Form 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2000

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	Fort	the 2008 calend	dar year, o	or tax year beginnir	ıg	, 200	8. and	d ending	1		1 -2-2-4-2-5		A3400000000000000	war word of the Control of the Control
В		if applicable:		C Name of organizatio						D Employ	yer Iden	tification Nu	mber	
	P	Address change	Please use IRS label	STREET WORKS	S. INC.						1806			
	1	lame change	or print or type.	Number and street (or P.O. box if mail is i	not delivered to street	addr)	Room/su	ite	E Telephe				
		nitial return	or type. See specific	P. O. BOX 60			•					259-767	16	
	CONTRACT	ermination	Instruc- tions.	City, town or country		Stat	e ZIP	code + 4		101	J / Z	.39-101	Ů.	· · · · · · · · · · · · · · · · · · ·
	-	mended return		NASHVILLE		TN		7206-	0027	^ -		. 400	100	
	***************************************	Application pending	_	and address of principal of	ficer:	£ L'			H(a) Is this a			\$ 488,		
	ш,			ROWDER 530 SYI		י ידד מי	ר כי וגיו		H(b) Are ali			illia(es;	Yes Yes	X No
	Ta	x-exempt statu			sert no.)	4947(a)(1) or		27		attach a list.		structions)	_ 1 es	No
<u>, </u>				et-works.org		14947(a)(1) 01	1 1 2							
K		e of organization:							H(c) Group e			*****		
	art [Summa		ation Trust A	Association Other	<u> </u>	_ Year c	of Formatio	on: 2000) M(s	State of	legal domicile	:: TN	
31:0C	1			anization's mission	or most significa	nt activities. I	1777/	ATDC	TO INTEGRA	TTON 6		DYYDAID T		
41		Drieny accert	be the org	anizations mission	or most significa	in activitiesr	17 7 /7	TTDS	PDOCW	TTON 9	<u> </u>	FARMIT	~N	
nce														
E														
Activities & Governance	2	Check this bo	x ►	if the organization d	iscontinued its o	nerations or disc	 nosed :	of more	than 250					
Ğ	3	Number of vo	ting mem	bers of the governin	g body (Part VI.	line 1a)				o or its as	3	113		
80	4	Number of inc	dependent	voting members of	the governing bo	ody (Part VI, line	1b) .					13		
ij	5	Total number	of employ	ees (Part V, line 2a	i)						5	15		
ti	6	Total number	of volunte	ers (estimate if nec	essary)				• • • • • • • • •		6	0		
•	7a	lotal gross ur	nrelated bi	usiness revenue from	m Part VIII, line	12, column (C) .	• • • • •							0.
	b	Net unrelated	business	taxable income fror	n Form 990-T, Iir	ne 34	• • • • •		· · · · · · · · · · · · · · · · · · ·		7 b			
	_									rior Year		Curr	ent Ye	ar
<u>o</u>	8			s (Part VIII, line 1h)						362,4			466,	185.
Revenue	9	Program servi	ice revenu	ie (Part VIII, line 2g)					3,9	67.			
Rev	10	Investment in	come (Pai	rt VIII, column (A), I	ines 3, 4, and 7c	1)		· · · · ·	ļ					
_	11			I, column (A), lines						15,5				855.
	12			es 8 through 11 (mu						381,9	***************************************			040.
	13			unts paid (Part IX,						52,6	93.		<u>62,</u>	<u>576.</u>
	14			nembers (Part IX, c								**************************************		
a S	15			sation, employee be			-			259,6	35.		<u>324,</u>	<u>947.</u>
Expenses	ı			g fees (Part IX, colu										
ă	b	Total fundrais	ing expens	ses (Part IX, columi	n (D), line 25) 🟲		7,6	646.	30.181.65				4.45.08	8 5 60
14.1	17	Other expense	es (Part I)	K, column (A), lines	11a-11d, 11f-24f) <i>,</i> . <i>,</i>		, , ,		81,1	51.		124.	928.
	18	Total expense	s. Add lin	es 13-17 (must equa	al Part IX, colum	л (A), line 25).	. <i></i>			393,4				451.
	19			. Subtract line 18 fr						-11,4				411.
900				,					Begin	ning of Y			of Yea	
Net Assets Fund Balanc	20	Total assets (Part X, Iin	e 16)		• • • • • • • • • • • • • • • • •				138,9				613.
t As	21	Total liabilities	s (Part X,	line 26)						31,0				098.
S _P	22			nces. Subtract line 2						107,9				515.
Pa	rt II	Signaty	re Bloc	k						10,75	20.1		,,,	<u> </u>
		Under penalties	s of perjury, !	declare that I/Mave exam	ined this eturn, includ	ling accompanying so	hedules	and state	ments and	to the best o	of my kn	hoe anhalwo	halief it	ie
		true, correct, ar	pa complete.	declare that I have exam Declaration of preparer (o	other than officer) is b	ased on all information	n of whi	ich prepar	er has any k	nowledge.	~, \.\.	omicaga ana	2 2	13
Sig	jn	TU	\mathcal{O}	6 /rou	10cm				(0 2	79	.09	7	
He	re	Signature of	of officer		· · · · · · · · · · · · · · · · · · ·		****		Date	* •				
		RON E	. CROW	IDER					EXECU	TIVE I	DIRE	CTOR		
		Type or pri	int name and	title.										
		-	<u> </u>	$\neg \cap Y$	////		Date			eck if	Pr	eparer's iden	tifying no	umber
Pai		Preparer's	\mathcal{A})// 1					sel em	f- ployed 🟲	X	00 (115): 20(011	~)	
Pre	, , ,	signature		1ux)	well		06/2	29/09		-	_			
Us	rer's	Firm's name (o	r DAVI	D P. GUENTHI	R, CPA						,			
On		yours if self- employed),	→ 311	BLUEBIRD DR	· · · · · · · · · · · · · · · · · · ·		77000		EIN	į ►				
		address, and ZIP + 4		LETTSVILLE		TN 370	72-2	303			(615	5) 859-	-130	0
May	the i	RS discuss this		ith the preparer sho	wn above? (see							X Yes		No
								<u>.</u>				1		

	1 990 (2008) STREET WORKS, INC.	62-1806967	Page 2
Par	Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission:		
	HIV/AIDS EDUCATION & PREVENTION		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?		No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	vices? Yes X	No
	If 'Yes,' describe these changes on Schedule O.		110
4	Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses Section 501(c)(·2/
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to others, the total	il
	expenses, and revenue, if any, for each program service reported.		
4a	a (Code:) (Expenses \$500,701. including grants of \$0.) (Revenue \$	0.)
	******/		
	~		
4h	(Code:) (Expenses \$ including grants of \$) (Pavanua Š	``
		. — — — — — — — — — — — — — — — — — — —	
		·	
		·	
		· – – – – – – – – – – .	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		T	
		· — — — — — — — — — — .	
		·	
	··· ·· · · · · · · · · · · · · · · · ·	· · · · - ·	
		· 	
	······································		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	• Total program service expenses ► \$ 500,701. (Must equal Part IX. Line 25. column (B	₹}_}	

Form 990 (2008) STREET WORKS, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
2	Schedule A	1	X	<u> </u>
		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.			
	reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I			
_		6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'			
	complete Schedule D, Part III	- 8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete			
	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes' complete Schedule D, Parts VI			
	VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
19	prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	_X_	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
		144		X
ı	o Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		х
	Did the organization report on Part IX column (A), line 3, more than \$5,000 of grapts or assistance to any organization			
	or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III			
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	16		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	17 18	Х	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	^	X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	x	
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete		Λ	
2.0	Schedule J	23		X
24.	Did the experimetion have a toy experiment hand issue with an autota after a size of the state o			
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and			
	complete Schedule K. If 'No,'go to question 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
Ŀ	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27				x
		<u> </u>		

Form 990 (2008) STREET WORKS, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a	8	X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31_		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X

BAA

Form 990 (2008)

STREET WORKS, INC. Form 990 (2008) 62-1806967 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 a O 1h n c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?..... 3aХ b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If 'Yes,' enter the name of the foreign country: > See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Χ c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 828Ž? 7 c X d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7**g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ... 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 X Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA

10 Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

9b

12a

11 a

X

b Did the organization make any distribution to a donor, donor advisor, or related person?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

Je:	ction A. Governing Body and Management				
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, desc processes, or changes in Schedule O. See instructions.	cribe the circumstances,		Yes	No
1	a Enter the number of voting members of the governing body	1a 13			
		1b 13			
	Did any officer, director, trustee, or key employee have a family relationship or a business relation or a business relationship or a business relationship or a business relationship or a business relation or a business relatio	onship with any other	2	40000000000	X
3	Did the organization delegate control over management duties customarily performed by or under of officers, directors or trustees, or key employees to a management company or other person?	er the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents		4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization's a	assets?	5		Х
6	Does the organization have members or stockholders?	••••	6		X
7	a Does the organization have members, stockholders, or other persons who may elect one or more governing body?	a members of the	7a		Х
1	Are any decisions of the governing body subject to approval by members, stockholders, or other	nersons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertak the following:		0.05		
	a The governing body?		8a	X	
1	Each committee with authority to act on behalf of the governing body?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8b	- 21	X
9 8	a Does the organization have local chapters, branches, or affiliates?		9a		X
	o If 'Yes,' does the organization have written policies and procedures governing the activities of suand branches to ensure their operations are consistent with those of the organization?		9b		Δ
	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All describe in Schedule O the process, if any, the organization uses to review the Form 990	ll organizations must	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	be reached at the	11		
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that to conflicts?		12b	х	***************************************
	Does the organization regularly and consistently monitor and enforce compliance with the policy? Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?		13	Х	
14			14	Х	
15	Did the process for determining compensation of the following persons include a review and appr persons, comparability data, and contemporaneous substantiation of the deliberation and decisio	roval by independent n:	20 July 1		
ä	The organization's CEO, Executive Director, or top management official?		15a	Х	B44604497407
Ł	Other officers of key employees of the organization?	· · · · · · · · · · · · · · · · · · ·	15b	Х	
	Describe the process in Schedule O. (see instructions)				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra entity during the year?	angement with a taxable	16a		X
Ł	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization to e	evaluate its participation			
Sec	status with respect to such arrangements? tion C. Disclosures		16b		
	List the states with which a copy of this Form 990 is required to be filed >			,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request	90-T (501(c)(3)s only) avai	lable f	or pul	olic
10					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents statements available to the public.	s, conflict of interest policy,	and f	inanci	al
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the organia	ation:		
>	RON CROWDER 520 SYLVAN STREET NASHVILLE, TN	37206 (61	51.2	59-7	676
BAA					
×			Form :	990 (2	2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did no	t compens	ate ar	ıy of	ffice	r, di	rector	, trus	stee, or key employee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours				k ail i	lhat app		Reportable compensation from	Reportable compensation from	Estimated
	per week	andividual trustee or director	nstitutional kustae	Officer	Key amployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RON CROWDER	-									
EXEC DIRECTOR	40.00			X				69,100.	0.	0.
MICHAEL J. SMITH										
DIRECTOR	0.00	Х						0.	0.	0.
CHUCK BRYANT										
DIRECTOR	0.00	X						0.	0.	0.
REVLON_BIGGS										
SECRETARY	0.00	Х						0.	0.	0.
KATHY SINKFIELD, M.Ed										
DIRECTOR	0.00	Х						0.	0.	0.
ERNEST NORMAN, III										
DIRECTOR	o.oo	Х						0.	0.	0.
LESLIE DAVIS		**								
DIRECTOR	0.00	Х						0.	0.	0.
DR. MILLARD COLLINS						***				
DIRECTOR	0.00	Х						0.	0.	0.
DR. BEVERLY BROWN									***	
TREASURER	0.00	Х						0.	0.	0.
CAPT. ROBERT NASH										
BOARD CHAIR	0.00	Х						0.	0.	0.
BARBARA BIGGERS-MATTHEWS										
DIRECTOR	0.00	Х						0.	0.	0.
DAVID L. RAYBIN		-								
DIRECTOR	0.00	Х						0.	0.	0.
WILHELMINA DUNCAN									***************************************	
DIRECTOR	0.00	Х						0.	0.	0.
JAMES HILDRETH, PhD, MD						**-				
DIRECTOR	0.00	Х						0.	0.	0.
	The state of the s		******							

DAA	<u> </u>						<u> </u>			

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	оуе	es,	an	d Highest Con	npensated Em	ployees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title		ge Position (check all that apply)						Reportable	Reportable	
	nours per weel	or di	Insti	Officer	₽	a A	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization: (W-2/1099-MISC)	amount of other compensation
		irect	tutio	<u> </u>	emg	iest -] mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization
		or at	nal t		employee	comp				and related organizations
		stee	Institutional trustee		0	Highest compensated employee				
	ļ		ñ			a ted				
		ļ				<u> </u>	ļ			
****		-			-					
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			\dashv			-			·	
		Ì		ĺ						
		Ì						1788		
1 b Total							▶	69,100.	0	. 0.
2 Total number of individuals (including those in 1a) wh							,000		pensation from the	ne
organization > 0										
										Yes No
3 Did the organization list any former officer, director of	r trustee	. ke	v en	nolo	vee	. or	hiah	est compensated	emplovee	
on line 1a? If 'Yes,' complete Schedule J for such ind	ividual									3 X
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that	ortable o	omi	oens 2 If	atio	n ai	nd o	ther	compensation fro	m h	
individual								·····	11 	4 X
5 Did any person listed on line 1a receive or accrue cor	mpensa	tion	fron	ı an	V Hr	nrela	ated	organization for so	ervices	terretoria constituta a la constitución
5 Did any person listed on line 1a receive or accrue cor rendered to the organization? If 'Yes,' complete Sche	dule J f	or su	ıch ı	pers	on .	,				5 X
Section B. Independent Contractors								***		
 Complete this table for your five highest compensated compensation from the organization. 	d indepe	ende	nt c	ontra	acto	rs ti	hat r	eceived more thar	1 \$100,000 of	
(A) Name and business address	i							(B) Description o	f Services	(C) Compensation
										O O TO PO TO COLOT
The state of the s										
2 Total number of independent contractors (including the	iose in 1	l) wi	no re	ecei	ved	mor	re th	an \$100,000 in		
compensation from the organization 🟲									l in	

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
TS S	1 a Federated campaigns	1 a					
SAN	b Membership dues	1 b			Security to the control		
S,G	c Fundraising events	1 c		100 (0.05) (0.05)			
AR.	d Related organizations	1 d					
S, E	e Government grants (contributions)	1 e		21610826-6-2008	E E MONTO O CASA		F 3 A 22 DA 49 (E 29)
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribns included in Ins 1a-1f: .		185.				
A Sov	•	· ————		466 105	Busings Business as		
Ш	h Total. Add lines 1a-1f	Business		466,185.			
몳	2a			per version i resemblo artesto versiono allego para per propieta	Planetal mission (Planetal value (planetal)		an hash trees the sherrests of the roots
Ē	,						
Ę.							
E	d						
S W	e						***
GR/	f All other program service revenue						
PRO	g Total. Add lines 2a-2f		▶		26.000 (10.0000		
	3 Investment income (including divi	dends interest on					
	other similar amounts)	·····	>				
	4 Income from investment of tax-ex	empt bond procee	eds . 🟲				
	5 Royalties		▶				
	(i) Re	eal (ii) Pers		All (2) leading on the second		12 (S) (R) (10 (O) (O) (S) (O)	2 00 00 00 00 00 00 00 00 00 00 00 00 00
	6a Gross Rents						a 27000 15100 15165 u
	b Less: rental expenses .						
	c Rental income or (loss)			60.659.659.650.650.65.650	84 (5) (8) (5) (6) (8) (8)	Green and the control of the con-	
	d Net rental income or (loss)		▶				
	7a Gross amount from sales of (i) Secu	rities (ii) Oth	her				
	assets other than inventory .						
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	≻				
ENUE	8a Gross income from fundraising ev (not including . \$						
<u> </u>	of contributions reported on line 1						
OTHER REV	See Part IV, line 18	}***** <u>'</u>	013.				
ఠ	b Less: direct expenses		158.	on many references and reference			
	c Net income or (loss) from fundrais		₽~	<u>17,855.</u>	0.	0.	17,855.
	9a Gross income from gaming activit See Part IV, line 19	ies.					
	b Less: direct expenses	***************************************			86 6193033 504314516		
	c Net income or (loss) from gaming						
	-						
	10a Gross sales of inventory, less retu and allowances	ırns a	ĺ		01.00.75.45.02.05.05.09		
1	b Less: cost of goods sold						
	c Net income or (loss) from sales or		▶				
İ	Miscellaneous Revenue	Business C	······				
İ	11a			norman a chairmaidheach an taoineach agus agus agus agus agus agus agus agus	amenines, como como mor especial por esta de la labora de	amerikan mengenak di pengengan di pengengan di pengengan di pengengan di pengengan pengengan pengengan pengeng	i para antigo di Sobri Sarban Para Para Hara Hara Sarban Sarban
	b				VIVIEW.		
	c						
	d All other revenue			***************************************			~1W8.21A
	e Total. Add lines 11a-11d		, >				
	12 Total Revenue. Add lines 1h, 2g, 10c, and 11e	3, 4, 5, 6d, 7d, 8c	, 9c, ▶	484,040.	0.	0.	17.855

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	62,576.	62,576.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees	69,100.	55,280.	6,910.	6,910.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	208,835.	205,235.	3,600.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,073.	1,659.	207.	207.
9		22,021.	22,021.	0.	0.
10	Payroll taxes	22,918.	21,585.	804.	529.
11	Fees for services (non-employees)				<u></u>
ā	a Management				
	Legal				- ***
	Accounting		6,000.	3,300.	0.
	Lobbying			*****	
	Prof fundraising svcs. See Part IV, In 17				****
	Investment management fees		***************************************		···
9	g Other				
	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13	Office expenses	5,928.	5,928.	0.	0.
14	Information technology				
15	Royalties	4 001	1 001		
16 17	Occupancy	4,921. 2,645.	4,921.	0.	0.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,645.	2,645.	0.	0.
19	Conferences, conventions, and meetings		4,389.	0.	0.
20	Interest	5,397.	0.	5,397.	0.
21	Payments to affiliates	***************************************			
22	Depreciation, depletion, and amortization	18,592.	18,142.	450.	0.
23	Insurance	13,817.	13,817.	0.	0.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	CONTRACT LABOR	25,181.	25,181.	0.	0.
Ŀ	DUES	584.	526.	58.	0.
C	EQUIPMENT EXPENSE	907.	907.	0.	0.
	POSTAGE	206.	206.	0.	0.
€	PROFESSIONAL FEES	4,740.	4,740.	0.	0.
	All other expenses	28,321.	26,893.	1,428.	0.
	Total functional expenses. Add lines 1 through 24f	512,451.	482,651.	22,154.	7,646.
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2008)

BAA

					(A) Beginning of year		End	(B) of yea	r
	1	Cash - non-interest-bearing	, ,		4,133.	1	<u> </u>	14,	268.
	2	Savings and temporary cash investments			····	2			
	3	Pledges and grants receivable, net			86,325.	3		37,	883.
	4	Accounts receivable, net				4	<u> </u>	J.,	
	5	Receivables from current and former officers, directors or other related parties. Complete Part II of Schedule I			With.	5			
	6	Receivables from other disqualified persons (as define						Sec.	
		and persons described in section 4958(c)(3)(B). Comp		,,,,,	######################################	6			117651111600
A S	7	Notes and loans receivable, net		;		7			
ASSETS	8	Inventories for sale or use		+	***************************************	8			
T S	9	Prepaid expenses and deferred charges			3,453.	9		1	457.
	10a	Land, buildings, and equipment: cost basis							
	I	Less: accumulated depreciation. Complete Part VI of							
		Schedule D	10	b 78,881.	45,086.	10 c	15/25841-25-5112-112-112-	34,	ገበና
	11	Investments — publicly-traded securities	_			11			
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments – program-related. See Part IV, line 11.				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15			****
	16	Total assets. Add lines 1 through 15 (must equal line 3			138,997.	16		87,6	513
	17	Accounts payable and accrued expenses			9,882.	17			117.
	18	Grants payable		<u> </u>	18			<u> </u>	
	19	Deferred revenue			19				
Ļ	20	Tax-exempt bond liabilities		F-		20			
LIABILITI	21	Escrow account liability. Complete Part IV of Schedule	F-	P	21				
ŗ	22				auto sala mesana	A de la composición de la composición de la composición de la composición de la composición de la composición	HARAGA		
Ĭ		Payables to current and former officers, directors, trus highest compensated employees, and disqualified pers	. Complete Part II	461886 G G B 67886 S					
į		of Schedule L		7,193.	22		7,9	981.	
S	23	Secured mortgages and notes payable to unrelated this	arties		23				
	24	Unsecured notes and loans payable			13,996.	24			0.
	25	Other liabilities. Complete Part X of Schedule D		25			*******		
	26	Total liabilities. Add lines 17 through 25			31,071.	26		8,0	98.
ZEE		Organizations that follow SFAS 117, check here >				Bugui			
Ť		27 through 29 and lines 33 and 34.							
A S	27	Unrestricted net assets			107,926.	27		79,5	515.
∢ഗഗല⊢ഗ	28	Temporarily restricted net assets			***************************************	28			
-	29	Permanently restricted net assets				29			
PR		Organizations that do not follow SFAS 117, check her		and complete					ologia disp Selesia di p
E		lines 30 through 34.						16:18:49	
F UZD	30	Capital stock or trust principal, or current funds		.,	7,1	30		Petrococci (VIII)	AND ACTIONS
Ŗ	31	Paid-in or capital surplus, or land, building, and equipm				31			
日本しくことにい	32	Retained earnings, endowment, accumulated income,	or of	her funds		32			***************************************
N C	33	Total net assets or fund balances			107,926.	33		79,5	515.
Š	34	Total liabilities and net assets/fund balances,			138,997.	34		87,6	_
Pa	rt XI	Financial Statements and Reporting							
			ash	X Accruat	Other		 	Yes	No
		re the organization's financial statements compiled or re			Other		2.	. Walletin A.	manionista V
		re the organization's financial statements complied or re						17	X
								X	
		es' to 2a or 2b, does the organization have a committe iew, or compilation of its financial statements and selec a result of a federal award, was the organization require					2c	Х	
J	Auc	dit Act and OMB Circular A-133?	eu it	, undergo an addit or addit , , , , , , , , , , , , , , , , , , ,	is as set ioith in the Sit	igie	За		Х
	b If 'Y	es,' did the organization undergo the required audit or	audi	ts?	*****				
BA								1 990 (2008

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

STREET WORKS, INC								80696		
Part I Reason for Pu	blic Charity Statւ	ı s (All organizations	must	comple	ete this	part.) (see	instruc	tions)	
The organization is not a priv		•	-	_	,					
1 A church, convention	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2 A school described	in section 170(b)(1)(/	A)(ii). (Attach Schedule E	Ξ.)							
3 A hospital or coope	rative hospital service	organization described	in sectio	n 170(b)(1)(A)(ii	i). (Atta	ach Sche	edule H.)		
		d in conjunction with a ho							er the hosp	ital's
name, city, and sta		·	·					• •		•
5 An organization open 170(b)(1)(A)(iv). (C	erated for the benefit Complete Part II.)	of a college or university	owned o	or opera	ted by a	govern	mental i	ınit descr	ibed in sec	ction
6 A federal, state, or	local government or g	jovernmental unit describ	oed in se	ction 17	⁷ 0(b)(1)(A)(v).				
in section 170(b)(1))(A)(vi). (Complete Pa				ernmeni	tal unit	or from t	the gene	ral public d	escribed
		70(b)(1)(A)(vi). (Complet								
from activities relat investment income June 30, 1975. See	ed to its exempt funct and unrelated busine: section 509(a)(2). (C	•	exception 5	ons, and 11 tax)	(2) no r from bus	nore the sinesses	an 33-1/ s acquire	3 % of its ed by the	s support fi organizati	nm arnee
		exclusively to test for pul								
more publiciv suppo	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines	a)() or s	ection 5	(19(a)(2)	ions of, . See s	or carry ection 5	out the 09(a)(3).	purposes of Check the	of one or box that
a 🗌 Type I	b 🔲 Type il	c Type II	II – Fund	tionally	integrate	ed		d 🗌	Type III-	Other
e By checking this bo than foundation ma 509(a)(2).	x, I certify that the org nagers and other than	ganization is not controlle n one or more publicly su	ed directl pported	ly or ind organiza	irectly by ations de	y one or escribed	more d in secti	isqualifie on 509(a	d persons)(1) or sec	other tion
f If the organization r	eceived a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	r Type	III suppo	rting org	anization,	
		tion accepted any gift or	contribu	tion from	n anv of	the foll	owina n	oreone?		—
g Chico August 17, 20	Joo, nas ale organiza	don accepted any gift of	COMMIDA	111011 11101	ii arry Or	uic ion	Owing p	C(30) 5;		Yes No
(i) a person who	directly or indirectly of	controls, either alone or te	ogether v	with ner	sons des	scribed	in (ii) an	d (iii)		Yes No
below, the gov	verning body of the su	ipported organization? .							. 11 g (i)	
(ii) a family mem	ber of a person desc	ribed in (i) above?							. 11 g (ii)	
(iii) a 35% control	led entity of a person	described in (i) or (ii) ab	ove?						. 11 g (iii)	
h Provide the followin	g information about th	ne organizations the orga	ınization	support	s.					
(i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(iv) organizat	ls the tion in col.	(v) Did y the organ	ou notify	organizat	s the	(vii) Amour	nt of Support
		(see instructions))	gove	d in your erning ment?	your si	(i) of ipport?	(i) organi U.:	zed in the S.?		
			Yes	No	Yes	No	Yes	No		
·				ļ	ļ					
								T		
					<u> </u>					
				100000000000000000000000000000000000000			12203 March	XXXXXXXXXX		
			E EXPERSION							
Total							6.6.6			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 🟲 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') . . 301,705. 386,477. 485,185. 322,505 362,494 1,858,366. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Total. Add lines 1-3 301,705 386,477 322,505 362,494 485,185 1,858,366. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . Public support. Subtract line 5 from line 4. 1,858,366. Section B. Total Support Calendar year (or fiscal year (b) 2005 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 1 301,705 Amounts from line 4 386,477 322,505 362,494 485,185 1,858,366. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form Net income form unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) Total support, Add lines 7 through 10 1,858,366. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 100.00% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 100.00% 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

Schedule A (Form 990 or 990-EZ) 2008 STREET WORKS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you ched	ked the box on li	ne 9 of Part I.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2							
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1-5			1,000,000,000,000,000			
	and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	: Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b		AMMINIO A. A.				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (add ins 9, 10c, 11, and 12.)				0.088830		
14	First five years. If the Form 990 is organization, check this box and	s for the organiza stop here	tion's first, second	d, third, fourth, or	r fifth tax year as	a section 501(c)(3)	, >
	tion C. Computation of Pub						···
	Public support percentage for 200		•			·····	%%
	Public support percentage from 2						%
	tion D. Computation of Inve			· · · · · · · · · · · · · · · · · · ·			
	Investment income percentage fo			=		<u> </u>	%
	Investment income percentage fro						%
	33-1/3 support tests -2008 . If the more than 33-1/3%, check this be 33-1/3 support tests -2007 . If the	ox and stop here.	The organization	qualifies as a put	olicly supported or	ganization	
	is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	a publicly suppor	ted organization	
20	Private foundation. If the organiz	ation did not ched	rk a box on line 14	4 19a or 19h ch	eck this hay and s	ee instructions	▶

Schedule A	(Form 990 or	990-EZ) 2008	STREET	WORKS,	INC.		62-1806967	Page 4
Part IV	Supplemer Part II, line	ntal Informa 17a or 17b;	tion. Com ; or Part II	plete this I, line 12	part to . Provid	provide the le any other	62-1806967 e explanation required by Part II, line additional information. (see instruct	10; tions)
						· ··· ··· ··· ·· · · · · · · · · · · ·		
	period decade patient decade based provide and							
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						. The sales sales aren and the br		
					*** **** **** ****			,
···· — *** *** *** ***	Now with durch book board stand and							

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection
Employer Identification number

Schedule D (Form 990) 2008

STREET WORKS, INC.	62-1806967
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds	nds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.	·
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in dor funds are the organization's property, subject to the organization's exclusive legal control?	nor advised Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??	r Yes
Part II Conservation Easements Complete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	——————————————————————————————————————
Preservation of land for public use (e.g., recreation or pleasure)	of an historically important land area
Protection of natural habitat Preservation	of certified historic structure
Preservation of open space	
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of the tax year.	of a conservation easement on the last day
	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	<u>2c</u>
d Number of conservation easements included in (c) acquired after 8/17/06	<mark>2d</mark>
3 Number of conservation easements modified, transferred, released, extinguished, or terminate year ►	ed by the organization during the taxable
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, viola enforcement of the conservation easement it holds?	etions, and
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	
 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	tion Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	expense statement, and balance sheet, and scribes the organization's accounting for
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line	r Other Similar Assets 8.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement treasures, or other similar assets held for public exhibition, education, or research in furtherant the text of the footnote to its financial statements that describes these items.	nt and balance sheet works of art, historical ace of public service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, not to report in its revenue statemer treasures, or other similar assets held for public exhibition, education, or research in furtheran amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets fo amounts required to be reported under SFAS 116 relating to these items:	-
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	\ \$

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

Schedule D	(Form	990) 2008	STREET	WORKS.	TNC

62-1806967

Page 2

Part III Organizations Mainta	ining Colle	ctions	of Art, Hist	orica	l Treasures, o	r Other	Similar Ass	ets (c	ontinu	ued)
3 Using the organization's accession that apply):	n and other re	ecords, o	check any of the	e follo	wing that are a sig	nificant ı	use of its collect	ion iter	ns (che	ck all
a Public exhibition			d 🗌 Loan	or exc	hange programs					
b Scholarly research			e Other							
c Preservation for future genera	ations		_				***************************************			
4 Provide a description of the organ Part XIV.		ections a	ınd explain how	they	further the organiz	ation's e	xempt purpose	in		
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or r ather than to b	receive o be maint	lonations of art ained as part o	, histo f the c	rical treasures, or organization's colle	other sin	nilar	Yes	ſ	No
Part IV Trust, Escrow and Cu	stodial Arr	angen	nents Comp	lete i	f organization :			orm 9	90, P	
IV, line 9, or reported	an amount	on Fo	rm 990, Par	t X, I	ine 21.				,	
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or othe	er intermediary	for co	ntributions or other	assets	not	Yes		No
b If 'Yes,' explain the arrangement									·	
								Amoun	t	
c Beginning balance						10	;	*******		
d Additions during the year		,				1 c	1	····		
e Distributions during the year										
f Ending balance										
2a Did the organization include an a								Yes		No
b If 'Yes,' explain the arrangement									L	
Part V Endowment Funds Co		rganiza	ation answer	ed 'Y	es' to Form 99	0. Par	: IV. line 10.			
	(a) Current		(b) Prior yea		(c) Two years back		Three years back	(e)	Four year	rs back
1 a Beginning of year balance		·			S. Shipa S. Hara M.					O Buok
b Contributions			14.1 (2.2 (4.0) (4.0) (2.2) (2.2)		Manager Harrist Harrist Television	gard makering		1 11 12 12 12 12 12		-00103505701
c Investment earnings or losses										
d Grants or scholarships										65 65 65
e Other expenditures for facilities and programs							an and an and an an an an an an an an an an an an an	0.000.00	4 6 6 6 8 8	
f Administrative expenses								2000		
g End of year balance								61.699.070	9935 SECTIONS 7617 SECTION	
2 Provide the estimated percentage		nd balar	ice held as:			india (mariana)		€ § 1969 (9619906000	9300030000000	ASSESSED
a Board designated or quasi-endow	-	na balar	2							
b Permanent endowment	***************************************									
c Term endowment										
3a Are there endowment funds not in		on of the	e organization t	hat ar	e held and adminis	stered for	the			7
organization by:									Yes	No
(i) unrelated organizations								3a(i)		<u> </u>
(ii) related organizations								3a(ii)		
b If 'Yes' to 3a(ii), are the related or			-					3b		<u></u>
4 Describe in Part XIV the intended						1: 2 /				
Part VI Investments—Land, B										
Description of investment			or other basis vestment)		Cost or other pasis (other)	(c) De	epreciation	(d) E	Book Va	alue
1a Land						674 576		·····		
b Buildings	<u>}</u>									
c Leasehold improvements										
d Equipment			112,886.				78,881.		34,	,005.
e Other										
Total. Add lines 1a-1e (Column (d) sho	uld equal Forr	n 990, P	Part X, column ((B), lir	ne 10(c).)	· · · · · · · ·	<u>,.</u>		34,	,005.
BAA							Sched	ule D (F	orm 99	90) 2008

Part VII Investments—Other Securities See Fo	rm 990, Part X, li	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products		Cook of Ond of your market value	
Closely-held equity interests	-		
Other	****		

		· · · · · · · · · · · · · · · · · · ·	

		Mar 4,000 L	
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ►	***************************************	Messach navesetati jest um este ses este este este este este este	
Part VIII Investments-Program Related (See F	orm 990, Part X,	line 13)	************
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
T. I. O. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	~~~~~~~ <u>~</u>		
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X, I	ine 15)		
	scription	475	
(a) Des	cription	(b) Book value	

The state of the s	**************************************		
4-44-4-4	MANUAL	444	
Total. Column (b) Total (should equal Form 990, Part X, col.(R) line 15)		—
Part X Other Liabilities (See Form 990, Part >	(line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) / tillourit		
Todoral Moonto Taxeo			
e. — Probabilities — Pro		 A construction of the Control of the C	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)			

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

Sche	edule D (Form 990) 2008 STREET WORKS, INC.	62-1806967	Page 4
	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		484,040.
2	Total expenses (Form 990, Part IX, column (A), line 25)		512,451.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-28,411.
4	Net unrealized gains (losses) on investments		20,122.
5	Donated services and use of facilities	····	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)	***************************************	
9	Total adjustments (net). Add lines 4-8		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		20 413
	tXII Reconciliation of Revenue per Audited Financial Statements With Revenue per		-28,411.
1	Total revenue, gains, and other support per audited financial statements		E02 040
-		1	503,040.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments		
	Donated services and use of facilities	<u>'0- </u>	
	Recoveries of prior year grants	[
	Other (Describe in Part XIV)		
_	Add lines 2a through 2d		19,000.
3	Subtract line 2e from line 1	3	484,040.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	: Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	484,040.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p		
1	Total expenses and losses per audited financial statements	1	531,451.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	0.	
h	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
c	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	19,000.
3	Subtract line 2e from line 1	3	512,451.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	90.0000	· · · · ·
а	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)		512,451.
	t XIV Supplemental Information	, • ,	012/101.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
			·
	*		
			 -
			 .

Schedule D (Form 990) 2008 STREET WORKS, INC.	62-1806967	Page 5
Schedule D (Form 990) 2008 STREET WORKS, INC. Part XIV Supplemental Information (continued)	71400	
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	······································	
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- · · · ·		

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization						Employer identification	
STREET WORKS, INC.						62-180696	
Part   Fundraising Activities							, line 17.
Indicate whether the organization     Mail solicitations     Email solicitations	raised funds thro	ough any (	of the follo	wing activities. Check a Solicitation of non-	governm	ent grants	
Phone solicitations				Special fundraising	events		
In-person solicitations							
2a Did the organization have written employees listed in Form 990, Pa	or oral agreeme rt VII) or entity in	nt with any n connecti	/ individua on with pro	l (including officers, dire ofessional fundraising se	ectors, tro ervices?	ustees or key	Yes No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by t	ndividuals or enti he organization.	ties (fundr Form 9901	aisers) pui EZ filers ai	rsuant to agreements un re not required to compl			er is to be
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custor	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	`(or r	nount paid to etained by) aiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	····						
							C-COMMINIMALE 3
		İ					
				**-			
Total			.,,,,,				
List all states in which the organiz or licensing.				cit funds or has been no	otified it i	s exempt from	registration
		·					

Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ, line (	nswered 'Yes' to Fo Sa. List events with	orm 990, Part IV, li gross receipts gre	ne 18, or ater than \$5,000.
R			(a) Event #1 DINNER (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
mczm <mz< td=""><td>1</td><td>Gross receipts</td><td>22,013.</td><td></td><td></td><td>22,013.</td></mz<>	1	Gross receipts	22,013.			22,013.
Ě	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	22,013.			22,013.
D	4	Cash prizes				
D RECT	5	Non-cash prizes	TAT-WALL &		Forest	
	6	Rent/facility costs	4,158.	VP (A)	- Madria	4,158.
EXPESSES	7	Other direct expenses				
	8 9	Direct expense summary. Add lines 4- the Net income summary. Combine lines 3 and				
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye			
#E>#5#			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	<b>(d)</b> Total gaming (Add col. (a) through col. (c))
Ë	1	Gross revenue				
_	2	Cash prizes				
D I RECT	3	Non-cash prizes		100000000000000000000000000000000000000		
Č S T E S	4	Rent/facility costs	- AMERICAN AS			
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes %	
	7	Direct expense summary. Add lines 2 thro	ugh 5 in column (d)	•••••••	,	
	8	Net gaming income summary. Combine lin	nes 1 and 7 in column (	d)	<b>&gt;</b>	VEC 110
		er the state(s) in which the organization ope e organization licensed to operate gaming				YES NO 9a
		o,' Explain:				
		e any of the organization's gaming licenses	revoked, suspended or	terminated during the t	ax year?	10a
11	Doe:	s the organization operate gaming activities	with nonmembers?			11
12	Is th adm	e organization a grantor, beneficiary or trus inister charitable gaming?	stee of a trust or a men	nber of a partnership or	other entity formed to	12

Schedule G (Form 990 or 990-EZ) 2008 STREET WORKS, INC.	62-180696	7	F	age 3
			YES	NO
13 Indicate the percentage of gaming activity operated in:				3 <b>5</b> 2 (5)
a The organization's facility				78 - 1777
b An outside facility				
14 Provide the name and address of the person who prepares the organization's gaming/special events bo	oks and records:			
		0.000		
Name: *				
Address: -				
15. Door the appropriation have a contest with a third wait of the state of the same in the				
15a Does the organization have a contact with a third party from whom the organization receives gaming re		15a	eli izveste	
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ a of gaming revenue retained by the third party \$	nd the amount			
c If 'Yes,' enter name and address:				
on 105, onto hame and address.		310000		
Name: ►				660 (S)
		3.49		
Address: -				
16 Garning manager information				
Name: <b>-</b>				erri erri
Gaming manager compensation ► \$				
Describition ( ) to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t				
Description of services provided:				
Director/officer Employee Independent contractor				
				ender de la companya de la companya de la companya de la companya de la companya de la companya de la companya
17 Mandatory distributions				(30) (F)
·				
a Is the organization required under state law to make charitable distributions from the gaming proceeds state gaming license?	o retain the	17a	enistrati	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or s	<b></b>	100000		
organization's own exempt activities during the tax year: ► \$				
BAA TEEA3703 07/18/08 Sc	chedule <b>G</b> (Form 990	or 99	0-EZ)	2008

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No. 1545-0047 2008

Open to Public Inspection Employer identification number 62-1806967 Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990. STREET WORKS, INC.

Parti General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the grants or assistance, and the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Part III Grants and Other Assistance to Governments and Organizations in the United States.	ds to substantiate the grants or assistance procedures for monitrope to Governme	amount of the grant s?	of the grants or assistance, the grantees' eligibility for the grants or assistance, and e use of grant funds in the United States.	intees' eligibility for the lates.	grants or assistance,	and	Yes No
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	iny recipient that receive (Form 990) if additional	eceived more than \$5,000 tional space is needed	nan \$5,000. Check I needed	this box if no one r	ecipient received	more than \$5,00	ss on rorm 0. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH
, per cen an ear our has been and ear our has been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and the been and th		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s					
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice, see	the Instructions for	Form 990.	TEEA3901	12/19/08	Schedu	Schedule I (Form 990) 2008

Page 2 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 62-1806967 RECORDS ARE MAINTAINED OF THE APPROVAL PROCESS AND AMOUNTS OF ASSISTANCE GIVEN. INDIVIDUALS RECEIVING ASSISTANCE ARE SELECTED ON THE BASIS OF FINANCIAL NEED. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients INC. STREET WORKS, (a) Type of grant or assistance Schedule 1 (Form 990) 2008 Pt_I Line_2 Pt_I Line_2 Part

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Schedule I (Form 990) 2008

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

STREET WORKS, 62-1806967 INC Pt VI-A, Line 10 FORM 990 REVIEWED AND APPROVED BY BOARD OF DIRECTORS PRIOR TO FILING Pt_VI-A, Line 8 MINUTES MAINTAINED OF BOARD MEETINGS Pt VI-B, Line 12c CONFLICT OF INTEREST CONFIRMATION RECEIVED FROM ALL BOARD MEMBERS ANNUALLY Pt_VI-B, Line 15 EXECUTIVE DIRECTORS SALARY SET BY BOARD Pt VI-C, Line 19 FINANCIAL STATEMENTS AVAILABLE ON guidestar.org & givingmatters.com. OTHER DOCUMENTS AVAILABLE UPON REQUEST. Pt_XI, Line_2c _ AUDITOR SELECTED BY EXECUTIVE DIRECTOR AND APPROVED BY BOARD