	68,156	52	
2	CONVENINGS	250	250		
3	DUES & SUBSCRIPTIONS	14,456		14,456	
4	INSURANCE	4,371	2,841	1,530	
5	OFFICE EXPENSE	29,080	18,902	10,178	
6	OTHER	10,181	8,655	1,526	
7	PROFESSIONAL DEVELOPMENT	3,724	3,724		
8	TAXES	420	273	147	
9	TRUST AND BANK FEES	501		501	
10	WEBSITE	1,460	1,460		
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			



**Part IV-A, Line d(2) (990) - Reconciliation of Rev per Audited Financial Stmts**

		1,700,000
		Amount
	Other	
1	COURT FUNDS	1,700,000
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income**

	Description	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1	OTHER	1,479	840			2,319
2	.....					0
3	.....					0
4	.....					0
5	.....					0
6	.....					0
7	.....					0
8	.....					0
9	.....					0
10	.....					0
	Total of Other Income	1,479	840	0	0	2,319

Book Asset Detail 1/01/07 - 12/31/07

FYE: 12/31/2007

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Value	Book Method	Book Period
<b>Group: equipment</b>											
1	Laser Jet 2500L	4/20/05	573.00	0.00	0.00	318.33	191.00	509.33	63.67	S/L	3.0
2	Inspartion	12/26/05	955.00	0.00	0.00	318.33	318.33	636.66	318.34	S/L	3.0
3	Deil projector	12/26/05	811.00	0.00	0.00	270.33	270.33	540.66	270.34	S/L	3.0
4	3 Computers	9/19/05	1,747.00	0.00	0.00	727.91	582.33	1,310.24	436.76	S/L	3.0
5	Computer equipment (DELL)	5/04/05	2,439.00	0.00	0.00	1,355.00	813.00	2,168.00	271.00	S/L	3.0
13	FH Equipment	4/25/07	1,934.00	0.00c	0.00	0.00	429.78	429.78	1,504.22	S/L	3.0
14	Parts & Installation of phone & DSI	4/10/07	2,659.78	0.00c	0.00	0.00	664.95	664.95	1,994.83	S/L	3.0
15	Parts & Installation of Server	11/28/07	5,421.00	0.00c	0.00	0.00	150.58	150.58	5,270.42	S/L	3.0
16	ArcGIS software	11/28/07	1,370.00	0.00c	0.00	0.00	38.06	38.06	1,331.94	S/L	3.0
17	Computer & Software (Shanica)	4/02/07	2,449.71	0.00c	0.00	0.00	612.43	612.43	1,837.28	S/L	3.0
19	Computer & Software (Abigail)	7/02/07	1,609.63	0.00c	0.00	0.00	268.27	268.27	1,341.36	S/L	3.0
20	Computer & Software (Real Estate)	7/02/07	1,609.63	0.00c	0.00	0.00	268.27	268.27	1,341.36	S/L	3.0
21	Fair Housing Equipment	6/26/07	1,407.00	0.00c	0.00	0.00	234.50	234.50	1,172.50	S/L	3.0
	<b>equipment</b>		<b>24,985.75</b>	<b>0.00c</b>	<b>0.00</b>	<b>2,989.90</b>	<b>4,841.83</b>	<b>7,831.73</b>	<b>17,154.02</b>		

**Group: furniture**

6	General Furniture	4/12/05	5,123.00	0.00	0.00	1,280.75	731.86	2,012.61	3,110.39	S/L	7.0
7	Overhead storage and Round Table	5/18/05	1,806.00	0.00	0.00	430.00	258.00	688.00	1,118.00	S/L	7.0
8	Cherry Corner Workcenter	9/02/05	1,036.00	0.00	0.00	197.33	148.00	345.33	690.67	S/L	7.0
9	MAP Cubicle Panels	3/13/07	949.20	0.00c	0.00	0.00	113.00	113.00	836.20	S/L	7.0
10	Conference Room Chairs	2/23/07	1,273.75	0.00c	0.00	0.00	151.64	151.64	1,122.11	S/L	7.0
11	Lateral File Cabinets	2/15/07	2,979.80	0.00c	0.00	0.00	390.21	390.21	2,589.59	S/L	7.0
12	Lateral File Cabinets	1/30/07	1,009.40	0.00c	0.00	0.00	132.18	132.18	877.22	S/L	7.0
	<b>furniture</b>		<b>14,177.15</b>	<b>0.00c</b>	<b>0.00</b>	<b>1,908.08</b>	<b>1,924.89</b>	<b>3,832.97</b>	<b>10,344.18</b>		
<b>Grand Total</b>			<b>39,162.90</b>	<b>0.00c</b>	<b>0.00</b>	<b>4,897.98</b>	<b>6,766.72</b>	<b>11,664.70</b>	<b>27,498.20</b>		

**Inclusive Communities Project**  
**EIN 75-2352462**  
**Form 990**  
**December 31, 2007**

**Part III, Organization's Primary Exempt Purpose**

ICP's primary exempt purpose is to promote fair and affordable housing for low income families free from the vestiges of segregation and discrimination.

**Part III, Line a, Statement of Program Service Accomplishments**

ICP engaged in the following activities in furtherance of its mission to promote racially and economically inclusive communities of opportunity, expand fair and affordable housing opportunities, assist low income families who desire affordable housing in high opportunity communities, and assist such families to secure the benefits of that choice:

Mobility Assistance Program – counseling, financial and other assistance to low income families participating in the Dallas Housing Authority's Section 8 voucher program who desire to move, or have moved, to lower poverty, non-minority concentrated areas of the Dallas Metropolitan Area. In 2007, ICP continued its focus on families participating in the Walker Settlement Voucher program.

Walker Fund Developments – assisting low income families living in, or desiring to live in, approximately 96 units set aside in three developments created by the Walker Housing Fund; monitors compliance with the Loan terms and Land Use Restriction Agreement which provides that the set-aside units be made available on terms substantially equivalent to public housing.

Fair Housing Advocacy and Education – engaging in education and outreach activities to inform Walker class members, and others about their rights under the Fair Housing Act, and related civil rights laws, and advocate for compliance with such laws.

Inclusionary Housing Initiative – working to identify and implement strategies to create and expand affordable housing opportunities for low income families in high opportunity areas of the Dallas metroplex. Pursued efforts to purchase land for affordable housing development in non-minority areas of the Dallas Metro Area.

Litigation and Administrative Advocacy – engaged in litigation and administrative advocacy aimed at removing discriminatory barriers to low income families access rental housing opportunities in non-minority, higher opportunity areas of the Dallas Metro Area. Substantially all of the legal fees reflected in Part II, Line 33 were incurred in furtherance of these charitable purposes.

**Inclusive Communities Project**  
**EIN 75-2352462**  
**December 31, 2007**

**Form 990, Schedule B, Part I**

The funds received by the organization in 2007 were paid from The Walker Housing Fund Charitable Trust (the "Trust"). The Trust was created pursuant to a Court Order in a United States District Court class action case in the Northern District of Texas (the "Court"), Walker v. Department of Housing and Urban Development, et al (formerly Walker v. City of Mesquite, et al.). The Trust was funded with funds from the Walker Housing Fund, which had been created by pursuant to the Consent Decree in the case and funded with monies from the City of Dallas, a defendant in the case, as part of the remedy. (See ICP 990 for 2005) On May 19, 2005 the Court entered an Order Approving Creation of Charitable Trust and Transfer of Funds ("Order"). The terms of the Trust instrument and the Order direct that funds be used for the purpose of creating and obtaining affordable housing in non-minority areas of the Dallas metropolitan area, as set out in the terms of the Consent Decree. The Trust was approved by the IRS on August, 2005 as a "supporting organization" to support the activities of Inclusive Communities Project which are designed to create and obtain affordable housing for low income families in non-minority areas of the Dallas metropolitan area. ICP receives funds from the Trust pursuant to an annual budget and operating plan to carry out the purposes of the Housing Fund as set out in the Trust Instrument and Court Orders. ICP received \$,1700,000 from the Trust in 2007.