

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2008
Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **7/01/09**, and ending **9/30/09**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **VALLEY INITIATIVE FOR DEVELOPMENT AND ADVANCEMENT**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1715 EAST PIKE BOULEVARD

City or town, state or country, and ZIP + 4
WESLACO TX 78596-5026

D Employer identification number
74-2768931

E Telephone number
956-447-0600

G Gross receipts \$ **1,075,610**

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.VIDACAREERS.ORG**

H(c) Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1995** **M** State of legal domicile: **TX**

Part I Summary

| | | | |
|---|--|-------------------|------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: JOB TRAINING ASSISTANCE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 7 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 23 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,821,117 | 1,068,563 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,072 | 150 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 34,406 | 6,897 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,856,595 | 1,075,610 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 601,424 | 148,300 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,289,578 | 867,122 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,891,002 | 1,015,422 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -34,407 | 60,188 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 163,950 | 712,559 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 165,158 | 653,579 |
| | | -1,208 | 58,980 |

Part II Signature Block

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.

Sign Here

Signature of officer: *Maria Garcia* Date: **2/12/2010**

Type or print name and title: **Exec. Director**

Paid Preparer's Use Only

Preparer's signature: *Just Anderson* Date: **2/12/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **LONG CHILTON, LLP**
402 E TYLER AVE
HARLINGEN, TX 78550-9122

Preparer's identifying number (see instructions): **456-15-5464**

EIN: ▶ **74-1154721**

Phone no.: ▶ **956-423-3765**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No