

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Growing Hope Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO Box 980129 City or town, state or country, and ZIP + 4 Ypsilanti, MI 48198	D Employer identification number 74 3091845 E Telephone number (734) 786-8401 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.growinghope.net

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

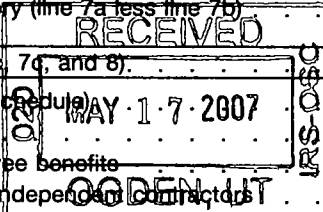
J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **81,245**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received			64002
	2 Program service revenue including government fees and contracts			2850
	3 Membership dues and assessments			
	4 Investment income			
	5a Gross amount from sale of assets other than inventory	5a		
	b Less: cost or other basis and sales expenses	5b		
	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).		5c	
	6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	12398	
	b Less: direct expenses other than fundraising expenses	6b	2140	
	c Net income or (loss) from special events and activities (line 6a less line 6b)		6c	10258
	7a Gross sales of inventory, less returns and allowances	7a	1995	
	b Less: cost of goods sold	7b	3559	
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)		7c	(1564)
	8 Other revenue (describe ▶ _____)		8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).		9	75546
Expenses	10 Grants and similar amounts paid (attach schedule)		10	0
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	44129
	13 Professional fees and other payments to independent contractors		13	20501
	14 Occupancy, rent, utilities, and maintenance		14	10618
	15 Printing, publications, postage, and shipping		15	5456
	16 Other expenses (describe ▶ <u>Supplies, dues, fee, travel, and meetings</u>)		16	14202
	17 Total expenses (add lines 10 through 16)		17	94906
	18 Excess or (deficit) for the year (line 9 less line 17)		18	(19360)
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	22271
	20 Other changes in net assets or fund balances (attach explanation) <u>Prior period adjustment</u>		20	(8571)
	21 Net assets or fund balances at end of year (combine lines 18 through 20)		21	(5660)



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

		(A) Beginning of year	(B) End of year
	22 Cash, savings, and investments	22271	22 9665
	23 Land and buildings		23
	24 Other assets (describe ▶ <u>Receivables, prepaid expenses and equipment.</u>)		24 2595
	25 Total assets	22271	25 12260
	26 Total liabilities (describe ▶ <u>Accrued expenses and notes payables</u>)		26 17920
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 (5660)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>Improving Communities</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>Taught gardening and healthy cooking to low income youth and adults through family based sessions</u> <u>Conducted youth development programs and community education. Developed and conducted a class to build capacity to create more school and community gardens.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 48,480.00
29	<u>Developed or expanded greenhouses and gardens and schools and community sites and continued assistance at 25 existing community sites.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 16,557
30	<u>Supported food access with local coalitions. Worked to build capacity of Farmers' Market.</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 6,630
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 0
32	Total program service expenses (add lines 28a through 31a)	32 71,667

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of 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	(E) Expense account and other allowances
Amanda Edmonds P.O. Box 980129, Ypsilanti, MI 48198	Executive Director, 37,000 40 hrs.	37,000		0
S Sheldon, J Cook PO Box 980129, Ypsilanti, MI 48198	Directors, 5 hours	0		
K Janiga, S Thomopolous, P. Donahue PO Box 980129, Ypsilanti, MI	Directors 3 hours	0		
M Jahi Chappelle, M Roby, P Bigby	Directors 3 hours	0		

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____

b 501(c)(3) and (4) organizations. 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 an explanation . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		✓
40e		

41 List the states with which a copy of this return is filed. ▶ Michigan

42a The books are in care of ▶ Amanda Edmonds Telephone no. ▶ (.734) 786 8401
 Located at ▶ 32 N. Washington St., Suite 11, Ypsilanti, MI 48197 ZIP + 4 ▶ 48197

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**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶ _____

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

Please Sign Here

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

▶ Sharon P. Sheldon Date 5/11/07
 Signature of officer

▶ Sharon P. Sheldon, Growing Hope Board President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ▶ Preparer's SSN or PTIN (See Gen Inst. X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no ▶ () _____