

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



80370 03/11/2010 4 37 PM Form 990

Department of the Treasury

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)

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

OMB No 1545-0047 2008
Open to Public Inspection

inte	inai Kevenu	Service The organization may have to use a copy of this feturn to s	Jansiy Stat	c reporting requ	ii Ciii Ciii S	Hispection
A	For the 20	08 calendar year, or tax year beginning $10/01/08$, and ending 9	/30/0	9		
 В	Check if app	olicable Please C Name of organization			D Emple	oyer identification number
\neg	Address cha	west central community	ACTI	ON		
╡		label of Doing Rusinger As			1 42-	-0919214
ᆜ	Name chang	print o Doing Business As type. Number and street (or P O box if mail is not delivered to street address)		Room/suite	<u> </u>	hone number
	Initial return	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Roomsule		2-755-5135
₹	Termination	Specific 1408 A MWI 44, PO BOX 709		J	t	16 550 465
믁	remination	Instruct City of town, state of country, and 211 14			G Gross re	eceips 16,550,465
	Amended re	tum tions. HARLAN IA 51537			1	
	Application	pending Name and address of principal officer			H(a) Is the	s a group return for
		JOEL DIRKS				ites? Yes X No
		WEST CENTRAL COMMUNITY ACTION			H(b) Are a	all affiliates Yes No
		HARLAN IA 51537			If "No	o," attach a list (see instructions)
ı	Tax-exemp	status X 501(c) (3) • (insert no) 4947(a)(1) or 527			1	
j		♦ WESTCENTRALCA.ORG			H(c) Grou	p exemption numer
_		anizatid Corporation Trust Association Other ◆		Year of formatio		M State of legal domicile A
	Part I	Summary		Tear of formation		W State of legal dominance
		fly describe the organization's mission or most significant activities				
	1	,	0110 n	MICCION I	C TO	
S	1	N PARTNERSHIP WITH STATE AND FEDERAL GOVERNMENT	•			
ъ	A	DMINISTER PROGRAMS DESIGNED TO HELP RESIDENTS I	N OUR	IU-COUNTI	REGIO	N
ē	0	F SOUTHWEST IOWA ACHIEVE SELF-SUFFICIENCY				
Š	2 Che	ck this box 🔸 🔲 if the organization discontinued its operations or disposed of	more than	1 25% of its asse	ets	
ಹ	3 Nun	nber of voting members of the governing body (Part VI, line 1a)			3	30
es	4 Nun	nber of independent voting members of the governing body (Part VI, line 1b)			4	30
Activities & Governance	5 Tota	al number of employees (Part V, line 2a)			5	350
cti	6 Tota	al number of volunteers (estimate if necessary)			6	-
•		al gross unrelated business revenue from Part VIII, line 12, column (C)			7a	
	1	unrelated business taxable income from Form 990-T, line 34			7b	0
	1 2			Prior `		Current Year
_	8 Con	tributions and grants (Part VIII, line 1h)		12,99	7,736	16,153,915
ğ	9 Prod	gram service revenue (Part VIII, line 2g)		6	3,684	108,728
Revenue	10 Inve	estment income (Part VIII, [column (A), lines 3, 4, and 7d)			2,728	18,133
8	11 Oth	er revenue (Part VIII, column (A) Intes 5, 5d 86 96, 10c, and 11e)			0,526	269,689
		al revenue—add lines 8 through 11 (must equal Part VII) (solumn (A), line 12)			4,674	16,550,465
_	12 Tota	nts and similar amounts para (Palif AY county (A), lines (3)			0,740	7,715,906
	13 Gia	efits paid to or for members (Part IX, column (A), line 4), L		3,13	0,,20	7,713,500
				4 55	8,533	6,234,491
es		aries, other compensation, employee-benefits (Part IX, bojumn (A), lines 5–10)		4,33	0,333	6,234,491
ens	16aPro	essional fundraising fees (Part (2) Gold (2), libe (1e)				
ć⊎ tExper	b Tota	al fundraising expenses (Part IX, column (D), line 25)				
	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			7,041	2,339,135
J	18 Tota	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		13,36		16,289,532
3	19 Rev	enue less expenses Subtract line 18 from line 12			1,640	<u>260,933</u>
Net Vesetts do	<u> </u>			Beginnin		End of Year
3	20 Tota	al assets (Part X, line 16)			5,644	4,185,391
귷	21 Tota	al liabilities (Part X, line 26)			1,476	2,146,023
		assets or fund balances Subtract line 21 from line 20		1,91	4,168	<u>2,039,368</u>
ij.	Part II	Signature Block // /				
\mathbb{Z}		Under penalties of perjury, I declare that I have examined this return, including accompanying	ng schedule	s and statements.	and to the be	st of my knowledge
١	gn ere	and belief, it is true, correct and complete Declaration of preparer (other than officer) is base	sed on all in	rormation of which	preparer nas	any knowledge
S	gn					<u> 5/18//0 </u>
He	ere	Signature of officer			Date	
		L JOEL ØIRKS	EXECU	TIVE DI	RECTOR	t
		Type or print name and title				
		Prenarode 1	Date	Check	ıf	Preparer's identifying number
Pa	iid	Preparer's signature		1/10 self- emplo		(see instructions)
Pr	eparer's		1	-/-U emplo		♦ 42-1377056
	e Only	rirm's name (or yours			EIN	A 47-1311036
	•	if self-employed), 21 1ST AVENUE NW			Phone	710 FAC 7001
		address, and ZIP+4 LE MARS, IA 51031			no ◆	712-546-7801
		iscuss this return with the preparer shown above? (see instructions)				X Yes No
$\Box \wedge A$	A For Prive	acy Act and Panerwork Reduction Act Notice, see the senarate instructions				Form 990 (2008)

Form 990 (2008) WEST CENTRAL CONTIONITY ACTION		Page 2
Part III Statement of Program Service Accomplishments (see instructions) 1 Briefly describe the organization's mission IN PARTNERSHIP WITH STATE AND FEDERAL GOVERNMENT, OUR MISSION IS ADMINISTER PROGRAMS DESIGNED TO HELP RESIDENTS IN OUR 10-COUNTY IF OF SOUTHWEST IOWA ACHIEVE SELF-SUFFICIENCY		
 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program 	_	X No
services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	Yes	X No
4a (Code) (Expenses \$ 5,860,745 including grants of \$ 5,860,745) (Revenue \$ LIHEAP - LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM THIS PROGRAM PROVIDES ASSISTANCE TO HOUSEHOLD IN THE FORM OF PAYMENT OF THEIR FUEL BILLS TO ENSURE CONTINUED SERVICE OR TO RESTORE DISCONTINUED SERVICES. IT ALSO PROVIDES EMERGENCY INTERVENTION TO REPAIR OR REPLACE HEATING SYSTEMS, PROVIDE EMERGENCY FUEL DELIVERY, OR PURCHASE AIR CONDITIONERS AND FANS.)
4b (Code)(Expenses \$ 1,246,163 including grants of \$ 1,246,163) (Revenue \$ CHILD AND ADULT CARE FOOD PROGRAM THE PURPOSE OF THIS PROGRAM IS TO PROMOTE GOOD NUTRITION AND POSITIVE EATING HABITS AND ATTITUDES FOR CHILDREN IN FAMILY CHILD CARE HOMES. THE PROGRAM PROVIDES FOR SUPPLEMENTAL REIMBURSEMENT TO THE PROVIDER FOR THE FOOD COSTS IN ORDER TO PROMOTE HEALTHY SNACKS AND MEALS TO BE SERVED TO CHILDREN IN DEVELOPMENT HOMES.)
4c (Code) (Expenses \$ 429,254 including grants of \$ 429,254) (Revenue \$ WEATHERIZATION ASSISTANCE PROGRAM THIS IS A LOW-INCOME ENERGY EFFICIENCY PROGRAM. ITS PURPOSE IS TO MAKE THE HOMES OF LOW-INCOME CLIENTS MORE ENERGY EFFICIENT, THEREBY REDUCING CLIENTS' FUEL BILLS ANDINCREASING THEIR COMFORT. THE PROGRAM FOCUSES ON SEALING AIR LEAKS, INSTALLING INSTALLATION IN ATTICS, WALL AND CRAWL SPACES, TUNING AND UPGRADING HEATING SYSTEMS, AND INSTALLING LOW-COST ENERGY CONSERVATION MEASURES. THE PROGRAM ALSO PROVIDES IMPORTANT HEALTH AND SAFETY SERVICES TO THE CLIENTS IT SERVES.)
4d Other program services (Describe in Schedule O) (Expenses \$ 8,072,991 including grants of \$ 179,744) (Revenue \$ 4e Total program service expenses ◆ \$ 15,609,153 (Must equal Part IX, Line 25, column (B))		90 (2000)
	C Of	WITE COOCS

	art IV Checklist of Required Schedules			age o
	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		100	
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			-
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
_	complete Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			.
40	complete Schedule D, Part IV	9		X
10 44	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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	x	•
12	Did the organization receive an audited financial statement for the year for which it is completing this return	- ''	12	
-	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		X
14a		14a		X
b	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		X
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		X
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		X
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? If "Yes," complete Schedule G, Part III	19		_X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			7.5
.	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	24-		v
ь	24b–24d and complete Schedule K If "No," go to question 25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		<u>X</u>
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
U	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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

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		<u>X</u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
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	\longrightarrow	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		-	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>

Form **990** (2008)

Pa	art 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	1				
	U.S. Information Returns. Enter -0- if not applicable	<u>1a</u>	468			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	е			ĺ
_	gaming (gambling) winnings to prize winners?	1 1		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		350	ļ		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	350		x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	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 covere	d hv				
Ja	this return?	u by		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin				}	
	account)?			4a		X
b	If "Yes," enter the name of the foreign country			,		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
_	Regarding Prohibited Tax Shelter Transaction?			5c		v
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 contribution	ons or		6ь		İ
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			60		\vdash
' a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				
a	\$75?	triair		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	as				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ıl			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as		76		x
8	required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion		7h	\vdash	┢▔
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor					
	organization, have excess business holdings at any time during the year?	g		8		х
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		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	, ,				
a	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	ا ا				
49-	amounts due or received from them) Section 4947(a)(4) non exempt charitable tructs to the executation filing Form 990 in liquid Form	11b				
12a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10417 12b		12a		
	, the universe of tax exempt interest received of decided during the feat					

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not 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	İ				
1a	Enter the number of voting members of the governing body	1a	30			
b	Enter the number of voting members that are independent	1b	30			
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	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the	dırect				
	supervision of officers, directors or trustees, or key employees to a management company or other pe	rson?		3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior For		was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets	,7		5	<u> </u>	X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	nbers				
	of the governing body?			7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ns?		<u>7b</u>		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	ırıng				
	the year by the following					
а	The governing body?			8a	X	├
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?			9a	1	X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such ch	apters	s,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?			9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	anızatı	ons			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990			10	X	ļ <u>.</u>
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at	ŀ		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					<u> </u>
Sec	tion B. Policies					
				<u></u>	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	_		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give			1	
	rise to conflicts?			12b	X	_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es,"				
	describe in Schedule O how this is done			12c		-
13	Does the organization have a written whistleblower policy?			13	X	\vdash
14	Does the organization have a written document retention and destruction policy?			14	X	-
15	Did the process for determining compensation of the following persons include a review and approval	•				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decis	ion			
a	The organization's CEO, Executive Director, or top management official?			15a		<u> </u>
b	Other officers or key employees of the organization?			15b	X	
	Describe the process in Schedule O (see instructions)				1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements as a state of the contribute assets to, or participate in a joint venture or similar arrangements.	ent		1		₹.
	with a taxable entity during the year?	_4_		16a	├	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization to evaluate the policy of procedure requiring the organization of the policy of t					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	guaro		1.00		
	the organization's exempt status with respect to such arrangements?			16b		<u> </u>
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	504(.)	(O) k)			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (section 6104 requires an organization however, make those greatests of the control of	5U1(C)	(a)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply					
40	Own website Another's website X Upon request	£1 ±	duntone-t			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	ITHICT (or interest			
00	policy, and financial statements available to the public	l	d= =\$ 1F =			
20	State the name, physical address, and telephone number of the person who possesses the books and		us of the			
EF?	organization ◆ JOEL DIRKS 1408 A HWY 4 ARLAN II		1537_07	09 712-75		125
- 17	T.	<u>. J.</u>	LJJ / - U /			(2008)

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

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

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

(A)													
v 4	this box if the organization did not compensate any officer, director, t (A) (B) (C) Average Position (check all that apply)								(D) (E)				
Name and Title	individual trustee	୍ତି Institutional trustee	Officer	all Key employee		≧ Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
ROBERT WENTWOR	RTH												
PRESIDENT	1	x		X				0	0	0			
RON KOHN													
VICE PRESIDE	1	X		X				0	0	0			
DAN MUHLBAUER													
SECRETARY	1	X		X				0	0	0			
DAVE DUNFREE									· - · - ·				
DIRECTOR	1	x						0	0	0			
DR. KEITH SWAN	NSON												
DIRECTOR	1	x				1		0	0	0			
ELEANOR TEITZ													
DIRECTOR	1	x						0	0	0			
CHUCK LARSON													
DIRECTOR	1	X						0	0	0			
RAYANN WEST													
DIRECTOR	1	X						0	0	0			
BECKY FICHTER													
DIRECTOR	1	x						0	0	0			
STEVE RATCLIFF	?												
DIRECTOR	1	x						0	0	0			
LINDA SOUTHWOR	RTH						T						
DIRECTOR	1	x						0	0	0			
JOANN THOMAS							٦	,					
DIRECTOR	1	X						0	0	0			
LYNN GROBE								"					
DIRECTOR	1	X						0	0	0			
DARLENE MCMART	rin												
DIRECTOR	1	X						0	0	0			
JOHN T. LAWLER	₹						T						
DIRECTOR	1	x						0	0	0			
JAMES MILLER													
DIRECTOR	1	X						0	0	0			
LARRY KING													
DIRECTOR	1	X						0	0	0			

Part VII Section A	T. Onicers, Directors, Trus	Siee	5, Nt	y Ei	при	yees	s, an	id Highest Compensated	Employees (continued)					
(A) ·	(B)	_			C)			(D)	(E)		(F)			
Name and title	Average		tion (Reportable	Reportable	Estimated				
	hours per	음률	Inst	Officer	<u>\$</u>	em Hig	Former	compensation	compensation		amount			
	hours per week Principles Compensation from the organization organization (W-2/1099-MISC)							from related	١,	other compense				
		호를	1 8		탕	88		organization	(W-2/1099-MISC)	`	from th			
		IS.	ਭ		yee	mp((W-2/1099-MISC)			organizat	tion		
		8	ste			Sene.					and relat			
			0			l ted				'	organizati	ions		
DONALD RODAS	KY	i						-	 .					
DIRECTOR	1	x						o	o				0	
CHARLES BROW		1		\vdash	-		_		<u> </u>				<u> </u>	
DIRECTOR	1	x				:		o	o				0	
RICHARD SWA	 	1	\vdash			Н								
		x						_	o				0	
DIRECTOR	1	<u> </u>		_	├			0						
ELAINE ARMS	i _							_	_				^	
DIRECTOR	1	X	-		<u> </u>	H		0	0				0	
MARGARET BUI													_	
DIRECTOR	1	X	<u> </u>		L	_		0	0				0	
ROSE MAXWELI	Ł .	1						_	_				_	
DIRECTOR	1	X						0	0				<u> </u>	
DELBERT HULI	4	Ì												
DIRECTOR	1	X						0	0				0	
KATIE GOSHOR	N													
DIRECTOR	1	X						0	0				0	
JUDY KNAPP														
DIRECTOR	1	X						l 0	0]			0	
JOEL DIRKS		† <u> </u>												
OFFICER	40			x				67,649	o			5,4	199	
0111011		╁	\vdash		 			0,,015				<u> </u>		
		├				-				 				
		├							<u> </u>					
						<u> </u>								
						<u> </u>	_	C7 C40		 		E 4		
1b Total							▼	67,649		L		5,4	.99	
	ividuals (including those in	1a)	who	rece	ived	more	e tha	an \$100,000 in reportable o	compensation from the					
organization ◆ 0			-			_						— т		
												Yes	No	
9	•					•	•	yee, or highest compensat	ted			- 1	X	
	n? If "Yes," complete Sche								fram		3		<u> </u>	
								n and other compensation s," complete Schedule J for						
individual	related organizations gre	alci	lliaii	φισ	0,00	J' 11	16	s, complete schedule 5 to	Such		4]	X	
	d on line 1a receive or acc	rue d	comp	ens	ation	fron	n an	y unrelated organization fo	r					
	the organization? If "Yes,										5		X	
Section B. Independent	Contractors													
1 Complete this table	for your five highest comp	ensa	ted i	nder	end	ent c	ontr	actors that received more	than \$100,000 of					
compensation from							,							
	(A) Name and business addres	s						Descri	(B) ption of services		Cor	(C) npensa	ation	
								<u>.</u>						
							\vdash				 			
							 				 			
							\vdash				 		—	
O Total surebased 1			41		4) :		<u> </u>				 			
		ıaıng	i tho:	se in	ı) W	no r	ecer	ved more than \$100,000 in	1		_			
compensation from	tne organization 🕈								· · · · · · · · · · · · · · · · · · ·		Form 9	200 -	2000	
DAA											rorm ?	ップリ ()	∠∪∪8)	

<u>Pa</u>	rt V	III Statement of Rev	<u>/enue</u>	<u> </u>					
	-	•				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10.10						:	revenue		512, 513, or 514
in the	па	Federated campaigns	1a						
gre	b	Membership dues	1b						
ts, an	С	Fundraising events	1c						
igi	d	Related organizations	1d						
S,E	е	Government grants (contributions) 1e	16,1	53,915				
tio er s	f	All other contributions, gifts, gran	ts,						
ള		and similar amounts not included	above						
ᇎ	a	Noncash contributions included in	n lines :	Ba-1f					
9	h	Total. Add lines 1a-1f		,-	•	16,153,915			
Program Service Reventional and other similar amounts		Totali Alaa iiilaa ii			Busn. Code				
Re	2a	IN KIND			624200	57,599	57,599		
e					624200	51,129	51,129		
Ž	b	PROGRAM INCOME			024200	JI,129	31,129		
Se	C				-			 	
Ε	d				<u> </u>				
gra	е								
õ	f	All other program service rev	enue		L				
<u>п</u>	g	Total. Add lines 2a-2f			•	108,728			
ĺ	3	Investment income (including	g divid	ends, intere	est, and				
		other similar amounts)			•	18,133	18,133		
	4	Income from investment of t	ax-exe	mpt bond p	roceeds 🔷				
	5	Royalties		_	•				
		(ı) Real	l	(II) F	Personal				
	6a	Gross Rents							İ
	ь	Less rental exps							
	С	Rental inc or (loss)							
	d	Net rental income or (loss)		<u> </u>	•				
		Gross amount from (i) Securit	ies	(11) Other	,			
		sales of assets		 `	,				
	h	other than inventory Less cost or other		 					
	_	basis & sales exps							
		Gain or (loss)			_				
		Net gain or (loss)				:			
_	ва	Gross income from fundrais	sing ev	ents					
ž		(not including							
Other Revenue		of contributions reported on	line 1	c)					
ř.		See Part IV, line 18		a					
<u>آج</u> ا		Less direct expenses		<u> </u>					
ŏ		Net income or (loss) from ful			•				
	9a	Gross income from gaming	activit	ues					
		See Part IV, line 19	:	a					
	b	Less direct expenses	I	·					
	С	Net income or (loss) from ga	ming a	ctivities	•				
	10a	Gross sales of inventory, les	s				, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		returns and allowances	;	a					
	b	Less cost of goods sold	1	,					
		Net income or (loss) from sa	les of	nventory	•				
		Miscellaneous Reven		<u> </u>	Busn. Code		***************************************		
	11a	OTHER REVENUE			624200	269,689	269,689		
	b	CINER REVERVE							
									
	C	All atheres			\vdash				
	d	All other revenue				360 600		·····	
		Total. Add lines 11a–11d			▼	269,689			
ŀ	12	Total Revenue. Add lines 1h	ı, 2g, 3	, 4, 5, 6d,	/a, 8c,	16 550 45-	200	_	
		9c, 10c, and 11e			•	16,550,465	396,550	0	0

Form 990 (2008)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	. All other organizations must	complete column (A) but ar	e not required to comple	te columns (B), (C), and (D).
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	Fundraising expenses
	Grants and other assistance to governments	and			<u> </u>
·	organizations in the U.S. See Part IV, line 21	7,715,906	7,715,906		
2	Grants and other assistance to individuals in	.,			
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			i	
	Benefits paid to or for members				······································
4	•				
5	Compensation of current officers, directors,	82,573		82,573	
6	trustees, and key employees Compensation not included above, to disqua			02,313	
0	persons (as defined under section 4958(f)(1)				
	persons described in section 4938(c)(3)(B)	and			
7	•••	4,430,457	4,152,225	278,232	
7	Other salaries and wages		4,132,223	270,232	
8	Pension plan contributions (include section 4 and section 403(b) employer contributions)	ט ו(ת)	Ì		
•	Other employee benefits				
9		1,721,461	1,602,428	119,033	
10	Payroll taxes Fees for services (non-employees)	1,121,401	1,002,320	119,000	
11 a			1		
					-
b	Legal Accounting	17,650	17,650		
	Lobbying	17,030	17,000		
	Professional fundraising services See Part I	/ line 17			
f	Investment management fees	v, mie 17			
	- · ·	171,708	171,708		
g 12	Advertising and promotion	12,332	11,217	1,115	
13	Office expenses	562,314	533,472	28,842	
14	Information technology	302,314	333,412	20,042	
15	Royalties				
16	Occupancy	608,189	575,901	32,288	
17	Travel	197,216	184,891	12,325	
18	Payments of travel or entertainment expenses	23,7220	202/002		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	450	450		
20	Interest	52,303		52,303	
21	Payments to affiliates	02,000			
22	Depreciation, depletion, and amortization				
23	Insurance	2,254	7	2,247	
			<u> </u>	= / ·	
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	MISC DIRECT EXPENSES	657,120	585,699	71,421	
b	IN KIND PROFESSIONAL SERV	57,599	57,599		
C					\
d					
е					
f	All other expenses		· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses. Add lines 1 the	ough 126,289,532	15,609,153	680,379	
26	Joint Costs. Check he				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		1		
	fundraising solicitation				
DAA					Form 990 (2008)

<u>_P</u> ;	art)	(Balance Sheet									
		•		(A)		(B)					
		•		Beginning of year		End of					
	1	Cash—non-interest bearing	<u> </u>	400	1			<u>400</u>			
	2	Savings and temporary cash investments	<u> </u> -	1,817,598	$\overline{}$		<u>17, </u>				
	3	Pledges and grants receivable, net	<u> </u>	1,097,349	3	1,38					
	4	Accounts receivable, net		12,739	4		6,	<u> 172</u>			
	5	Receivables from current and former officers, directors, t	rustees, key								
		employees, or other related parties. Complete Part II of S	Schedule L		5						
	6	Receivables from other disqualified persons (as defined	under section								
	ĺ	4958(f)(1)) and persons described in section 4958(c)(3)(l	B) Complete								
		Part II of Schedule L	<u></u>		6						
ţ	7	Notes and loans receivable, net	Ļ		7						
Assets	8	Inventories for sale or use			8						
Ä	9	Prepaid expenses and deferred charges		34,401	9		22,	<u> 378</u>			
	10a	Land, buildings, and equipment cost basis	10a 3,267,905								
	b	Less accumulated depreciation Complete									
		Part VI of Schedule D	10b 1,341,899	1,943,157	10c	1,92	26,0	<u> </u>			
	11	Investments—publicly traded securities	Ļ		11						
	12	Investments—other securities See Part IV, line 11	<u> </u>		12	 					
	13	Investments—program-related See Part IV, line 11	1	· · · · · · · · · · · · · · · · · · ·	13						
	14	Intangible assets	<u> </u>		14						
	15	Other assets See Part IV, line 11	_		15						
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,905,644	16	4,18					
	17	Accounts payable and accrued expenses	-	1,942,172	17	1,1	12,	985			
	18	Grants payable	}-	04 004	18		16,	405			
	19										
ĽΩ	20	Tax-exempt bond liabilities	}		20						
Liabilities	21	Escrow account liability Complete Part IV of Schedule D	F		21						
Ē	22	Payables to current and former officers, directors, trustee									
<u>ia</u>		employees, highest compensated employees, and disqu	alified								
_		persons Complete Part II of Schedule L	<u> </u>	1 004 070	22		-				
	23	Secured mortgages and notes payable to unrelated third	parties	1,024,370	23	9:	56,	<u> </u>			
	24	Unsecured notes and loans payable	-		24						
	25	Other liabilities Complete Part X of Schedule D	<u> </u>	2 001 476	25	2 1	1 6				
<u></u>	26	Total liabilities. Add lines 17 through 25	, ,	2,991,476	26	2,1	16,	<u> </u>			
ces	1	Organizations that follow SFAS 117, check here ◆	and								
aŭ		complete lines 27 through 29, and lines 33 and 34.		1,914,168		2 0.	o .	260			
ğ	27	Unrestricted net assets	-	1,914,100		2,03)) ,.	300			
<u>Б</u>	28	Temporarily restricted net assets	-		28						
Ĕ	29	Permanently restricted net assets	- A PT		29	_					
Ē		Organizations that do not follow SFAS 117, check her	e♥ ⊔								
0	20	and complete lines 30 through 34.	ŀ		20						
ets	30	Capital stock or trust principal, or current funds	fund		30 31	·····					
SS	31	Paid-in or capital surplus, or land, building, or equipment	F		32						
¥.	32	Retained earnings, endowment, accumulated income, or	other funds	1,914,168		2,03	<u> </u>	360			
Net Assets or Fund Balan	33	Total liabilities and not assets fixed belongs	-	4,905,644	33 34	4,18					
	34 art)	Total liabilities and net assets/fund balances (I Financial Statements and Reporting		4,903,044	34		<u>,,,</u>	<u> </u>			
	21 L /	i mancial Statements and Reporting				· I	Yes	No			
1	Ac	counting method used to prepare the Form 990 C	ash 🗓 Accrual 🗍 Oth	ner		F	163	140			
2a		ere the organization's financial statements compiled or rev				2a		x			
L.		ere the organization's financial statements audited by an ir	•			2b	х				
		Yes" to lines 2a or 2b, does the organization have a comm		for oversight of							
		e audit, review, or compilation of its financial statements a				2c	x				
32		a result of a federal award, was the organization required									
		Single Audit Act and OMB Circular A-133?	<u> </u>			3a	x				
t		Yes," did the organization undergo the required audit or as	udits?			3b	Х				

SCHEDULE 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.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WEST CENTRAL COMMUNITY ACTION

Employer identification number 42-0919214

Pa	irt l	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	(see i	nstruc	tions	s)		
The	orga	nization is not	a private foundation becaus	e it is (Please check only one	organizati	on)								
1	Ň	A church, co	nvention of churches, or ass	ociation of churches described	ın sectioi	170(b)(I)(A)(i).							
2	П	A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П			ce organization described in se	ction 170	(b)(1)(A)(iii). (Atta	ch Sche	edule H)				
4	П			d in conjunction with a hospital							ospital	i's name) .	
·	ш	city, and stat	-	, <u>-</u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				,	
5	\Box	•		of a college or university owned	or onerat	ed by a n	overnm	ental uni	t descri	ihed in				
•	ш	•	(b)(1)(A)(iv). (Complete Part	•	or operat	cu by a g	Overmin	ontai uiii	t descri	DCG III				
6				" / overnmental unit described in s	oction 17	/0/b)/4\/A	V(v)							
6 7	X		-					from the	aonor	al public	•			
′	A	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	Н	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross												
9	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross													
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
		, .	_		•			k) irom t	ousines	ses				
40	\Box			0, 1975. See section 509(a)(2)				/ :	. 4 4					
10	H	=		exclusively to test for public safe	-									
11	Ш	•	•	exclusively for the benefit of, to	•			•			_			
				ed organizations described in s						Section	1			
				he type of supporting organizati										
	\Box	a Type	—	c Type III–Function			d	_ ·	e III–Oi					
е	Ш	-	-	anization is not controlled direc	=						_			
				and other than one or more put	olicly supp	onea org	janizatio	ins desc	ribea in	section	11			
			section 509(a)(2)		. T	T	T							
f				ermination from the IRS that it is	a type i,	туре п,	or type	III suppo	orting					
		•	check this box											Ш
g		_	· · · · · ·	tion accepted any gift or contrib	ution fron	any of the	те							
		following per												г. —
		•	· · · · · · · · · · · · · · · · · · ·	ontrols, either alone or together	with perso	ons descr	ibea in (,11)					Yes	No
				f the supported organization?								11g(i	$\overline{}$	
		•	member of a person describ	• •								11g(i		1
			•	described in (i) or (ii) above?								11g(i	1)	
h		Provide the	following information about t	he organizations the organization	on suppor	ts 	,		,					
(i)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	e organizat		-	1 ' '	Is the		(vii) Am		
	orga	anization		(described on lines 1–9 above or IRC section		listed in you	_		-			sup	οοπ	
				(see instructions))	govo	g coodiiio		port?	1.,	S?	[
					Yes	No	Yes	No	Yes	No				
						L								
								1						
									<u> </u>					
						ļ <u></u>		<u> </u>			<u> </u>			
										ļ			-	
ota	<u> </u>										L			

Schedule A (Form 990 or 990-EZ) 2008 WEST CENTRAL COMMUNITY ACTION 42-0919214 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year 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") 11,379,157 12,791,319 11,846,414 12,963,386 16,153,915 65,134,191 Tax revenues levied for the organization's benefit and either paid to or expended of its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1-3 11,379,157 12,791,319 11,846,414 12,963,386 16,153,915 65,134,191 The portion of total contributions by each 5 person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 65,134,191 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 11,379,157 12,791,319 11,846,414 12,963,386 16,153,915 65,134,191 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 42,728 29,038 11,483 41,353 18,133 142,735 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 65,276,926 12 12 Gross receipts from related activities, etc. (see instructions) 316,749 13 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 6, column (f) divided by line 11, column (f)) 14 99.7813 % 14 15 99.8089 % 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 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 b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 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 b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

18

Section A. Public Support

Calendar year (or fiscal year beginning in) (a) 2004

(e) 2008

(d) 2007

Page 3

(f) Total

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.)

1	Gifts, grants, contributions, and membership fees received (Do not incluany "unusual grants")	de						_	
2	Gross receipts from admissions, merchasold or services performed, or facilities furnished in any activity that is related to organization's tax-exempt purpose								
3	Gross receipts from activities that are no unrelated trade or business under section								
4	Tax revenues levied for the organization benefit and either paid to or expended outs behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge							<u> </u>	
6	Total. Add lines 1-5				<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
	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 Add lines 7a and 7b								
8	Public support (Subtract line 7c from					1			
•	line 6)	****				-			
Sec	tion B. Total Support	J	•						
	lendar year (or fiscal year beginning	in) (a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
C	Add lines 10a and 10b				ļ				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,					<u> </u>			
	and 12)	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3))	. [
Sec	tion C. Computation of Public S	upport Percen	tage	_					
15	Public support percentage for 2008 (line 8	, column (f) dıvıde	d by line 13, colur	nn (f))			15		%
16	Public support percentage from 2007 Sch	edule A, Part IV-A	, line 27g	-			16		%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage	· · · · · · · · · · · · · · · · · · ·					
17	Investment income percentage for 2008 (I	ine 10c, column (f) divided by line 1	3, column (f))			17		%
18	Investment income percentage from 2007	Schedule A, Part	IV-A, line 27h				18		%
19a	33 1/3 % support tests—2008. If the orga	inization did not ch	neck the box on lir	e 14, and line 15 i	s more than 33 1/3	3 %, and line			
	17 is not more than 33 1/3 %, check this b	oox and stop here	. The organization	qualifies as a pub	licly supported org	anization		•	
b	33 1/3 % support tests—2007. If the orga	inization did not ch	neck a box on line	14 or line 19a, and	d line 16 is more th	nan 33 1/3%,	and		_
	line 18 is not more than 33 1/3 %, check t	his box and stop l	nere. The organiza	ition qualifies as a	publicly supported	l organizatioi	1	•	• _
20	Private foundation. If the organization did	not check a box	on line 14, 19a or	19b, check this bo	x and see instructi	ons		<u></u>	<u> </u>
DAA						Schedule A	(Form 0	00 or 000 EZ	2005

(b) 2005

(c) 2006

Schedule A (Form 990 or 990-EZ) 2008 WEST CENTRAL COMMUNITY ACTION

42-0919214

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

◆ 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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number WEST CENTRAL COMMUNITY ACTION 42-0919214 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located • Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year • Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Schedule D (Form 990) 2008 WEST CENTRAL COMMUNITY	ACTION	42-0919214	Page 3
Part VII Investments—Other Securities. See Form 990			
. (a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market v	/alue
Financial derivatives and other financial products	·		
Closely-held equity interests			
Other		<u> </u>	
			
			
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990) Part X line 13	<u>.</u>	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Bossipasii oi ilitosalioin type	(b) book value	Cost or end-of-year market v	
			····
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			· <u> </u>
(a) Description		(b)	Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 25			
(a) Description of liability	(b) Amount	<u> </u>	
Federal income taxes	<u>`.</u> `.	1	
		1	
		1	
		7	
		7	
]	
]	
]	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)		<u></u>	
n Part XIV, provide the text of the footnote to the organization's financial state	ements that reports the or	rganızatıon's liabılıty for	_
uncertain tax positions under FIN 48			

		0919214	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial States	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,550,465
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,289,532
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	260,933
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)	8	-135,733
9	Total adjustments (net) Add lines 4-8	9	-135,733
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	125,200
	Act XII Reconciliation of Revenue per Audited Financial Statements With Revenue	ue per Return	16 550 465
1	Total revenue, gains, and other support per audited financial statements	1	16,550,465
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	•		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIV)		
е		2e	16 550 465
3	Subtract line 2e from line 1	3	16,550,465
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	<u>'</u>	<u> </u>	
	Other (Describe in Part XIV)		
C		4c	16 550 465
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	16,550,465
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expen		16 405 065
1	Total expenses and losses per audited financial statements	1	16,425,265
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a		
	Prior year adjustments 2b	 [
	Losses reported on Form 990, Part IX, line 25	35,733	
đ	,		125 722
_		2e	135,733 16,289,532
3	Subtract line 2e from line 1	3	10,209,532
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	1.	
	Add lines 4a and 4b	4c 5	16,289,532
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) At XIV Supplemental Information		10,209,332
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV	lines 1h	
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	, iiies ib	
	PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER		
_		· – – _. – -	
1	BOOK / TAX DEPRECIATION DIFFERENCE	\$	1 <u></u> 35_,7 <u>3</u> 3
_			
-1	P <u>ART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINA</u>	<u>NCIALS - C</u>	THER
1	BOOK / TAX DEPRECIATION DIFFERENCE	\$	_135,733_
_		 -	
_			·
_			. _ _ _
			- — -

Schedule D (Fe	orm 990) 2	800	WES	ST	CEN	TR	AL	CC	MM	UN]	ETY	Α	CT	IO	N				42	-09	919	921	4					Р	age 5
Schedule D (Fe	Supple	ment	tal In	forn	natio	n (c	ontin	nued)																					
			_			_	_	_			_	_	_	_		_	_	_					-	_	_	_	_	_ ·	
						_	_				_	_	-	_	_	_	_	_	_				-	_	_	_	_		
			_			_	_				_	_	_	_	_	_	_	_	_				_	_	_	_	_	_ ·	
			- –			_	_				_	_	_	_	_		_	_	_				- –	_	_	_		-	
						_	_	_			_	_	_	_	_	_	_	_	_					_		_	_	_	
						_	_				_	-	-	_	_	_	_	_	_				-	_	-	_	_		
			- -			_	_				_	_	_	_	_	_	_	_	_					_	_	_	_		
						_	_				_	_	_	_	_	_	_	_	-				-	-	-	-	_	_	
						_	_				_	_	_	_	_		_	_	_				- –	_	_	_	_		
								_					_	_	_	_	_	_	_				_	_	_	_			
	-		- –			_	_				_	_		_	_	_	_		_				- –	_	_	-	_		
						_	_				_	_	_	_	_	_	_	_	_				_	_	_	_	_		
						_	_				· –	_	_	_	-	-	-		-				- –	_	_	-	_	–	
							_				_	_	_	_	_	_	_	_	_				_	_	_	_	_		
			-			_	_				_	_	_	_		_	_		_				_	_	_	_	_	_	
	-					_	_				_	_	_	_	_	_	_	_	_				· –	_	_	_	_	_	
			_			_	_	_	_		_	_	_	_		_	_	_				_		_		_	_		
											_																		
						_	-				· –	-	-	-	-	-	_	_	_				· –	_	-	_	-		
			_			_	_	<u>.</u> .			_	_	_	_	_	_	_	_	_					_	_	_	_		
						_	_				_	_	_	_	_	_			_				-	_	_	_	_	_ ·	
						_	_				_	_	_	_	_	_	_	_	_					_	_		_		
			-			_	_				_	_	_		_	_	_	_	_					_	_	_	_		
			- –			_	_				_	_	_	_	_		-	_					· –	_	_	_	_	- ·	
			. _			_	_					_	_	_	_	_	_	_	_					_	_	_	_		
			-			_	-				_	-	-	-	_	_	-	-	_				· –	_	-	-	_	- ·	
						_	_				_	_	_	_	_	_	_	_	_				· –	_	_	_	_		
			-			_	_				_	_	_	_	_	_	_	_	_					_	_	_	_	- ·	

₹
37
4
0
~
0
ģ
~
•
8
0
0
↸
က
803
×
w

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

WEST CENTRAL COMMUNITY ACTION

General Information on Grants and Assistance

Parti

Employer identification number 42-0919214

Open to Public Inspection 2008

the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ne amount of the grant nce? intoring the use of g	grant funds in t	ance, the grantees the United States	engibling to the grain.	o Ol assistance, an	<u> </u>	X Yes	Š
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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 Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments an ecipient that reconstitutional solution of the s	d Organiza ceived more pace is nee	tions in the Un e than \$5,000. eded	Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,000 ace is needed	iplete if the org no one recipie	ganization ansv ent received me	wered "Yes" on ore than \$5,000. Use	
1 (a) Name and address of organization	(b) EIN	(c) IRC (d)	Amount of cash gi	(d) Amount of cash grae) Amount of non-cash (book, FMV, appraisal, assertance	all Method of valuations (book, FMV, appraise	ion (g) Description of	(h) Purpose of grant	±
UTILITY COMPANIES				201101000	Oute)	101-04511 455151411		
SOUTHWEST IOWA							HEATING ASSISTANCE	闰
IA			5,860,745					
CHILD & ADULT CARE CENTERS								
SOUTHWEST IOWA							SUPPLEMENTAL FOOD	PR
IA			1,246,163					
HOUSING CONTRACTORS								
SOUTHWEST IOWA							HOME ENGERY EFFICIEN	IEN
IA			429,254					
UTILITY COMPANIES								
SOUTHWEST IOWA							UTILIY/HOSUING AS	ASSIS
IA			85,554					
OUTREACH CENTERS								
SOUTHWEST IOWA							TANF OUTREACH CENTER	TER
IA			64,813					
UTILITY COMPANIES								
SOUTHWEST IOWA							SUPP. LOW-INC PROGRA	GRA
IA			22,348					
2 Enter total number of section 501(c)(3) and government organizations	organizations						•	

3 Enter total number of other organizations

Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008 WEST CENTRAL COMMUNITY ACTION Part III Grants and Other Assistance to Individuals in the United St

42-0919214

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

"	(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
Part IV	Supplemental Information. Complete this part to provide the information required in Part 1 line 2 and any other additional information	omplete this part to r	provide the information	on required in Part I	line 2 and any other additi	onal information

Supplemental information. Complete this part to provide the information required in Fart 1, line 2, and any other additional information AGENCY HAS AN EXTENSIVE MONITORING SYSTEM THAT REQUIRES MULTIPLE LEVELS OF REVIEW AND TRACKS EXPENSES AND REVENUES FOR EACH GRANT IN A SEPERATE FUND. GRANT FUNDS ARE USED TO PROVIDE ASSISTANCE TO LOW-INCOME INDIVIDUALS. THE PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART IV - ADDITIONAL INFORMATION

NO INDIVIDUAL RECEIVED CASH PAYMENTS DIRECTLY. ALL ASSISTANCE WAS PAID TO OTHER GOVERNMENTS OR OTHER PRIVATE BUSINESSES THAT PROVIDED A GOOD OR SERVICE TO THE QUALIFYING INDIVIDUAL (AS DETERMINED BY WCCA) 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

Internal Revenue Service

Name of the organization

Department of the Treasury

WEST CENTRAL COMMUNITY ACTION

Employer identification number 42-0919214

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

EMPOWERMENT (TEMPORARY ASSISTANCE TO FAMILIES)

THE TEMPORARY ASSISTANCE TO FAMILIES GRANT HELPS PROVIDE

FUNDING FOR OUTREACH CENTERS IN EACH COUNTY. AT THESE

OUTREACH CENTERS, THE FOOD PANTRY ITEMS ARE HOUSED (AS

PART OF EMERGENCY FOOD AND SHELTER), THE RESIDENTS OF THE

COUNTY MAY APPLY FOR HEAD START, LIHEAP, WEATHERIZATION,

AND OTHER ASSISTANCE PROVIDED BY WCCA.

EMERGENCY FOOD AND SHELTER

THIS PROGRAM HELPS MEET THE NEEDS OF HUNGRY AND HOMELESS
PEOPLE THROUGHOUT THE ENTITY'S SERVICE AREA. RESIDENTS WHO
ARE IN AN EMERGENCY SITUATION BECAUSE OF A LOSS OF A JOB
OR HEALTH AND ARE UNABLE TO PAY FOR THEIR BASIC NEEDS OF
UTILITIES OR HOUSING MAY APPLY AT THE LOCAL OUTREACH
CENTER FOR ASSISTANCE IN THE FORM OF THE PAYMENT OF ONE
MONTH'S RENT OR MORTGAGE PAYMENT OR ONE MONTH'S UTILITY
BILL.

COMMUNITY SERVICE BLOCK GRANT - CSBG

THIS GRANT PROVIDES FOR GENERAL ASSISTANCE TO ALL

LOW-INCOME PERSONS IN THE COMMUNITY AND HELPS TO

SUPPLEMENT THE PROGRAM ADMINISTRATION OF OTHER PROGRAMS

THAT CONTAIN ELIGIBLE PERSONS. SINCE WCCA HELPS ALL

LOW-INCOME PERSONS, ALL OF ITS 10 PROGRAMS ARE

WEST CENTRAL COMMUNITY ACTION

Employer identification number 42-0919214

SUPPLEMENTED BY CSBG FUNDS.

FAMILY DEVELOPMENT AND SELF SUFFICIENCY

THIS IS AN INTENSIVE IN HOME PROGRAM FOR FAMILIES RECEIVE

INCOME ASSISTANCE FROM THE DEPARTMENT OF HUMAN SERVICES.

IT PROVIDES SERVICES TO FAMILIES WHO ARE WORKING THEIR WAY

TOWARD SELF-SUFFICIENCY BY HELPING THEM SET GOALS AND

PROVIDE SUPPORT.

HEAD START

THIS PROGRAM IS A COMPREHENSIVE EARLY CHILDHOOD

DEVELOPMENT PROGRAM SERVING LOW-INCOME CHILDREN FROM AGE

THREE TO FIVE AND THEIR FAMILIES. CHILDREN WHO ATTEND HEAD

START PARTICIPATE IN A VARIETY OF EDUCATIONAL ACTIVITIES

INCLUDING LITERACY, LANGUAGE, SCIENCE, SOCIAL-EMOTIONAL

AND MUCH MORE.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

A COPY OF THE RETURN WAS PROVIDED TO MANAGEMENT AND THE BOARD OF DIRECTORS'

FINANCE COMMITTEE FOR THEIR APPROVAL. THE BOARD OF DIRECTORS' FINANCE

COMMITTEE REQUESTS BOARD APPROVAL BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
WCCA MONITORS THEIR EMPLOYEES' COMPLIANCE WITH THE CONFLICT OF INTEREST
POLICY THROUGH ANNUAL REVIEWS AND THROUGH INVESTIGATIONS OF ANY ALLEGATIONS
OF POTENTIAL CONFLICTS OF INTEREST.

Schedule O (Form 990) 2008

Name of the organization

WEST CENTRAL COMMUNITY ACTION

Employer identification number 42-0919214

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR IS EVALUATED BY THE BOARD OF DIRECTORS' PERSONNEL

COMMITTEE. THEY DETERMINE THE SALARY LEVEL AND PRESENT THEIR RECOMMENDATION

TO THE FULL BOARD OF DIRECTORS FOR APPOVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD OF DIRECTORS REVIEW THE MANAGEMENT EMPLOYEES' (HUMAN RESOURCE

DIRECTOR, FISCAL OFFICER, AND PROGRAM DIRECTORS) COMPENSATION AND

PERFORMANCE THROUGH A REPORT FROM THE EXECUTIVE DIRECTOR ANNUALLY.

MANAGEMENT EMPLOYEES' COMPENSATION IS DETERMINED BY THE PAY GRADE SCALE

APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORM 990, PART VI, LINE 19, - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ENTITY MAINTATINS A LIBRARY OF ALL GOVERNNING DOCUMENTS I.E., BOARD

MINUTES, FORM 990, ARTICLES OF INCORPORATION, AUDITED FINANCIAL STATEMENTS,

ETC. THESE DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PREMISIS

UPON REQUEST.