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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)

20**08**

Open to Public

Department of the Treasury Internal Revenue Service

(HTA)

benefit trust or private foundation)

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

Ā	For the	2008 cale	endar yea	ar, or tax ye	ear beginnin	g	10/1/20	08	, ;	and er	nding	9/	30/20	009		
	Check if ap		Please		organization		TY CORP							ntification n	umber	
	Address o	change	use IRS label or	Doing Bu	ısıness As					•		31-09789				
Ħ,	Name cha	ange	print or			O box if ma	Il is not delivered	to street a	address)	Ro	om/suite	E Telepho		mber		
=	Initial retu	-	type See		D STREET				,	14:		937-225-6				
Ħ∙	Terminati	on	Specific		wn, state or co		9 + 4				2.0	301-ZZ0-C	020			
=	Amended		Instruc- tions	DAYTON	,	-		DH	454	102		G Gross receipts \$ 2,589,629				
=		n pending			dress of princ	cinal officer					H/a) le t	his a group re				s X No
_					•	•	uite 1420, Da	udan C	NU 4540	2					一	=
									7),2		e all affiliates :			Ye	s No
		npt status			3) ◄ (inse	rt no) L	4947(a)(1)	or _	527			If "No," attach		-	•	
<u>J V</u>	<u>Vebsite</u>	: ► wwv		corp com		<u></u>					H(c) Gro	oup exemption	n numl	ber ► N/A	<u> </u>	
K T	ype of or	ganızatıon	X co.	rporation	Trust	Association	Other ▶			L Year	of forma	tion 197	9	M State of le	egal domici	le OH
F	art I	Sur	nmary													
	1	Briefly d	escribe t	the organiz	zation's mis	sion or mo	st significant	activitie	es To	impro	ve the	quality of l	fe fo	r the resid	lents of	
		Montgor	nery Cou	unty throug	h improved	housing o	pportunities.					. <i></i>				
ce																
Activities & Governance				<u></u>												
ove.	2	Check th	nis box	▶ ∐ if th	ne organizat	tion discor	itinued its ope	erations	or disp	osed	of more	than 25%	of it	s assets		
<u>ن</u> مع	3						y (Part VI, lin						_3	3		21
es	4						overning bod	y (Part	VI, line	1b) .			4	4		21
ivit	5				s (Part V, Iır								_ 5	5		17
Act	6				(estimate i									6		4
	7a	-					rt VIII, line 12		n (C)			•	<u> </u>	'a		<u>-1,361</u>
<u>n</u>	<u> </u>	Net unre	elated bu	ısıness tax	able income	e from For	<u>m 990-T, line</u>	34				•	7	'b		<u>-1,361</u>
>		Contributions and grants (Part VIII, line 1h)									Prior Year			Current Ye		
و چ	8			_									92,7			295,306
青青	9	-		•	Part VIII, lin	— ·	4						99,30		 	245,656
CINN S Revenue	10 11			-			, 4, and 7d)	11 <i>-</i>	- \				20,5	29		9,249
	12	Total rev	ven RE	CEME	Diumin (A), ii	mes 5, 60, (must oau	8c, 9c, 10c, al Part VIII, co	and ite	3) (A) lung :	12 \		2,512,547				-1,361 ,548,850
윮	13						n (A), lines 1-		A), IIIIE	12)						933,420
U	14	Reneils	naid tag	a≀annound Tarforøneme	phers (Part)	IX, column	Π (Δ), IIIES I- (Δ) line 4)	-3)				539,449				933,420
0	15	Salaries	other c	ompensati	on employ	ee benefits	s (Part IX, col	umn (A) lines f	5–10)	481,325			<u> </u>		490,478
ses	16a	Professi	onal-fun	draisina f e	es_(P a∰.X.	column (A	(), line 11e)	۷۰۰۰۰۰ (۲۰	,,oo c	,		<u>'</u>	01,02	0		0
Olf 07 P	b	Total fur	ndr 🕶 🚾	DE Nee!	Hart IX co	olumn (D).	line 25) ▶			0				1		
础	17						11d, 11f–24f)					8	75.43	30		686,467
	18						rt IX, column		e 25)				96,20			110,365
	19				ubtract line			` '/'	,				16,34			438,485
Net Assets or Fund Balances						-					Be	ginning of Y			End of Yea	
sets	20	Total as	sets (Pa	rt X, line 1	6)							18,3	77,2	18	18,	,090,051
t As	21	Total lial	bilities (F	Part X, line	26)							1,7	78,9°	15	1,	,053,263
_ ž	22	Net asse	ets or fur	nd balance	s Subtract	line 21 fro	m line 20					16,5	98,30	03	17,	,036,788
Pa	rt II		nature													
		Unde	r penalties	of perjury, I d	eclare that I ha	ve examined	this return, includ	ing accon	npanying s	schedule	es and sta	atements, and	to the	e best of my	knowledge	
		and b	eller, it is t	rue /correct, a	0 (\	_ 1	preparer (other th	ian onicer) is based	on all ir	ntormatio	n of which pre	eparer	nas any kno	wieage	
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Sig	jn –	•	Signature			7 7 00 -						Date	<u>, </u>	''		
He	re	1		D Naas					ı	Presid	ient	Date	•			
				int name and	title				-	i icaic	<u>16111</u>					
		Prepa						Date		Cr	neck if		Pro	eparer's ider	ntifying num	nber
Pai	d	signa	ture							se				e instructions		
	parer's	s	, name /c=		SELF-PREP	ARED RET	URN	1		en	nployed	▶□	_ _			
	e Only		s name (or '-employed'									EIN •				
			ess, and ZII									Phone no	<u> </u>			
Ma	y the IF	RS discus	s this re	turn with th	ne preparer	shown ab	ove? (see ins	truction	າຣ)						Yes	X No
							separate instr			-				1 0.	Form 9	90 (2008)

Fe	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission	
	To advance the common good and general welfare of the communities and residents of Montgomery C	ounty, Ohio, and in
	particular, the general welfare of the low- and moderate-income residents of the County, by establishin	
	programs which promote and further the improvement and enhancement of physical, social, and econo	mic resources of
	Montgomery County and its residents	
2		<u> </u>
-	the prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O	K les Mo
2		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∇ v □ v.
		X Yes No
	If "Yes," describe these changes on Schedule O	
4		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	mount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	a (Code) (Expenses \$ 1,143,130 including grants of \$ 715,948) (Revenue	e \$ 82,171)
	Loans and Grants for Residential Rehabilitation Financed or facilitated 26 loans and/or grants which v	vere used to
	rehabilitate residential properties The Organization also serviced 538 loans	
		• • • • • • • • • • • • • • • • • • • •
	1 (0 1	
4b	· · · · · · · · · · · · · · · · · · ·	e \$ 83,729)
	Housing Trust & Community Development Financial Institution Programs Provided funding for 47 low a	and moderate
	income housing units in Mongtomery County Projects included acquisition, rehabilitation, and constru-	ction of
	housing units The Organization also serviced 124 loans	
	•••••	
	••••••	
	•••••	
	•••••	
	•••••	
4c	c (Code) (Expenses \$ 76,176 including grants of \$ 5,000) (Revenue	e \$ 61,150)
	Rental and Home Ownership Opportunity Program Provided down payment and/or closing cost assist	
	income families Managed and maintained previously purchased base	
		• • • • • • • • • • • • • • • • • • • •
	•••••••••••••••••••••••••••••••••••••••	
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	1.00	
40	d Other program services (Describe in Schedule O)	40.000
	d Other program services (Describe in Schedule O) (Expenses \$ 207,284 including grants of \$ 48,794) (Revenue \$ e Total program service expenses ► \$ 1,888,251 (Must equal Part IX, Line 25, col	18,606)

<u>Par</u>	t 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 Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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,			-^-
4	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	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		_ X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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 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		Х
11	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	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
	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.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants 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	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		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	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III	19	-	X
	- '	20		X
			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		
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_	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			V
0 4 -	Schedule J	23		X
24a	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, that was issued after December 31, 2002? If "Yes," answer questions			.,
	24b–24d and complete Schedule K If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			١.
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ X
b	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

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:			
а	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		Χ
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		×
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		X_
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? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
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		Х
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? <i>If "Yes," complete Schedule R, Part I</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	х	
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	х	
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		Х
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			
	<u>VI .</u>	37		Х

Form **990** (2008)

Par	t V 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		<u></u>	L _
	gaming (gambling) winnings to prize winners?	1c	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 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>4a</u>		Х
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			
Ea	and Financial Accounts.			ت ا
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u> 5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	30		 ^-
·	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			<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the appropriate of the property of the description of the property of t			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79		<u> </u>
•	required?	7h		Х
8	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		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4.0	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

COUNTY CORP 31-0978908

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			'
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets? .	5		Х
6	Does the organization have members or stockholders?	6	Χ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Χ	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		-	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	_X_	
9a	Does the organization have local chapters, branches, or affiliates?	9a		_X_
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
4.0	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		.,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Χ	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		v	
200	tion B. Policies	11	Χ	
000	ion B. Folicies		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	NO
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	IZa		
-	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	^	
•	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	$\hat{\mathbf{x}}$	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	х	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		X
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the control of the contro	nly)		
	available for public inspection Indicate how you make these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	Team Cabulta	.0		
	organization ► Tracy Schultz 937-225-632 130 W 2nd Street Suite 1420, Dayton, OH 45402	.0		

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) of 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 not comp		er, dır	ect	or, 1	trus	stee, o	r ke	ey employee		
(A) (B) (C) (D) (E)										
Name and Title	Average hours per		·					Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Daniel Davis Trustee, Immediate Past Chairperson	Less than 10	х		Х				0	0	0
Bonnie Langdon]									
Trustee, Chairperson	Less than 10	X		Χ	Ш			0	0	0
David Dickerson	ļ									
Trustee, Vice Chairperson	Less than 10	X		Χ				0	0	0
Steven Stanley	ļ <u>.</u>			.,				_	_	_
Trustee, Treasurer	Less than 10	X	⊢	Х	Н			0	0	0
Barbara Duncombe				v						
Trustee, Secretary	Less than 10	X	\vdash	Х	Н		_	0	0	0
John Staten Trustee, Assistant Treasurer	Less than 10	×		х				0	o	0
Ed Blake	Less than 10	<u> </u>	\vdash		Н					
Trustee, Assistant Secretary	Less than 10	X		Х				0	o	0
Lisa Coffey										
Trustee	Less than 10	X						0	0	0
Vicki Giambrone										
Trustee	Less than 10	X						0	0	0
Michael Grauwelman										
Trustee	Less than 10	X	Ļ_	_	Ш			0	0	0
William Hamilton										
Trustee	Less than 10	X	╀		Н			0	0	0
Michael Harrison										
Trustee	Less than 10	X	┢╌		\vdash			0	0	0
Walter Hibner Trustee	l coo than 10	X						0		0
A mar I I mala m	Less than 10	^	-		-		_	U	0	0
Trustee	Less than 10	X						n	٥	0
Daniel Kane, Jr	LC33 Mail 10	 ^	\vdash				_	0		
Trustee	Less than 10	x						0	o	0
Deborah Keller		İ								
Trustee	Less than 10	X						0	0	0
Jesse Livesay]									
Trustee	Less than 10	Х			1			0	l o	0

compensation from the organization

Fa	Section A. Officers, Directors, Tru (A)	(B)	ipioy	/ees	•	2 mig C)	gnesi	Co	(D)	(E)	Tuec	<i>))</i> (F)	
	Name and title	Average	Po	sition	•	•	hat ap	ply)	Reportable	Reportable		Estima	ted
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amoun othe compens from the organiza and rela organiza	t of r ation he ation ated
Amy Trus	Luttrell tee	Less than 10	х						0				0
	n Maychack	Less than 10	x						0				0
	d Melin	Less than to	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{				1			`	⇈		
Trus	· • • • • • • • • • • • • • • • • • • •	Less than 10	Х				<u> </u>		0				0
	a Moore												
Trus		Less than 10	X				<u> </u>		0		니		0
Trus		Less than 10	х						0			-	0
Gree Trus	g Sample tee	Less than 10	X						0				0
Rola	nd Winburn tee	Less than 10	х						0				0
Ster	hen D Naas				Ţ				··· - · ·				
	ident y L Schultz	40			Х		+		99,295	(1	1	6,859
Con	troller	40			х			<u> </u>	66,965	(1	9,629
	rles J Martone of Housing/Admin	40			X				90,798				7,352
		0							0	(0
		0		-					0				0
		0							0	(0
1b	Total					<u> </u>	<u> </u>		257,058	<u>```</u>	+	4	3,840
2	Total number of individuals (including those organization ► 0	ın 1a) who rece	eived	mor	e tha	an \$	100,0	000 11	<u> </u>	·	n the		,
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sc.					yee	, or h	ıghe	st compensated		3	Yes	No X
4	For any individual listed on line 1a, is the su the organization and related organizations of individual	•		•					•		4	:	X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y								rganization for		5		Х
Sec	tion B. Independent Contractors						•						
1	Complete this table for your five highest cor compensation from the organization	npensated inde	pend	lent (contr	acto	ors the	at re	ceived more tha	in \$100,000 of			
	(A) Name and business a	address							(B) Description of sen	vices		(C) pensatio	n
	The Architectural Group 135 N M	laın Street Dayte	on O	H 45	402			Cor	nsulting				3,556
		Yellow Springs				rn O	H 45	-					6,432
													0
													0
	Total number of independent contractors (in	ncluding those in	11) 1	who i	recei	ved	more	L. the	n \$100 000 in	-			0

Page 9

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Other Revenue Contribul A 2 Program Service Revenue and othe and othe B 3 4 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Federated campaigns .	1a	0					
Other Revenue Contributions, gifts, grants and other similar amounts	b	Membership dues .	1b	0	ļ			
	С	Fundraising events	1c	0				
	d	Related organizations	1d	0				
S, E	е	Government grants (contributions)	1e	2,189,515				
ion	f	All other contributions, gifts, grants,	and					
but		similar amounts not included above	1 1	105,791				i
d o	q	Noncash contributions included in I	nes 1a-1f \$	30,791				
ရှိ င	h	Total. Add lines 1a-1f			2,295,306			ļ
ē				Business Code				
enu	2a	Gross Rental Income			15,237	15,237		
Rev	b	Loan Fees, Interest, and Late Fees			230,419	230,419		
ice	С				0			-
Še Z	d				0			
Ē	е				0			
ogr	f	All other program service revenue			o			
4	g	Total. Add lines 2a-2f	<u> </u>	. •	245,656			
	3	Investment income (including divide	ends, interest, a	nd				
		other similar amounts)		•	25,717			25,717
	4	Income from investment of tax-exer	npt bond procee	eds >	0			
	5	Royalties	•	<u> </u>	0			
			(ı) Real	(II) Personal				,
	6a	Gross Rents .	2,25	 				
	b	Less rental expenses	3,61					
	С	Rental income or (loss)	-1,36	1] 0	~		:	
		Net rental income or (loss)		<u> </u>	-1,361		-1,361	
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		20,700				
	b	Less: cost or other basis						
		and sales expenses		37,168	1			
		Gain or (loss)		-16,468	1 1	40.400		
		Net gain or (loss)		P	-16,468	-16,468		
e	ва	Gross income from fundraising	0					
en		events (not including \$						
é		of contributions reported on line 1c) See Part IV, line 18.		.				
ř	h	Less direct expenses	a b	-	1			
ţ		Net income or (loss) from fundraisii	-	·	اه ا			
0		Gross income from gaming activities	-					-
	· Ju	See Part IV, line 19	a	ه ا				
	b	Less direct expenses	ŀ		1			
		Net income or (loss) from gaming a		•	0			
		Gross sales of inventory, less			-			
		returns and allowances	a	. 0				
	b	Less cost of goods sold	t					
		Net income or (loss) from sales of i	nventory	•] o			_
		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	С				0			
	d	All other revenue			0			
	_	Total. Add lines 11a-11d		•	0		_	
	12	Total Revenue. Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d, 8	C,				
		9c, 10c, and 11e		•	2,548,850	229,188	-1,361	25,717

Part IX Statement of Functional Expenses

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

nizations must complete column (A) but are not required to complete columns (

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 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.	180,781	180,781		The second second second second						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	752,639	752,639		Control State of the State of t						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	0			The state of the s						
4	Benefits paid to or for members .	0			The same sale						
5	Compensation of current officers, directors,										
	trustees, and key employees .	311,709	311,709	ol							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0									
7	Other salaries and wages	81,314	84,221	-2,907							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0									
9	Other employee benefits	63,133	63,858	-725	•						
10	Payroll taxes	34,322	34,322	0							
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	14,394	12,125	2,269							
C	Accounting	9,000	0	9,000							
d	Lobbying	0									
е	Professional fundraising services. See Part IV, line 17	0	· •	C HE SE A SE							
f	Investment management fees	1,750	0	1,750							
g	Other	2,280	0	2,280							
12	Advertising and promotion	2,603	1,804	799							
13	Office expenses	25,407	3,235	22,172							
14	Information technology	25,773	0	25,773							
15	Royalties	0									
16	Occupancy	32,646	10	32,636							
17	Travel	10,660	5,505	5,155							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	11,682	5,223	6,459							
20	Interest .	6,219	6,219								
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization	12,424	3,317	9,107	0						
23	Insurance	15,228	8,181	7,047							
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)										
а	Bad Debt Expense	434,426	334,426	100,000							
b	Title, Credit, Appraisal, and Recording Fees	5,614	5,485	129							
С	Rental Expenses	3,936	3,936	0							
d	Miscellaneous	72,425	71,255	1,170	· · -						
е		0									
f	All other expenses	0									
25	Total functional expenses. Add lines 1 through 24f	2,110,365	1,888,251	222,114	0						
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				Form 990 /2008)						

Pa	art X	Balance Sheet	_						
					(A) Beginning of year		En	(B) d of year	_
	1	Cash-non-interest-bearing.				1_			
	2	Savings and temporary cash investments			4,460,962	2		3,2	49,678
	3	Pledges and grants receivable, net .			1,150,000	3		10	09,192
	4	Accounts receivable, net			285,208	4	_	7:	98,607
	5	Receivables from current and former officers	directe	ors, trustees, key					
		employees, or other related parties Complete	e Part I	I of Schedule L	o	5			0
	6	Receivables from other disqualified persons (4958(f)(1)) and persons described in section			7 · · · · · · · · · · · · · · · · · · ·	e	4 "	rate ver	
		Part II of Schedule L .	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 0	6			. 0
ध	7	Notes and loans receivable, net		-	11,870,032	7		10.9	12,249
Assets	8	Inventories for sale or use			,	8			·=,= · ·
As	9	Prepaid expenses and deferred charges			3,529	9			9,130
	10a	Land, buildings, and equipment: cost basis	10a	2,952,077	, ,		4	, ,,	0,100
	b		100	2,002,011				-	
		Part VI of Schedule D	10b	126,569	223,722	10c		2.8	25,508
	11	Investments-publicly traded securities	100	720,000	0	11		2,0	0
	12	Investments—other securities See Part IV, lin	11 a	·	0	12		***	<u>o</u>
	13	Investments—program-related See Part IV, III		. -	0	13			0
	14	Intangible assets		-		14			
	15	Other assets See Part IV, line 11		-	383,765	15		1:	85,687
	16	Total assets. Add lines 1 through 15 (must e	aual lir	10.34)	18,377,218	16			90,051
	17		quai iii	16 34)					63,609
	18								
	19	Deferred revenue	19		4	E4 0E4			
				-	116,954			. 13	51,954
G	20	Tax-exempt bond liabilities	Cabad.	.la D	0	20			0
tie	21	Escrow account liability Complete Part IV of				21			
Liabilities	22	Payables to current and former officers, direct							
		employees, highest compensated employees	s, and c	iisquaiiiieu					^
_	22	persons Complete Part II of Schedule L	· About moution	1 200 000	22			0 000	
	23	Secured mortgages and notes payable to uni	eiateo	third parties	1,300,000	23		31	00,000
	24 25	Unsecured notes and loans payable Other liabilities Complete Part X of Schedule	_	-	0 22 222	24	 		0
		•	· U	•	32,200	25			37,700
	26	Total liabilities. Add lines 17 through 25			1,778,915	26		1,0	53,263
ces		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33							
an	27	Unrestricted net assets			15,432,794	27		16,9	15,132
Ва	28	Temporarily restricted net assets			1,165,509	28		1:	21,656
פ	29	Permanently restricted net assets				29			
Net Assets or Fund Balance	·	Organizations that do not follow SFAS 117 and complete lines 30 through 34.	, chec	k here▶					
sts	30	Capital stock or trust principal, or current fund	de			30			
SSE	31	Paid-in or capital surplus, or land, building, or		ment fund		31			
Ä	32	Retained earnings, endowment, accumulated		_		32			
Ne	33	Total net assets or fund balances	1 1110011	e, or other funds	16,598,303			17.0	36,788
_	34	Total liabilities and net assets/fund balances		-	18,377,218	_			90,051
Pa	rt XI	Financial Statements and Reporting	1		10,577,210		l	10,0	30,031
	I C AI	i manorar otatomento ana reporting	1					Yes	No
1	Ac	ecounting method used to prepare the Form 99	0	Cash X Accrua	al Other			1	
2		ere the organization's financial statements con					2	,	x
		_	-	•			21		 ^`
		Were the organization's financial statements audited by an independent accountant? If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							t
•		audit, review, or compilation of its financial statements and selection of an independent accountant?							
3.		As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
3		e Single Audit Act and OMB Circular A-133?	on red	uncu to undergo an aut	an or addits as SCI IVIIII I	• •	3:	a X	
ı		"Yes," did the organization undergo the require	d audit	or audite?			31		
	o It'	res, did the organization undergo the require	u auuli	or audits '			31	<u>, </u>	1

SÇHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047
2008

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

COU	<u>NTY</u>	CORP							31-09789	806			
Pai	t I	Reason	for Public Cl	narity Status (All or	ganizatio	ns must	complete	e this pai	t) (see ı	nstructio	ns)		
The •	o <u>rga</u> i	nization is not	a private found	ation because it is (Pl	lease che	ck only or	ne organi	zation)					
1		A church, co	envention of chu	rches, or association o	of churche	es describ	ed in sec	tion 170(b)(1)(A)(i).			
2		A school des	scribed in sectio	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E)							
3		A hospital or	r a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii). (A	Attach Sc	hedule F	1.)	
4			esearch organiza	ation operated in conju ate	ınction wı	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	tion operated for	r the benefit of a collect (Complete Part II.)	ge or univ	ersity owr	ned or op	erated by	a govern	mental u	nit descr	ıbed	
6				ernment or governme	ntal unit d	lescribed :	in section	170(b)(ʻ	I)(Δ)(v)				
7	岗		_	y receives a substanti						or from th	e genera	al publ	IC
	_	_		(1)(A)(vi). (Complete			_				Ū	•	
8	Ц			d in section 170(b)(1)									
9		•		y receives (1) more th							•	-	
		•		ed to its exempt function entine income and unrelated in the content of the conte	_	-							5
		• •	•	after June 30, 1975				•		iday ironi	Daoinoo	000	
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee sectio	n 509(a)(4). (see ı	nstructio	ns)	
11		An organizat	tion organized a	nd operated exclusive	ly for the	benefit of	, to perfor	m the fur	ctions of,	or to car	ry out th	е	
				blicly supported organ								section	on
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a Type I b Type II c Type III–Functionally integrated d Type III–Other												
е	Ш			y that the organization			•	•	•		-		
			er than foundation section 509(a)	on managers and othe	er than on	e or more	publicly s	supported	organiza	tions des	cribed ii	i section	on
f				د) a written determinatioi	n from the	IDS that	ıtıca Tvr	o I Type	II or Typ	o III supr	ortina		
•		-	, check this box		ii iioiii tiie	ino mai	ıtısa iyi	e i, Type	п, ог тур	e iii supp	Jorting		
g		•		the organization acce	pted any	gift or con	tribution t	from any	of the				
		following per											
			•	or indirectly controls,		-		persons of	described	ın (II)		Yes	No
				verning body of the su person described in (i		organizatio	n /				11g(i) 11g(ii)		
				y of a person describe		· (II) above	?				11g(iii)		
h				ation about the organi				ports					
(1)	Name	of supported	(ii) EIN	(III) Type of organization		-		ou notify		s the		Amount	of
		anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat	zed in the	1	support	
				(see instructions))			sup	ort?	Ü	S ?	1		
					Yes	No	Yes	No	Yes	No			
													0
									<u> </u>				0
		·											0
											1		0
											-		0
Tota													

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 beginning in) ▶ (d) 2007 (a) 2004 (b) 2005 (c) 2006(e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,420,054 1,428,822 976.504 1.992,711 2.295,306 8,113,397 Tax revenues levied for the organization's 2 benefit and either paid to or expended on its behalf. 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 169,000 0 169,000 1,420,054 1,428,822 1,992,711 Total Add lines 1-3 976,504 2,464,306 8,282,397 4 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) 8,282,397 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4. 1,420,054 1,428,822 976,504 1,992,711 2,464,306 8,282,397 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 57,342 138,518 163,845 120,529 25,717 505,951 9 Net income from unrelated business activities, whether or not the business is regularly carried on 977 0 3,510 4,487 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 0 0 0 0 8,792,835 11 Total support. Add lines 7 through 10 12 1,781,089 12 Gross receipts from related activities, etc. (see instructions.) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 94 19% 14 14 93 43% Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ | X | 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 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 0 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 0 0 Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 C 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 O Total. Add lines 1-5 0 0 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0 b Amounts included on lines 2 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 0 Add lines 7a and 7b С 0 0 Public support (Subtract line 7c from line 6) 0 Section B. Total Support (b) 2005 Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (c) 2006(e) 2008 (f) Total Amounts from line 6 0 0 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 Add lines 10a and 10b 0 0 ol 0 0 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 0 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 0 0 Total support. (Add lines 9, 10c, 11, and 12) 14 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 0 00% Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 0 00% Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 0 00% Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 0 00% 19a 33 1/3% support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests-2007 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

	990 or 990-EZ) 2008	COUNTY CORP			31-0978908	Page 4
Part IV			lete this part to provide the explanation			
·	Part II, line 17a	or 17b, or Part III, lir	ne 12 Provide any other additional in	<u>formation</u>	(see instructions)	
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			• • • • • • • • • • • • • • • • • • • •			

\$CHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 20**08**

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, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	of the organization		Employe	r identification number
<u>cou</u>	NTY CORP		31-0978	908
Par		or Advised Funds or Other Similar I o Form 990, Part IV, line 6.	Funds or Ad	counts. Complete if
		(a) Donor advised funds	(b) F	unds 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 d	onor advisors in writing that the assets he	eld in donor a	dvised
	funds are the organization's property, subject	ct to the organization's exclusive legal cor	ntrol?	. Yes No
6	Did the organization inform all grantees, doi	nors, and donor advisors in writing that gr	ant funds may	/ be
	used only for charitable purposes and not for	or the benefit of the donor or donor adviso	r or other	
	impermissible private benefit?			Yes No
Part	Conservation Easements. Comp	elete if the organization answered "Yes	s" to Form 9	90, Part IV, line 7
1	Purpose(s) of conservation easements held Preservation of land for public use (e g Protection of natural habitat	, recreation or pleasure) Preservation	on of an histor	ically important land area
2	Preservation of open space Complete lines 2a–2d if the organization he on the last day of the tax year			
	on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	rieid at the Liid of the Tear
b	Total acreage restricted by conservation ea	sements	2b	
C	Number of conservation easements on a ce		2c	
d	Number of conservation easements include	• •	2d	
3	Number of conservation easements modifie		terminated by	the organization
	during the taxable year	•		-
4	Number of states where property subject to	conservation easement is located		_
5	Does the organization have a written policy	regarding the periodic monitoring, inspec	tion, violation:	s, and
	enforcement of the conservation easements			Yes No
6	Staff or volunteer hours devoted to monitori			ar -
7	Amount of expenses incurred in monitoring,			▶ \$
8	Does each conservation easement reported	on line 2(d) above satisfy the requirement	nts of section	
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization r			
	balance sheet, and include, if applicable, the		financial stat	ements that describes
Par	the organization's accounting for conservati	on easements ons of Art, Historical Treasures, or Oth	or Similar Ar	ecate
r ai	Complete if the organization answere		er Similar As	
1a	If the organization elected, as permitted und art, historical treasures, or other similar assistervice, provide, in Part XIV, the text of the	ets held for public exhibition, education, o	r research in	furtherance of public
b	If the organization elected, as permitted und historical treasures, or other similar assets is service, provide the following amounts relatively	neld for public exhibition, education, or re-		
	(i) Revenues included in Form 990, Part VII	II, 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 a	assets for fina	
	following amounts required to be reported u	nder SFAS 116 relating to these items		
а	Revenues included in Form 990, Part VIII, In	ne 1		▶ \$
b	Assets included in Form 990, Part X			▶ \$

4	Describe in Part XIV the intended uses o	<u>t the organization's en</u>	dowment funds		
Part	VI Investments—Land, Building	s, and Equipment.	See Form 990, Pa	rt X, line 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	150,694	0		150,694
b	Buildings	305,453	0	8,496	296,957
С	Leasehold improvements	2,351,346	0	0	2,351,346
d	Equipment	0	144,584	118,073	26,511
е	Other	0	0	0	0
Tota	Add lines 1a-1e (Column (d) should ea	ual Form 990 Part Y	column (R) line 10/c	11	2 925 509

, COUNTY CORP		31-0978908	
Schedule D (Form 990) 2008			Page 3
Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value	
		Cost or end-of-year ma	arket value
Financial derivatives and other financial products	0	· · · · · · · · · · · · · · · · · · ·	
Closely-held equity interests Other	0		
Other	0		
	0		
	0		
	0	 	
	0		
	0		
	0		
	0		
	0		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	0		, ,
Part VIII Investments—Program Relate	d. See Form 990, Part X,	line 13	
(a) Description of investment type	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	arket value
	0		
	0		.
	0		
· · · · · · · · · · · · · · · · · · ·	0		
	0	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	0		
	0		
	0		
	0	 	-
Total (Column (b) should equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. See Form 990, P	<u>.</u>		
	a) Description	-	(b) Book value
Interest Receivable net of allowance for doubtful a			67,532
Miscellaneous Receivable	· · · · · · · · · · · · · · · · · · ·		118,155
			0
			0
			0
			0
			0
			0
			0
T. 1. 10. 1. 11. 15. 15. 15. 15. 15. 15. 15. 15.			0
Total. (Column (b) should equal Form 990, Part X		<u> </u>	185,687
Part X Other Liabilities. See Form 990			
(a) Description of liability	(b) Amount		
Federal income taxes	07 -	0	
Interest Payable	37,7	_1	
		0	
	<u> </u>		
		- 	

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

Total (Column (b) should equal Form 990, Part X, col (B) line 25)

37,700

	dule D (Form 990) 2008				Page 4
Pai	1 XI Reconciliation of Change in Net Assets from Form 9	90 to Fi	nancial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,548,850
2	Total expenses (Form 990, Part IX, column (A), line 25).			2	2,110,365
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	438,485
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments .		. [7	
8	Other (Describe in Part XIV)		ļ	8	
9	Total adjustments (net) Add lines 4–8		ļ	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines			10	438,485
	t XII Reconciliation of Revenue per Audited Financial Sta		With Revenue	per Retu	
1	Total revenue, gains, and other support per audited financial statemer	nts .		1	2,721,461
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 -	1		
a	Net unrealized gains on investments	2a	1000		
b	Donated services and use of facilities	2b	169,0	00	
C	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIV)	2d	3,6		
е	Add lines 2a through 2d		•	2e	172,611
3	Subtract line 2e from line 1	1	1	3	2,548,850
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_0	
b	Other (Describe in Part XIV)	4b	L	\dashv , \cdot \mid	
C	Add lines 4a and 4b	L P 40		4c	0.540.050
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part XIII Reconciliation of Expenses per Audited Financial St			5	2,548,850
		atemen	is with Expense	s per Ke	
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25			1	2,282,976
a	Donated services and use of facilities	2a	169,0	00	
a b	Prior year adjustments	2b	109,0	00	
C	Losses reported on Form 990, Part IX, line 25	2c		\dashv \perp	
d	Other (Describe in Part XIV)	2d	3,6	11	
e	Add lines 2a through 2d	<u> Zu</u>] 3,0		172,611
3	Subtract line 2e from line 1			3	2,110,365
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		-	2,110,500
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV)	4b		\dashv \vdash	
c	Add lines 4a and 4b	70	1	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Pai	rt I line 1	8)	5	2,110,365
	t XIV Supplemental Information	rt i, iii C	0 /		2,110,505
and	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and PX, Line 25 - The Organization was not required to adopt FIN 48 this rep	Part XIII, lı	nes 2d and 4b	4, Part IV	, lines 1b
Part	XII, Line 2d - Rental Expense on audited financial statements and redu	ction of G	ross Rents on For	m 990, Pa	rt VII, Line 6b
Part	XIII, Line 2d - Rental Expense on audited financial statements and redu	uction of (Gross Rents on Fo	rm 990, P	art VII, Line 6b

31-0978908	COUNTY CORP	
Page 5	m 990) 2008	Schedule D (Form S
	Supplemental Information (continued)	Part XIV
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SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Other Assistance to Organizations	<u>ر</u> ن
ati	U.S.
n	s in the U.S.
ga	n t
ō	<u>s</u>
5	ual
ည	and Individuals
ā	بق
Sis	= p
As	an
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ā	/er
Grants and (Governments
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U	

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047 2008

Open to Public

Employer identification number 31-0978908 ▶ Attach to Form 990. COUNTY CORP

General Information on Grants and Assistance Part I

Part II

× Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Š

Form 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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Part IV and Schedule I-1 (Form 990) if additional space is needed

		· · · · · · · · · · · · · · · · · · ·]
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
Miami Valley Fair Housing Center, 21 E. Babbitt St. Dayton, OH 4540	31-1384075	501(c)(3)	130,000	0			Pred. Lend /Prog. Grt
Miami Valley Housing Opp., Inc P O Box 28308 Dayton, OH 4543	31-1321426	501(c)(3)	25,580	0			Program Grant
Improved Solutions for Urban Sys 140 N Keowee Street Dayton, OH	31-1355466	501(c)(3)	0	25,201	FMV	Building Materials	Community Rebuild
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
	n 501(c)(3) and	government organ	ızatıons			A	3
3 Enter total number of other organizations	organizations					•	0

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

Schedule I (Form 990) 2008

31-0978908

Page 2

COUNTY CORP Schedule I (Form 990) 2008

Part III

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

Social de Social de la la constante de la cons					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Emergency Grants	21	45,012	0		
Residential Rehabilitation Grants	51	0	180,863	Book	Write down 1/5 original loan balance
Vectren Weatherization Grants	18	18,003	0		
Lease Purchase Grants	15	4,476	498,695	FMV	Grant towards house purchase
Gifts In Kind Grants	200	0	5,590	FMV	Building materials
	0	0	0		
	0	0	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	te this part to prov	ide the information r	equired in Part I, line	2, and any other addit	ional information

ts are submitted to the	
Periodic repoi	
Part I Line 2 - The Organization monitors the use of grant funds based on the criteria in the contract from the provider of the funds. Periodic reports are submitted to the	
Organization monitors the use	
art I Line 2 - The C	grant fund provider

d to		ents
donated	nd the	iecībie
outh or	art II) a	d at 200
dy, or y	sted in F	stimate
e III, nee	lnc (lis	hich is
are of th	ystems	offers w
or the co	Urban S	ızatıon
soley f	ions for	ie Orgai
pe nse	ed Solul	grams tl
Depot to	<u>lmprov</u>	the pro
Home	nated to	tion with
ials from	were do	bunluob
ig matei	naterials	ounty in
ipling pa	t of the r	omery C
d donate	Most	of <u>Montg</u>
receive	opulation	sidents o
nization	same t	some re
he Orga	rving the	o low-inc
ants - T	tions se	onated to
Part III - Gifts In Kind Grants - The Organization received donated building materials from Home Depot to be used soley for the care of the ill, needy, or youth or donated to	other nonprofit organizations serving the same population. Most of the materials were donated to Improved Solutions for Urban Systems, Inc. (listed in Part II) and the	emaining items were donated to low-income residents of Montgomery. County in conjunction with the programs the Organization offers which is estimated at 200 recipients.
Gifts In	inprofit (ng items
Part III -	other no	emaini

SCHEDULE M (Form 990)

NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047
2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COUNTY CORP

Employer identification number 31-0978908

Part I	Types of Property			- <u>-</u>				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meti	(d) hod of de revenu	terminin	9
1	Art—Works of art			·				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications			-				
5	Clothing and household							
	goods							
6	Cars and other vehicles .							-
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,	_						-
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation	i						
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other) .							
15	Real estate—Residential.							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							<u>.</u>
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts				<u> </u>			
25	Other ► (Building Material)	X	17	30,791	Fair valu	<u>e</u>		
26	Other ► ()		0	0				
27	Other ► ()		0	0				
28	Other ()		0	0	1			
29	Number of Forms 8283 received	by the o	rganization during the tax ve	ar for contributions for				
	which the organization complete	-	-		29			0
	,			g			Yes	No
30 a	During the year, did the organiza	ation rece	ive by contribution any prope	erty reported in Part I, lines 1	1–28			
	that it must hold for at least three			•				
	required to be used for exempt ;	•		•		30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a gi			review of any non-standard				
	contributions?	•	. , , .	,		31	х	
32 a	Does the organization hire or us	e third pa	rties or related organizations	to solicit, process, or sell				
-	noncash contributions?	•	J	, ,		32		Х
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues	s in column (c) for a type of p	property for which column (a)) IS			
	checked, describe in Part II		() 71: 1	. ,				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

► 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.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

COUNTY CORP 31-0978908

Form 990 Part III, Line 2 - The Organization started three new program services during the year: Neighborhood Stabilization
Program (NSP), the Men's Gateway Shelter Project, and Foreclosure Intervention and Community Outreach Program The
Organization was awarded \$3 39 million of federal NSP 1 funds from Montgomery County to purchase and rehabilitate
foreclosed homes that are decreasing property values in otherwise stable areas. The homes will be rehabiltated to high
standards to ensure long-term affordability and energy conservation. The Organization may purchase multi-family buildings
to be maintained as rentals. The program serves buyers at 120% of the median income and below 50% of the median
income for renters. The Men's Gateway Shelter Project was a collaborative effort to provide homeless solutions to homeless.
men 24 hours a day. This project rehabilitated and added on to a vacant workhouse located at 1921 South Gettysburg Road
ın Dayton to provide 178 beds and 60 emergency cots. The project was funded through private contributions and contract
revenue from local governments. The Organization has leased the building from the City of Dayton for \$10 per year, and
the Organization has negotiated an agreement with St. Vincent DePaul Gateway Shelters, LLC which delegates the
responsibility of operating the site. The Foreclosure Intervention or HomeSaver Program was developed in partnership with
the Montgomery County's Recorder's Office and provides free counseling sessions to determine the best approach or program
to keep the family in their home. Our counselors work with homeowners and servicers to come to a solution for the client's
housing situation. A portion of the funding for this program was provided by the Ohio Housing Finance Agency (OHFA). The
Recorder's Office also raised funding for a full-time Community Outreach position to inform residents about resources that
are available to them
Form 990 Part III, Line 3 - The Organization has reduced its activity in providing loans for residential rehabilitation due to the
economic conditions that are decreasing property values
Form 990 Part III, Line 4d - Neighborhood Stabilization Program Purchased and rehabilitated foreclosed homes in Huber
Heights and Trotwood areas. The homes will be rehabilitated to high standards to ensure long-term affordability and energy
conservation and will be sold to buyers at 120% of the median income. This program is part of a four year \$3.39 million contract
with Montgomery County The Organization purchased 6 properties for \$288,977 and initial rehabilitation was \$26,281

Schedule O (Form 990) 2008 Name of the organization	Page 2 Employer identification number
COUNTY CORP	31-0978908
Men's Gateway Shelter Project Developed the Men's Gateway Shelter Project located at 192	1 South Gettysburg Road in Dayton,
providing homeless men 24 hour shelter service with 178 beds and 60 emergency cots. The	total cost of this project is
estimated to be \$3,026,600 and is being funded through private contributions and contract re	venue from local governments
The Leasehold improvements for this project total \$2,351,346 to date. The Organization rece	ived \$169,000 of donated facilities
from the City of Dayton	
(Expenses \$28,388 including grants of \$0) (Revenues \$17,619)	
Residential Home Weatherization Program: Disbursed 18 grants in conjunction with residential	al rehabilitation loans.
(Expenses \$18,003 including grants of \$18,003) (Revenues \$0)	
The Organization granted donated building materials to qualified individuals as part of the Organization	ganization's community
rebuilding effort. The Organization also provided free private counseling sessions for foreclos	ure intervention and prevention
to eligible clients. The Organization completed 163 cases. (This program was assisted by \$1	1,529 of donated services
during the year).	
(Expenses \$109,450 incuding grants of \$30,791) (Revenue \$987)	
••••••	
Form 990 Part VI, Section A, Line 1a - The Organization's governing body has delegated auti	hority to act on its behalf to the
Executive Committee, which is made up of 7 members of the governing body, for the following	g items 1) Take any action which
the Board of Trustees has specifically authorized, 2) Review the performance of the Presiden	it and recommend his or her
compensation and other terms of employment, 3) Authorize any expenditure of less than \$10	,000, and 4) Exercise authority
delegated by the Board of Trustees and act upon any other matters incidental to the functions	s of an Executive Committee
••••••	
Form 990 Part VI, Section A, Line 6 & 7a - The Organization has a single class of members a	all with equal voting rights. The
members elect the members of the governing body, the County Corp Board of Trustees	

Form 990 Part VI, Section A, Line 11 - Daniel Davis, PNC Bank, 6 N Main Street, Locator 21-2160, Dayton, OH 45412-2205

Bonnie Langdon, 9003 Waterway Court, Miamisburg, OH 45342

Form 990 Part VI, Section A, Line 10 - Management prepared a draft of Form 990 and all required schedules for the Board of

Trustees to review and approve before it was signed by the President and filed

states that the trustee or employee who has a conflict of interest with respect to a matter shall notify the corporation and

other trustees present before discussion of such matter begins and abstain from voting in that particular matter. The

trustee or employee in reporting any conflict of interest they may have

Form 990 Part VI, Section B, Line 15 - The process for determining compensation for the Organ of the Executive Committee who has the authority to perform mid-year and annual reviews of the increase within the parameters of a previously approved allotment for all employees of County (reviews and recommends for approval to the County Corp Board of Trustees an annual budget allotment for potential increases which may be disbursed on a merit basis. The Personnel Compand/or salary comparisons of similar organizations and approves any adjustment in salaries or a for all employees of County Corp. The President and managerial employees are responsible for and annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews for their employees and increases may be awarded within the parameters of annual reviews.	Page 2
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and annual reviews for their employees and increases may be awarded within the parameters of	salary ranges as needed
	completing mid-year
	f a previously
approved allotment for all employees based on merit	
Form 990 Part VI, Section C, Line 19 - The Organization makes its governing documents, confli	ct of interest policy, and financial
statements available to the public upon request	
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SCHEDULE R (Form 990)

A

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

OMB No 1545-0047 -

Open to Public

Employer Identification number 31-0978908 COUNTY CORP

Identification of Disregarded Entities Part I

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	
			0	0	

Identification of Related Tax-Exempt Organizations Part II

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
County Corp Development 31-1023724 130 W Second Street, Suite 1420, Dayton, OH 45402	Economic Development OH)H	501(c)(3)	7	COUNTY CORP

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

Schedule R (Form 990) 2008

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COUNTY CORP Schedule R (Form 990) 2008

Identification of Related Organizations Taxable as a Partnership

	(J) General or managing partner?	No S							
		Yes							
	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		0	0	0	0	0	0	
	(H) Disproportionate allocations?	ş							
	(F) Dispropo	Yes							
	(G) Share of end-of-year assets		0	0	0	0	0	0	C
	(F) Share of total income		0	0	0	0	0	0	C
le as a Partnership	(E) Predominant income (related, investment, unrelated)								
ıs Taxable as	(D) Direct controlling entity								
nizatio	(C) Legal domicile (state or foreign								
of Related Orga	(B) Primary activity								
Part III Identification of Related Organizations Taxable	(A) Name, address, and EIN of related organization								

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Part IV Identification of Related Organizations Taxable as a Corporation or Trust	Taxable as a Co	rporation or T	rust				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	0	%
					0	O	%
					0	0	%

Part V Transactions With Related Organizations

Note.	Complete line 1 if any entity is listed in Parts II. III or IV		Yes	S No	١,
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?] _c /\ -	-	1	
æ	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1	1 a	×	
q	Gift, grant, or capital contribution to other organization(s)		1b	×	
ပ	Gift, grant, or capital contribution from other organization(s)		10	×	
ס	Loans or loan quarantees to or for other organization(s)		1d	×	l
O	Loans or loan quarantees by other organization(s)		1 e	×	1
-	Sale of assets to other organization(s)	•	1f	×	1
D	Purchase of assets from other organization(s)		1g	×	
_	Exchange of assets		1h	×	
-	Lease of facilities, equipment, or other assets to other organization(s)		11	×	
		,			
	Lease of facilities, equipment, or other assets from other organization(s)		Ę	×	
¥	Performance of services or membership or fundraising solicitations for other organization(s)		¥	×	- 1
-	Performance of services or membership or fundraising solicitations by other organization(s)		_	×	- 1
Ε	Sharing of facilities, equipment, mailing lists, or other assets		1m ×		
_	Sharing of paid employees		1 ×		- [
0	Reimbursement paid to other organization for expenses		9	×	- 1
σ	Reimbursement paid by other organization for expenses		1 _p	×	Γ
			1		
σ			19	×	
-	Other transfer of cash or property from other organization(s)		1.	×	- 1
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ips and transact	ion threst	splot	
	- ·	(8)	(၁)		
	Name of other organization(s) Tri	Transaction type (a-r)	Amount involved	olved	
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		Schedule	Schedule R (Form 990) 2008	90) 2008	8

Part VI

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name. address, and EiN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners 501(c)(3) organizations?	all ers (3)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar par	(H) General or managing partner?
			Yes	ટ		Yes No		Yes	No
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Schedule R (Form 990) 2008