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

Department of the Treasury Internal Revenue Service

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

A	Fort	ne 2007 calendar year, or tax year beginning	and e	ending		Do not see 155 Box 451 A 100 Constitution
В		If Please C Name of organization	D Employer	Identification number		
	applic	use IRS			Cubioses	ineligitétifoli tiblitéti
[Add	dress label or ACCION TEXAS, INC.			74-2	2712770
[Nar	ne type	E Telephone			
[Initi	specific 2014 S. HACKBERRY ST.	,557	(TOOM/Suite		-226-3664
	Ten	min- Instruc- City or town of the or country and 710 . 4				ethod: Cash X Accrual
[ended CAN ANTONITO MY 70010			Other (specify	
		olication • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	trusts	Hand larg got ago		ection 527 organizations.
	·	must attach a completed Schedule A (Form 990 or 990-EZ).		H(a) Is this a group r		
G	Webs	ite: ▶WWW.ACCIONTEXAS.ORG		H(b) If "Yes," enter no		
j	Organ	ization type (check only one) \blacktriangleright X 501(c) (3) \blacktriangleleft (insert no.) 4947(a)(1) or	527	-		N/A Yes No
ĸ	Check	here if the organization is not a 509(a)(3) supporting organization and its g	rnss	i (If "No." attach a	list.)	
	receip	ts are normally not more than \$25,000. A return is not required, but if the organization	1	H(d) is this a separate ganization cover	e return filed ed by a orou	by an or- pruling? Yes X No
٠.	choos	es to file a return, be sure to file a complete return.		I Group Exemptio		
						ation is not required to attach
Ĺ	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 5,558, 3	66.	Sch. B (Form 99		
		Revenue, Expenses, and Changes in Net Assets or Fun		inces		
	1	Contributions, gifts, grants, and similar amounts received:		The state of the s	00,000,00	
		a Contributions to donor advised funds	. 1a			
		b Direct public support (not included on line 1a)	16	929,1	31.	
		c Indirect public support (not included on line 1a)				
		d Government contributions (grants) (not included on line 1a)	1 d	1,415,5	43.	
		e Total (add lines 1a through 1d) (cash \$ 2,344,674 noncash	\$	·) 1e	2,344,674.
	2	Program service revenue including government fees and contracts (from Part VII,	line 93)		2	3,185,025.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	27,914.
	5	Dividends and interest from securities			5	
	6 6	a Gross rents	6a			
	t	Less: rental expenses	6b			
φ	0	Net rental income or (loss). Subtract line 6b from line 6a	*		6c	
eun	7	Other investment income (describe) 7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities		(B) Other		
Lá.		than inventory	8a		33.	
	b	Less: cost or other basis and sales expenses	8b	2,32	22.	
	C	Gain or (loss) (attach schedule)	8c	<1,48		
		Net gain or (loss). Combine line 8c, columns (A) and (B)			. 8d	<1,489.>
	9	Special events and activities (attach schedule). If any amount is from gaming, chec	1 1	- []		
	a	Or Continuous reported bit falls (U)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	10.0	Net income or (loss) from special events. Subtract line 9b from line 9a	r		9c	
	10 a					
	b	Less: cost of goods sold	10b			
	6	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b fr	om line 1	Oa	10c	
Į	11	Other revenue (from Part VII, line 103)			11	<80.>
-	12 13	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	5,556,044.
ŝ		Program services (from line 44, column (B))			13	4,225,727.
2	14 15	Management and general (from line 44, column (C))			14	440,993. 395,987.
4	16	Fundraising (from line 44, column (D))			15	395,987.
	17	Payments to affiliates (attach schedule) Total expenses. Add lines 16 and 44, column (A)		*******************************	16	5,062,707.
+	18	Excess or (deficit) for the year. Subtract line 17 from line 12			17	493,337.
ets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	•••••		18	3,514,449.
Assets	20	Other changes in net assets or fund balances (attach explanation)			20	0.
1	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	4,007,786.
200	1			************	1 6 1	-, , , ,

Do not include amounts rep 6b, 8b, 9b, 10b, or 16		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor adv	1				
(attach schedule)					
(cash \$0 noncas					
If this amount includes foreign grants,		3			
22b Other grants and allocations	s (attach schedule)				
(cash \$0 _ noncas	h \$				
If this amount includes foreign grants,	check here 🕨 🔃 22t)			
23 Specific assistance to individual					
schedule)	23				
24 Benefits paid to or for members	·				
schedule)					
25a Compensation of current officers					
employees, etc. listed in Part V-A		279,343.	94,043.	78,410.	106,890
b Compensation of former officers					
employees, etc. listed in Part V-E	,	0.	0.	0.	0
c Compensation and other distribu					
above, to disqualified persons (a	s defined under				
section 4958(f)(1)) and persons	1 :				
section 4958(c)(3)(B)					
26 Salaries and wages of emplo					
included on lines 25a, b, and	c26	1,334,909.	1,080,979.	179,845.	74,085
27 Pension plan contributions no	1 1				
lines 25a, b, and c	27				
28 Employee benefits not includ	ed on lines				2.12.5
25a - 27	28	332,426.	244,580.	51,651.	36,195
9 Payroll taxes	29	141,473.	101,942.	23,243.	16,288
10 Professional fundraising fees	30				
11 Accounting fees	31				
12 Legal fees	32	20,200.	20,200.		
3 Supplies		27,329.	21,954.	3,141.	2,234
4 Telephone		211,203.	187,968.	22,260.	975
5 Postage and shipping		49,301.	39,441.	4,930.	4,930
6 Occupancy		59,569.	43,919.	9,050.	6,600
7 Equipment rental and mainten		86,512.	78,662.	5,250.	2,600
8 Printing and publications		30,040.	18,456.	1,502.	10,082
9 Travel		46,348.	17,600.	20,317.	8,431
Conferences, conventions, an	1 1	83,353.	30,418.	15,906.	37,029
1 Interest		447,915.	447,915.		
2 Depreciation, depletion, etc. (a	Transport	170,159.	150,999.	12,773.	6,387.
Other expenses not covered a					
a	`				
b					· · · · · · · · · · · · · · · · · · ·
C					·
d					
8					
f	431				
SEE STATEMENT		1,742,627.	1,646,651.	12,715.	83,261.
Total functional expenses. Add lin	nes 22a through		1,010,031.	12,7,13	03,201.
43g. (Organizations completing col carry these totals to lines 13-15)	44	5,062,707.	4,225,727.	440,993.	395,987.
oint Costs. Check 🕨 🔲 if yo					
e any joint costs from a combined edu	ucational campaign and	fundraising solicitation repo	orted in (B) Program service	es? ► 🗀	Yes X No
Yes," enter (i) the aggregate amount) the amount allocated to P		1/A
) the amount allocated to Manageme) the amount allocated to F		V/A

How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore turn is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.	ore, please make sure t
What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a LENDING PROGRAM: PROVIDES CREDIT TO SMALL BUSINESS THAT DO NOT HAVE ACCESS TO LOANS FROM COMMERCIAL SOURCES. 854 NEW LOANS WERE CLOSED IN FISCAL YEAR ENDED 12/31/2007.	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	4,225,727
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,225,727.

		O(2007) ACCION TEXAS	, INC	· •		74-	2712770	Page
P	art (\	Balance Sheets (See the instructions.)	•					7
No	te: Wi sh	here required, attached schedules and amounts ould be for end-of-year amounts only.	within th	e description column	(A) Beginning of year		(B) End of ye	ar
	45	Cash · non-interest-bearing			593,503			<u>,</u> 602
	46	Savings and temporary cash investments			301,136	46	296	,250
	47 8	Accounts receivable		16,993,716. 1,046,956.				
	t	Less: allowance for doubtful accounts	47b	1,046,956.	12,623,123	- 47c	15,946	,760
	-							
	48 a	Pledges receivable	. 48a					
	1	Less: allowance for doubtful accounts				48c		
	49	Grants receivable		***************************************	799,498	• 49	723	,421
	50 a	Receivables from current and former officers,						
		key employees				50a		
	0	Receivables from other disqualified persons (a						
Assets		4958(f)(1)) and persons described in section 4	958(c)(3)	(B)		50b		
Ass		Other notes and loans receivable						
	}	Less: allowance for doubtful accounts				51c		
	52	Inventories for sale or use			7 010	52		~ ~ ~
	53				7,010		4	,666
		Investments · publicly-traded securities				54a		
		Investments - other securities		Cost FMV		54b		
	100 4	Investments - land, buildings, and	55a	2 125 620				
		equipment: basis	008	2,135,639.				
	h	Less: accumulated depreciation	Ech	658,003.	1,040,674.		1 477	626
	56	Investments • other			1,040,074		1,477	,030
	1	Land, buildings, and equipment: basis				56		
		Less: accumulated depreciation				67.		
	58	Other assets, including program-related investments	010			57c		
			EE SO	TATEMENT 4	235,465.	58	199	,739.
	59	Total assets (must equal line 74). Add lines 45			15,600,409.	59	18,937	
	60	Accounts payable and accrued expenses			410,364.	60		,963.
	61	Grants payable			220/0040	61	<u> </u>	, 3 0 3 .
	62	Deferred revenue				62		
ies	63	Loans from officers, directors, trustees, and ke	v emplov	ees		63		
Liabilities	64 a					64a		
<u>a</u>	b	Mortgages and other notes payable			9,932,082.		13,128,	409.
		Other liabilities (describe > SI	EE ST	ATEMENT 5	1,743,514.	65	1,297,	
	66	Total liabilities. Add lines 60 through 65			12,085,960.	66	14,929,	288.
	Organ	nizations that follow SFAS 117, check here 🕨	X a	nd complete lines				
,,		67 through 69 and lines 73 and 74.						
ĕ		Unrestricted			2,528,313.	67	3,361,	
Jar		Temporarily restricted			636,136.	68		250.
n l		Permanently restricted			350,000.	69	350 ,	000.
rund balances		izations that do not follow SFAS 117, check I	nere 🟲	L and				
=		complete lines 70 through 74.						
ا 2		Capital stock, trust principal, or current funds				70		
ő		Paid-in or capital surplus, or land, building, and e				71		
- 1		Retained earnings, endowment, accumulated in				72		
		Total net assets or fund balances. Add lines 67 throu			2 514 440		4 000	700
		Column (A) must equal line 19 and column (B) must e			3,514,449.	73	4,007, 18,937,	786.
- 1	74 T	Total liabilities and net assets/fund balances.	MUU IIRES	00 and 73	10,000,409	74	10,73/,	U/4.

_	art IV-A Reconciliation of Revenue per Audited Fin			oer R		See the	age 5
а	Total revenue, gains, and other support per audited financial statem	nents			a 5	,898,9	89.
d	Amounts included on line a but not on Part I, line 12:						
1	Net unrealized gains on investments						
2	Donated services and use of facilities			<u> 156.</u>			
3	Recoveries of prior year grants	***************************************	b3				
4	Other (specify):		b4				
	Add lines b1 through b4	***************************************			b	341,4	56.
C	Subtract line b from line a				c 5	,557,5	
ď	Amounts included on Part I, line 12, but not on line a:						*****
1	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify): LOSS ON SALE OF ASSETS		d2 <1,4	189.	 		
	Add lines d1 and d2				ď	<1,4	89.
8	Total revenue (Part I, line 12). Add lines c and d			▶	e 5	,556,0	44.
Pa	Total revenue (Part I, line 12). Add lines c and d rt IV-B Reconciliation of Expenses per Audited Fin	ancial Statements	With Expenses	per l	Return		
a	Total expenses and losses per audited financial statements	***************************************			a 5	,404,1	63.
	Amounts included on line a but not on Part I, line 17:						
1	Donated services and use of facilities	***************************************	h1 341,4	156.			
	Prior year adjustments reported on Part I, line 20						
	Losses reported on Part I, line 20						
	Other (specify):		b4				
	Add lines b1 through b4				b	341,4	56.
C	Subtract line b from line a				c 5	,062,7	
ď	Amounts included on Part I, line 17, but not on line a:			.,,,,,			
1	Investment expenses not included on Part I, line 6b		d1				
	Other (specify):		d2				
	Add lines d1 and d2				d		0.
8	Total expenses (Part I, line 17). Add lines c and d			▶	e 5	,062,70	07.
Par	tV-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	ev Employees (List ea	ch person who wa	s an of	ficer, dire	ector, truste	е,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Con emplo plans compen	tributions t yee benefit & deferred sation plan	o (E) Expe account other allow	and
SEE	STATEMENT 6		272,762.	6	,581	•	0.
						 	
	.	Ì	1			1	

	m 990 (2007) ACCION TEXAS, INC.		74-271	2770) ғ	^o age '
Р	art VI Other Information (continued)					No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities	at no cha	arge or at substantially			1
	less than fair rental value?			82a		X
1	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	N/A	Districts		
83 8		n apolica	itions?	83a	Х	
1	Did the organization comply with the disclosure requirements relating to quid pro quo contrib			83b	Х	
84 8				84a		X
t	If "Yes," did the organization include with every solicitation an express statement that such or	ontributio	ns or aifts were not			
	tax deductible?			84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?			85a		1
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			85b		1
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the					
	waiver for proxy tax owed for the prior year.	+ . 9				
C		85c	N/A			
q			N/A	7		
е			N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A			
q				85g	de side di side	1000
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount	t on line	85f	ovy	-	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditu	rae far th	oo;			
	following tax year?			85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			0011		
	line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities		N/A	-		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	-		
b		0/4	14,721			
	against amounts due or received from them.)	87h	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable co			-		
	or an entity disregarded as separate from the organization under Regulations sections 301.776	poration M-2 and	or partnerstip,			
	If "Yes," complete Part iX	712 and	301.770133	88a		Х
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity	udthin th	mooning of	004		Λ.
-	section 512(b)(13)? If "Yes," complete Part XI	AASCI IIST EUL	r meaning of	88b		Х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under	· · · · · · · · · · · · · · · · · · ·		000		
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 495	я. E Б	0.			
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess I					
	transaction during the year or did it become aware of an excess benefit transaction from a prior					
	If "Yes," attach a statement explaining each transaction			004	6 C. 1983	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the			89b		$\stackrel{f \Lambda}{=}$
_	sections 4912, 4955, and 4958		0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.			
	All organizations. At any time during the tax year, was the organization a party to a prohibited to			000		v
f	All programments. Did the programment on anguirons direct or indirect interest in a constitution of the co	ax sneitei	transaction?	89e		<u>X</u>
q q	All organizations. Did the organization acquire a direct or indirect interest in any applicable insu	rance co	ntract?	89f		Χ
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Die					000.A
	or a fund maintained by a sponsoring organization, have excess business holdings at any time. List the states with which a copy of this return is filed ►NONE	during th	e year?	89g	1	X
						2 =
	Number of employees employed in the pay period that includes March 12, 2007 The books are in care of ▶ GUSTAVO LASALA,			6 3/		35
			one no. ► 210-22			
	Located at > 2014 S. HACKBERRY STREET, SAN ANTONIO, T.		ZIP+4 ► 7	T-		A1
	At any time during the calendar year, did the organization have an interest in or a signature or o			r 	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other fir	iancial ac	count)?	91b	288 625 4	X
	f "Yes," enter the name of the foreign country ► N/A					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	reign Ba	nk			
ē	and Financial Accounts.					omet.

Part VI Other Information (continued)	S, INC.			/ 1	2712770 Page Yes N
c At any time during the calendar year, did the orga	anization maint	ain an office outside	of the Un	sitad States?	91c 2
If "Yes," enter the name of the foreign country	- 1	J/A	or the or	med States:	916 4
92 Section 4947(a)(1) nonexempt charitable trusts fill			Check he	ora	.
and enter the amount of tax-exempt interest rece	ived or accrue	d during the tax year	Olicon IIe	▶ 92	
Part VII Analysis of Income-Producing	Activities (S	See the instructions.)			0/100/020
Note: Enter gross amounts unless otherwise		d business income		ed by section 512, 513, or 514	153
indicated.	(A)	(B)	(C)	(D)	(E) Related or exempt
93 Program service revenue:	Business code	Amount	Exclu- sion code	Amount	function income
a MICROENTERPRISE LOAN			Code		
b INTEREST					3,185,025
C					
d					
8					
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	27,914.	
96 Dividends and interest from securities					/
97 Net rental income or (loss) from real estate:					
a debt-financed property					
not debt-financed property					
Net rental income or (loss) from personal property					
99 Other investment income					
00 Gain or (loss) from sales of assets					
other than inventory					<1,489
01 Net income or (loss) from special events					
32 Gross profit or (loss) from sales of inventory					
03 Other revenue:					
a MISCELLANEOUS					<80
b					
C					
d					4
е					
4 Subtotal (add columns (B), (D), and (E))		0.		27,914.	3,183,456
5 Total (add line 104, columns (B), (D), and (E))	******************	***************************************		> _	3,211,370
ote: Line 105 pius line 1e, Part I, should equal the amou	nt on line 12, F	Part I.			
Part VIII Relationship of Activities to the	Accomplish	ment of Exemp	t Purp	OSES (See the instruction	ns.)
ine No. Explain how each activity for which income is report	ted in column (E) of Part VII contributed	importan t	tly to the accomplishment of	the organization's
exempt purposes (other than by providing funds for		<u> </u>			
3A INTEREST AND FEES FROM I	LOANS AS	USED TO F	L DND	PROGRAM OPERA	TIONS
	······				
		·			

art IX Information Regarding Taxable S	ubsidiaries		ed Enti		
Name, address, and EIN of corporation. Percentage of	l Na	(C) sture of activities		(D) Total income	(E) End-of-year
partnership, or disregarded entity ownership interest				Total moons	assets
%	 				
N/A %					
%	·····				
% % I I I I I I I I I I I I I I I I I I	1				
	Associatec	With Personal	Ronofit	Contracts (See the in	structions)
art X Information Regarding Transfers . a) Did the organization, during the year, receive any funds, directly Did the organization, during the year, pay premiums, directly	ectly or indirectly	, to pay premiums on a	a personal		Yes X No

106 (Did the reporting eropairation makes a set up to the set u			Yes	No
100 (Did the reporting organization make any transfers to a controlled entity complete the schedule below for each controlled entity.	y as defined in section !	512(b)(13) of the Code? If "Yes,	11	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
a		-			
b		-			
c					
	Totals				
107 D	d the reporting organization receive any transfers from a controlled e amplete the schedule below for each controlled entity.	entity as defined in sect	ion 512(b)(13) of the Code? If "	Yes,"	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount o transfer	
a					
b					POTENTIAL BANKS
c					
	Totals				
08 Did	the organization have a binding written contract in effect on August wittes described in question 107 above?			Yes	
lease ign	Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of white Signature of officer Signature of officer	ing schedules and statements, ch preparer has any knowledge	and to the best of my knowledge and be	nief, it is true, com	ect,
ere	Type or print name and title		leck if Preparer's SSN of	or PTIN (See Gen. I	inst. X)
ere Iid	Preparer's				
		P.C. 91		094	

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

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number ACCTON TEXAS TNC

		74: 2712	770
oloyees Other Than	Officers, Direc		
(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred	(e) Expense account and oth allowances
40.00	73,896.		
40.00	65,891.	1,211	•
40.00	61,084.	1,780	•
40.00	57,456.	1,066	•
40.00	53,847.	942	
3			
pendent Contractor	s for Professione "None"	onal Servic	es
n \$50,000		ervice	(c) Compensation
_ ~ ~			······································
0			
endent Contractors	s for Other Se	rvices	
)			
\$50,000	(b) Type of se	rvice	(c) Compensation
0			
	nter "None.") (h) Title and average hours per week devoted to position 40.00 40.00 40.00 30 pendent Contractor or firms). If there are none, et and services, whether individual or all services are services.	(c) Compensation	(b) Title and average hours per week devoted to position 40.00 73,896. 40.00 65,891. 1,211 40.00 61,084. 1,780 40.00 57,456. 1,066. 40.00 53,847. 942. 3 pendent Contractors for Professional Service or firms). If there are none, enter "None.") n \$50,000 (b) Type of service 0 pendent Contractors for Other Services al services, whether individuals or

	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		х
	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.			1
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.)			
		2a		X
,	ti Lending of money or other extension of credit?	2b		X
,	c Furnishing of goods, services, or facilities? d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	20		X
,	e Transfer of any part of its income or assets?	2d		X
3 8	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	2e		X
	the organization determines that recipients qualify to receive payments.)	3a		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
6	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,	00		- 25
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	$\overline{\mathbf{x}}$	
ŧ a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		Х
b	Did the organization make any taxable distributions under section 4966?	4b		
Ç	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c		
đ	Enter the total number of donor advised funds owned at the end of the tax year		N/	A
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/2	A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			*****
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Pa	rt IV	Reason for Non-Private Foundation	Status (See pages 4	through 8 of the instructi	ions.)						
l certi 5 6 7 8 9	fy that ti	ne organization is not a private foundation because it is: A church, convention of churches, or association of c A school. Section 170(b)(1)(A)(ii). (Also complete Pa A hospital or a cooperative hospital service organization A federal, state, or local government or governmental A medical research organization operated in conjunction and state	hurches. Section 170(b) rt V.) on. Section 170(b)(1)(A) unit. Section 170(b)(1)(/	(1)(A)(i). (iii). A)(v).	the hospitat	's name, city,					
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)										
11a 11b	X	An organization that normally receives a substantial p Section 170(b)(1)(A)(vi). (Also complete the Support A community trust. Section 170(b)(1)(A)(vi). (Also co.	Schedule in Part IV-A.)		n the general	public.					
12		An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelative the organization after June 30, 1975. See section 5	33 1/3% of its support finctions - subject to certalled business taxable inco	rom contributions, memb in exceptions, and (2) no me (less section 511 tax)	more than 3 from busines	3 1/3% of					
13		An organization that is not controlled by any disqualified 509(a)(3). Check the box that describes the type of support Type I	oporting organization: Type III-Fu	inctionally Integrated		Type III-					
		Provide the following information at	out the supported organ	nizations. (See page 8 of	the instruction	ons.)					
		(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)	organization the sup	ipported on listed in	(e) Amount of support				
					Yes	No					
Total											
14 [۸	B organization organized and operated to test for a well-	anfahr Cantin 500/ 1/		, , ,						
1/4		n organization organized and operated to test for public	c satety. Section 509(a)(4	4), (See page 8 of the ins	tructions.)						

Page 4

Cale	endar year (or fiscal year	he worksheet in the ins	tructions for converting	from the accrual to th	ne cash method of ac	counting.
beg	inning 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.)	2,349,103.	2,492,710.	1,969,745.	1,609,404	8,420,962
16	Membership fees received					
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					
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		29,833.	15,284.	43,583	128,733
19	Net income from unrelated business					2207133
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets				***************************************	
23	Total of lines 15 through 22	2,389,136.	2,522,543.	1,985,029.	1,652,987.	8,549,695.
	Line 23 minus line 17	2,389,136.	2,522,543.	1,985,029.	1,652,987.	8,549,695.
25	Enter 1% of line 23	23,891.	25,225.	19,850.	16,530.	
	Organizations described on lines 10				▶ 26a	170,994.
b	Prepare a list for your records to sho	w the name of and amoun	t contributed by each per	son (other than a govern	mental	
	unit or publicly supported organizatio			ed the amount shown in l	line 26a.	
	Do not file this list with your return.				▶ 2613	0.
	Total support for section 509(a)(1) te				▶ 26c	8,549,695.
đ.	Add: Amounts from column (e) for lin		<u> 28,733.</u> 19 _			
_	Dukti and the open to the	22	26b _		<u>26d</u>	128,733.
e .	Public support (line 26c minus line 26	od total)		***************************************	26e	8,420,962.
!! 7 (Public support percentage (line 26e	(numerator) divided by i	me 25c (denominator))		26f	98.4943%
r S		il amounts received in each $1/\mathrm{A}$	h year from, each "disqua	lified person." Do not file	this list with your retu	rn. Enter the sum of
b F	2006) For any amount included in line 17 tha	t was received from each	Dorson (ather than "dian	14)	(2003)	
a	and amount received for each year, the	at was received from each	person (uther than lusquer of (1) the amount on 6	named persons), prepari	e a list for your records	to snow the name of,
d	escribed in lines 5 through 11b, as w	eli as individuais \ Do ont	file this list with your rat	rie 25 lut life year or (2) .	os,000. (include in the i	amount received and
t!	he larger amount described in (1) or ((2), enter the sum of these	differences (the excess)	smounts) for each year:	N/A	amount seceived and
	2006)					
c A	.dd: Amounts from column (e) for line	es: 15		16		
	17	20		21	▶ 27€	N/A
d A	dd: Line 27a total	and I	íne 27b total		> 27d	N/A
e Pi	ublic support (line 27c total minus lin	e 27d total)			▶ 270	N/A
f To	otal support for section 509(a)(2) test	t: Enter amount on line 23	, column (e) 🕨	271 N	/A	
g P	ublic support percentage (line 27e (numerator) divided by lir	se 27f (denominator))		► 27g	N/A %
	vestment income percentage (line 1					N/A %
shov retu	sual Grants: For an organization desc w, for each year, the name of the cont rn. Do not include these grants in line	tributor, the date and amo	unt of the grant, and a br	al grants during 2003 thr lef description of the natu	ough 2006, prepare a li ure of the grant. Do not	st for your records to file this list with your
131 12	2-27-07	NOI	NE L		Schedu	le A (Form 990 or 990-EZ) 2007

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
,	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ı	and a supposition and a strong transfer about the amended out a nativally individual straining for a page 2 in the strong transfer and a strong transfer a	32b		
(Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
C	1 Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a		33a		
b	F. Commence of the Commence of	33b		
0	The state of the s	33c		
ď	A CONTRACTOR OF THE CONTRACTOR	33d		
e		33e		
ī	Use of facilities?	33f		an
g	· · · · · · · · · · · · · · · · · · ·	33g		
ħ	The state of the s	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.			490.F
UU	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No " attach an explanation	0.5	ı	

Schedule A (Form 990 or 990-EZ) 2007

	Part VI-A Lobbying	Expenditures by I	Electing Public Ch	arities (See page 11	of the instructions.)	7	<u>4-2712770</u> Рад N/А
C		leted ONLY by an eligible or nization belongs to an affiliat			recked "a" and "limite	d contro	ntovisions andv
		Limits on Lobbying	ı Expenditures	<u> </u>	(a) Affiliated growtotals		(b) To be completed for all electing organizations
38 37 38 39 40 41 41	Total lobbying expenditures Total lobbying expenditures Other exempt purpose exper Total exempt purpose exper Lobbying nontaxable amount If the amount on line 40 is Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,000 Over \$1,500,000 Grassroots nontaxable amount Subtract line 42 from line 38 Subtract line 41 from line 38 Caution: If there is an amount	20% of the 200,000 pi 100,000 pi 1500,000 \$175,000 pi 7,000,000 \$225,000 pi \$1,000,000 cunt (enter 25% of line 41) 3. Enter -0- if line 42 is more 3. Enter -0- if line 41 is more ount on either line 43 or second count on either line 44 or secon	9) le following table - ring nontaxable amount is amount on line 40 us 15% of the excess over \$500 us 10% of the excess over \$1,50 than line 36 than line 38 line 44, you must file For	37 38 39 40 	N/A		
		below. See the in	structions for lines 45 thro	ugh 50 on page 13 of th	e instructions.)	mas 	
	endar year (or al year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004		N/A (e) Total
	Lobbying nontaxable amount						0
	Lobbying ceiling amount (150% of line 45(e))						0
	Total lobbying						
	expenditures						0
	amount						0.
-	Grassroots ceiling amount 150% of line 48(e))						0.
	Grassroots lobbying		-				
Tanger to y	rt VI-B Lobbying A	ctivity by Nonelec			otions \		0.
Durin	g the year, did the organizatio						N/A
influe	nce public opinion on a legisk olunteers	ative matter or referendum,	through the use of:		Yes	No	Amount
b P	aid staff or management (Inci	lude compensation in expen	ses reported on lines c thr	ough h.)			
€ N	ledia advertisements		******************************				•
d N	lailings to members, legislato	rs, or the public					
e P	ublications, or published or b	roadcast statements					
f G	rants to other organizations fo	or lobbying purposes	**** **********************************				
	rect contact with legislators, t						
h Ra	allies, demonstrations, semina	ars, conventions, speeches,	lectures, or any other mea	ns			
1 10 If	ital lobbying expenditures (Ac "Yes" to any of the above, also	המינים להתפשפות בי senii ut.)	detailed description of the	a lohhvina activitica			0.
23151	100 to dist of the above, dist	o accuois a statement giving	a decaned description of the	ropoying activities.			

Par	t VII Information Re	egarding Transfers To a izations (See page 14 of the in	nd Transactions a	nd Relationships With Nonchar	ritable	<u> </u>	Page
51				ner organization described in section			
	501(c) of the Code (other than	section 501(c)(3) organizations) of	or in section 527, relating to	political organizations?			
а		rganization to a noncharitable exen				Yes	No
	(i) Cash		** ** *********************************		51a(i)		X
	(ii) Other assets				a(ii)	ļ	X
b	Other transactions:						
	(I) Sales or exchanges of asse	ets with a noncharitable exempt or	ganization		b(i)	ļ	X
	(II) Purchases of assets from a	a noncharitable exempt organizatio	អា		b(ii)	ļ	X
	(III) Rental of facilities, equipme	ent, or other assets			b(iii)	ļ	X
	(v) Loans or loan guarantees	ents			b(iv)		X
			tations		b(v)	<u> </u>	X
C	Sharing of facilities, equipment	, mailing lists, other assets, or paid					X
				I always show the fair market value of the	3	L	_ <u> </u>
u .	noods, other assets, or services	o is 163, complete the lonowing s aliven by the reporting organization	icheude. Colonia (D) Should in If the organization receive	ed less than fair market value in any			
t	ransaction or sharing arrangen	nent, show in column (d) the value	of the anads, other assets	or services received:		N/A	
(a)	(b)	(c)	0. 0.0 90000, 0.0.01 0.0001.			TA / TZ	
Line no		Name of noncharitable e	exempt organization	(d) Description of transfers, transactions, and	sharing ar	randen	nents
						J.	
				77777			****
			······································		***************************************		

						A-1467 harring graphy	
2 a is	the organization directly or indi	irectly affiliated with, or related to,	one or more tax-exempt org	anizations described in section 501(c) of the			
	de (other than section 501(c)(3		**** ***** ** ********* ****** .	<u> </u>	Yes	X	No
b 11	Yes," complete the following so	chedule: N/A		· ·			·
	(a) Name of orga	inization	(b) Type of organization	(c)	fa i m		
	Numo ot orga		rype or organization	Description of relations	uib		
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
							······································
							······································
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				<u> </u>			
			,				
					P	·····	
3152							

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization		Employer identification number
	ACCION TEXAS, INC.	74-2712770
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
General Rule- For organization contributor. (Con	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 nplete Parts I and II.)	00 or more (in money or property) from any one
Special Rules-		
sections 509(a)(1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% ()/170(b)(1)(A)(vi), and received from any one contributor, during the year, line 1 of these forms. (Complete Parts I and II.)	% support test of the regulations under , a contribution of the greater of \$5,000 or 2%
aggregate contri	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that recein cutions or bequests of more than \$1,000 for use <i>exclusively</i> for religious prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	, charitable, scientific, literary, or educational
some contributio \$1,000. (If this bo charitable, etc., p	(c)(7), (8), or (10) organization filing Form 990, or Form 990.EZ, that receins for use exclusively for religious, charitable, etc., purposes, but these dox is checked, enter here the total contributions that were received during urpose. Do not complete any of the Parts unless the General Rule applifigious, charitable, etc., contributions of \$5,000 or more during the year.)	contributions did not aggregate to more than g the year for an exclusively religious, les to this organization because it received
ey <mark>must</mark> check the box i	at are not covered by the General Rule and/or the Special Rules do not fil in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 9 B (Form 990, 990-EZ, or 990-PF).	le Schedule B (Form 990, 990-EZ, or 990-PF), but 990-PF, to certify that they do not meet the filing
A For Paperwork Red	uction Act Notice, see the Instructions	Schadula R /Form 000, 000-F7, ar 000-PE) (2007)

for Form 990, Form 990-EZ, and Form 990-PF.

Employer identification number

ACCION TEXAS, INC.

74-2712770

Part	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITIGROUP 3800 CITIGROUP CENTER DR TAMPA, FL 33610.	\$ 75,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	J P MORGAN CHASE 1 CHASE MANHATTAN PLAZA NEW YORK, NY 10005	\$ 100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	HOUSTON ENDOWMENT INC 600 TRAVIS HOUSTON, TX 77002	\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	COMERICA PO BOX 650282 DALLAS, TX 75265	\$ 70,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	CITIGROUP FOUNDATION 850 3RD AVE NEW YORK, NY 10022	\$\$115,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	WACHOVIA BANK 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288	\$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990 GAIN	N (LOSS) FRO	M SALE OF	OTHER	ASSETS		STATEMENT
DESCRIPTION			ATE UIRED	DATI SOLI		METHOD CQUIRED
VARIOUS OFFICE EQUIPMEN	VT.				PU	JRCHASED
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BAS		PENSE SALE	DEPREC	NET GAIN OR (LOSS)
	833.	16,60	9.	0.	14,28	<1,489.
TO FM 990, PART I, LN 8	833.	16,60	9.	0.	14,28	<1,489.
FORM 990	Oʻ	THER EXPEN	SES			STATEMENT 2
	(A)	(B PROG	RAM	(C) MANAGE	EMENT	(D)
DESCRIPTION	TOTAL	SERV	ICES	AND GE	ENERAL	FUNDRAISING
ADVERTISING	24,901 99,205	3:	2,630. 2,152.		4,911.	7,360.
CONTRACT SERVICES	8,600		3,600.			67,053.
CONSULTING CONTRACT SERVICES DUES & SUBSCRIPTIONS INSURANCE MILEAGE & PARKING PORTFOLIO EXPENSE	50,646 14,099 8,232	• 41 • 10	1,282. 0,749. 1,294.		2,600. 1,950. 3,254.	67,053. 6,764. 1,400. 684.
CONTRACT SERVICES DUES & SUBSCRIPTIONS INSURANCE MILEAGE & PARKING PORTFOLIO EXPENSE BAD DEBT EXPENSES SERVICE CHARGES AND	50,646 14,099 8,232 483,901 999,932	. 42 . 10 . 483 . 999	1,282. 0,749. 1,294. 3,901. 0,932.		1,950.	6,764. 1,400.
CONTRACT SERVICES DUES & SUBSCRIPTIONS INSURANCE MILEAGE & PARKING PORTFOLIO EXPENSE BAD DEBT EXPENSES	50,646 14,099 8,232 483,901	. 42 . 10 . 483 . 999	1,282. 0,749. 1,294. 3,901.		1,950.	6,764. 1,400.

EXPLANATION

THE MISSION OF ACCION TEXAS IS TO PROVIDE CREDIT TO SMALL BUSINESSES THAT DO NOT HAVE ACCESS TO LOANS FROM COMMERCIAL SOURCES. THROUGH ITS LOANS AND SERVICES, ACCION TEXAS HELPS MICRO ENTREPRENEURS THROUGHOUT TEXAS STRENGTHEN THEIR BUSINESSES, STABILIZE AND INCREASE THEIR INCOMES, CREATE ADDITIONAL EMPLOYMENT AND CONTRIBUTE TO THE ECONOMIC REVITALIZATION OF THEIR COMMUNITIES.

PART III

FORM 990	OTHER ASSETS		STATEMENT 4
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
ACCRUED INTEREST RECEIVABLE LATE PAYMENT AND NSF FEES OTHER RECEIVABLES RECOVERED ASSET INVENTORY		99,716. 14,430. 16,253. 105,066.	129,494. 21,004. 16,636. 32,605.
TOTAL TO FORM 990, PART IV, LIN	E 58, COLUMN B	235,465.	199,739.
FORM 990 OT	HER LIABILITIES		STATEMENT 5
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
TEXAS CAPITAL ACCESS FUND RESER EQUITY EQUIVALENTS	VE	43,514. 1,700,000.	47,916. 1,250,000.
TOTAL TO FORM 990, PART IV, LIN	E 65, COLUMN B	1,743,514.	1,297,916.

STATEMENT

FORM 990 PART V-A -	TRUSTEES AND KEY EMPLOYEES	DIRECTORS,	STAT	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
JANIE BARRERA 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	PRESIDENT 40.00	103,995.	2,895.	0.
GARY LINDNER 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	CHIEF OPERATING 40.00		2,547.	0.
GUSTAVO LASALA 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	CHIEF FINANCIAL 40.00		1,139.	0.
BILL ALBERS 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
LUTHER BRANHAM 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
JAY CLINGMAN, III 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
MARIO DOMINGUEZ 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
JUAN ECHARTEA 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
ROSE MARY FRY 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
DAVID LONG 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
DONNA NORMANDIN 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	VICE CHAIRMAN 0.00	0.	0.	0.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

ACCION TEXAS, INC.			74-2	2712770
KENNETH OLSON 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	CHAIRMAN 0.00	0.	0.	0.
KATHLEEN QUIROZ 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
JERRY ROMERO 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	TREASURER 0.00	0.	0.	0.
ROY TERRACINA 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
TED TERRAZAS 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
DORA ANN VERDE 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	SECRETARY 0.00	0.	0.	0.
KENNETH WILSON 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
LINDA WINSTON 2014 S. HACKBERRY ST SAN ANTONIO, TX 78210	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990	, PART V-A	272,762.	6,581.	0.

Form **8868** (Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ [X]
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on pa Do not complete Part II unless you have already been granted an automatic 3-month extension on a p		
		om 6008.
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies need		
A corporation required to file Form 990-T and requesting an automatic 6-month extension \cdot check this because of the corporation of the corporat		
Part I only		>
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to to file income tax returns.	request an exte	nsion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automa noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a compyou must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the ewww.irs.gov/efile and click on e-file for Charities & Nonprofits.	88 electronically i	f (1) you want the additional
Type or Name of Exempt Organization	Emp	loyer identification number
print ACCION SERVAC TWO		
ACCION TEXAS, INC.		4-2712770
Number, street, and room or suite no. If a P.O. box, see instructions. 2014 S. HACKBERRY ST.		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78210		
Check type of return to be filed (file a separate application for each return):		
X Form 990 Form 990-T (corporation)	Form 4720	
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 5227	
Form 990-EZ Form 990-T (trust other than above)	Form 6069	
Form 990-PF Form 1041-A	Form 8870	
The best of the second of the		
The books are in the care of ► GUSTAVO LASALA, Telephone No. ► 210-226-3664 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 fo	r the whole group, check this
	-INs of all memb	ers the extension will cover.
ox 🚩 📖 . If it is for part of the group, check this box 🟲 🎑 and attach a list with the names and l		
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of	of time until	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008, to file the exempt organization return for the organization	of time until	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008, to file the exempt organization return for the organization is for the organization's return for:	of time until	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008 to file the exempt organization return for the organization is for the organization's return for: X calendar year 2007 or	of time until	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008, to file the exempt organization return for the organization is for the organization's return for:	of time until	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008 and the exempt organization return for the organization is for the organization's return for: ► X calendar year 2007 or ★ tax year beginning, and ending	of time until	The extension
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008 to file the exempt organization return for the organization is for the organization's return for: ► X calendar year 2007 or ► tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	of time until	The extension
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008 , to file the exempt organization return for the organization is for the organization's return for: ► X calendar year 2007 or ► tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return 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.	of time until	The extension
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008 to file the exempt organization return for the organization is for the organization's return for: ➤ X calendar year 2007 or ➤ tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Final return 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. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	of time until	The extension Change in accounting period
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008 to file the exempt organization return for the organization is for the organization's return for: ➤ X calendar year 2007 or ➤ tax year beginning and ending If this tax year is for less than 12 months, check reason: Initial return Final return 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. 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.	of time until	The extension Change in accounting period
AUGUST 15, 2008 , to file the exempt organization return for the organization is for the organization's return for: X calendar year 2007 or	of time until	The extension Change in accounting period
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of AUGUST 15, 2008 , to file the exempt organization return for the organization is for the organization's return for: ▶ X calendar year 2007 or ▶ tax year beginning , and ending If this tax year is for less than 12 months, check reason: Initial return Final return 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. 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.	of time until	The extension Change in accounting period