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Form 990

Extended to 8/15/10

OMB No 1545 0047

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)

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 9/30, 2009

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending		Please use IRS label or print or type See specific instructions. COMMUNITY ACTION OF SOUTHEAST IOWA 2850 MT PLEASANT ST BURLINGTON, IA 52601	D Employer Identification Number 42-0923961 E Telephone number 319-753-0193 G Gross receipts \$ 14,569,103.
F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☒ No If 'No,' attach a list (see instructions)	
I Tax-exempt status ☒ 501(c) (3) (Insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number	
J Website: N/A		L Year of Formation 1965 M State of legal domicile IA	
K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>TO SERVE AS AN ADVOCATE OF THE POOR AND ELDERLY ON MATTERS OF PUBLIC POLICY AND TO PROVIDE A BROADENED RESOURCE BASE OF PROGRAMS DIRECTED TO THE ELIMINATION OF POVERTY.</u>	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12
	5 Total number of employees (Part V, line 2a)	254
	6 Total number of volunteers (estimate if necessary)	498
Revenue	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	0.
	8 Contributions and grants (Part VIII, line 1h)	12,432,720.
	9 Program service revenue (Part VIII, line 2g)	387,665.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,494.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)	103.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,840,879.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,784,970.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,700,169.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,601.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,377,748.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,862,887.
	19 Revenue less expenses Subtract line 18 from line 12	-22,008.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,677,110.
	21 Total liabilities (Part X, line 26)	1,120,945.
	22 Net assets or fund balances Subtract line 21 from line 20	1,556,165.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	▶ <u>Sharon L Ford</u> Signature of officer	8-10-10 Date
Paid Preparer's Use Only	▶ <u>Sharon L Ford Executive Director</u> Type or print name and title	
	Preparer's signature ▶ <u>Kellym Weinert, CPA</u> Firm's name (or yours if self-employed), address, and ZIP + 4 MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140 WEST DES MOINES, IA 50266-6717	Date 8/5/10 Check if self-employed ☐ Preparer's identifying number (see instructions) P00735844 EIN ▶ 42-0731256 Phone no ▶ 515-223-0002

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 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.

4a (Code: ) (Expenses \$ 3,695,744. including grants of \$ 3,058,474.) (Revenue \$ 9,705.)
 SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC) - PROVIDES
 NUTRITIONAL ASSISTANCE AND EDUCATION TO LOW INCOME WOMEN WHO ARE PREGNANT, ARE
 BREASTFEEDING MOTHERS OR WHO HAVE AN INFANT CHILD UNDER THE AGE OF FIVE YEARS.
 PROGRAM EXPENSE INCLUDES \$3,048,935 IN NONCASH WIC VOUCHERS PROVIDED TO 7,436
 ELIGIBLE PARTICIPANTS AND DISTRIBUTED BY THE IOWA DEPARTMENT OF PUBLIC HEALTH.

4b (Code: ) (Expenses \$ 3,558,231. including grants of \$ 3,343,013.) (Revenue \$)
 LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) - PROGRAM PROVIDES ELIGIBLE
 LOW-INCOME HOUSEHOLDS WITH A ONE-TIME PER YEAR PAYMENT TO ASSIST WITH THE COST OF
 HEATING THEIR HOMES DURING THE WINTER. ASSISTANCE WAS PROVIDED TO 5,062 HOUSEHOLDS.

4c (Code: ) (Expenses \$ 3,106,823. including grants of \$ 10,248.) (Revenue \$ 763.)
 HEAD START AND EARLY HEAD START - HEAD START IS A COMPREHENSIVE DEVELOPMENT PROGRAM
 FOR PRESCHOOL CHILDREN, PRIMARILY ALL OF WHOM COME FROM LOW-INCOME FAMILIES. THE
 PROGRAM'S GOAL IS TO PROVIDE ACTIVITIES DESIGNED TO ASSIST THOSE CHILDREN WITH THEIR
 EDUCATION AND TRAINING TO IMPROVE THEIR HEALTH AND WELL BEING. EARLY HEAD START
 PROVIDES PHYSICAL, COGNITIVE, SOCIAL AND EMOTIONAL GROWTH FOR INFANTS AND TODDLERS
 AND STRENGTHENS FAMILY AND COMMUNITY SUPPORT FOR CHILDREN AND FAMILIES.

4d Other program services (Describe in Schedule O) SEE SCHEDULE O
 (Expenses \$ 3,464,598. including grants of \$ 655,608.) (Revenue \$ 434,216.)

4e Total program service expenses ► \$ 13,825,396. (Must equal Part IX, Line 25, column (B))

Part 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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		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		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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,' complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
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	X	
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	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		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		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		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		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I		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		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		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		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	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J		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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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		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		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		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		X

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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:		
a 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)? <i>If 'Yes,' complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	X
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? <i>If 'Yes,' complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>	32	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36	X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37	X

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Part 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.	99	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	254	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b 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?		X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Did the organization solicit any contributions that were not tax deductible?		X
6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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 personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make any distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a 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 other members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section 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	12	
b Enter the number of voting members that are independent	12	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
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. SEE SCHEDULE O		X
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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers of key employees of the organization? SEE SCHEDULE O	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?		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?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed: NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

SANDRA GERST 2850 MT. PLEASANT ST., BURLINGTON, IA 52601 319-753-0193

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**

1 a 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) or 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 compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAN CAHILL DIRECTOR	0.5	X						0.	0.	0.
SHARON FORD EXECUTIVE DIREC	40			X				70,428.	0.	11,299.
MARIAN BRUNKEN DIRECTOR	0.5	X						0.	0.	0.
NICOLE LANE DIRECTOR	0.5	X						0.	0.	0.
GLENWOOD F. TOLSON DIRECTOR	0.5	X						0.	0.	0.
LINDA BOSHART DIRECTOR	0.5	X						0.	0.	0.
RICK LARKIN VICE PRESIDENT	0.5	X		X				0.	0.	0.
LINDA MULLEN PRESIDENT	0.5	X		X				0.	0.	0.
REV. BRENDA GOODALL SECRETARY	0.5	X		X				0.	0.	0.
RACHEL MCNEIL DIRECTOR	0.5	X						0.	0.	0.
FRANK JAMISON DIRECTOR	0.5	X						0.	0.	0.
MARY BOYSEN TREASURER	0.5	X		X				0.	0.	0.
MELODY CROW DIRECTOR	0.5	X						0.	0.	0.
DANIELL PETERSON DIRECTOR	0.5	X						0.	0.	0.
SANDRA GERST FISCAL OFFICER	40			X				48,732.	0.	9,955.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(cont.)</i>
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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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1 b Total								119,160.	0.	21,254.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
LEE COUNTY HEAT AND AIR PO BOX 338 WEST POINT, IA 52656	FURNACE PURCH & INST <i>SEE SCHEDULE D</i>	154,209.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 1

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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 14,023,196.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 87,552.				
	g Noncash contrbns included in lns 1a-1f	\$ 3,136,487.				
	h Total. Add lines 1a-1f		14,110,748.			
PROGRAM SERVICE REVENUE		Business Code				
	2 a SERVICES/PROJECT REVENUE	900099	160,432.	160,432.		
	b USER FEES & OTHER SUPPOR	900099	284,252.	284,252.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f		444,684.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		10,453.			10,453.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6 a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 3,218.				
	b Less: direct expenses	b 3,115.				
	c Net income or (loss) from fundraising events		103.			103.
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue Business Code					
11 a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		14,565,988.	444,684.	0.	10,556.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,067,343.	7,067,343.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	139,327.	126,271.	11,662.	1,394.
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.	0.	0.	0.
7 Other salaries and wages	3,809,507.	3,452,537.	318,875.	38,095.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	229,895.	208,353.	19,243.	2,299.
9 Other employee benefits	781,237.	708,031.	65,394.	7,812.
10 Payroll taxes	483,916.	438,571.	40,506.	4,839.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	28,719.	26,028.	2,404.	287.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	71,265.	64,588.	5,964.	713.
12 Advertising and promotion	12,467.	11,299.	1,043.	125.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	288,946.	261,870.	24,187.	2,889.
17 Travel	133,794.	121,257.	11,199.	1,338.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,431.	28,486.	2,631.	314.
20 Interest	5,244.	4,753.	439.	52.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	200,797.	181,981.	16,808.	2,008.
23 Insurance	49,737.	45,076.	4,164.	497.
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.)				
a FOOD EXPENSE	491,990.	445,888.	41,182.	4,920.
b PROGRAM & OPERATING SUPPLIES	354,405.	329,400.	22,336.	2,669.
c TRAINING	87,920.	79,681.	7,360.	879.
d EQUIPMENT REPAIR & MAINTENANCE	68,485.	62,068.	5,732.	685.
e PRINTING AND PUBLICATIONS	64,420.	58,384.	5,392.	644.
f All other expenses	114,235.	103,531.	9,562.	1,142.
25 Total functional expenses. Add lines 1 through 24f	14,515,080.	13,825,396.	616,083.	73,601.
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				

BAA

Form 990 (2008)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	263,118.	1	228,882.
	2 Savings and temporary cash investments	230,206.	2	218,686.
	3 Pledges and grants receivable, net	738,324.	3	818,812.
	4 Accounts receivable, net	38,385.	4	19,857.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	32,832.	8	42,839.
	9 Prepaid expenses and deferred charges	150,949.	9	274,166.
	10a Land, buildings, and equipment cost basis	10a 2,840,036.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,645,786.		
		1,223,296.	10c	1,194,250.
	11 Investments — publicly-traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,677,110.	16	2,797,492.	
LIABILITIES	17 Accounts payable and accrued expenses	722,169.	17	734,359.
	18 Grants payable		18	
	19 Deferred revenue	133,138.	19	195,097.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	171,110.	23	162,727.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	94,528.	25	98,236.
	26 Total liabilities. Add lines 17 through 25	1,120,945.	26	1,190,419.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,474,367.	27	1,434,689.
	28 Temporarily restricted net assets	81,798.	28	172,384.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	1,556,165.	33	1,607,073.
	34 Total liabilities and net assets/fund balances.	2,677,110.	34	2,797,492.

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

BAA

Form 990 (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number

42-0923961

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ 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 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 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 acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 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
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2008

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
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	10937559.	11807056.	11265498.	12432720.	14110748.	60,553,581.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3	10937559.	11807056.	11265498.	12432720.	14110748.	60,553,581.
5 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).						0.
6 Public support. Subtract line 5 from line 4						60,553,581.

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	10937559.	11807056.	11265498.	12432720.	14110748.	60,553,581.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,862.	6,809.	12,855.	20,494.	10,453.	55,473.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV					3,218.	3,218.
11 Total support. Add lines 7 through 10						60,612,272.
12 Gross receipts from related activities, etc. (see instructions)					12	1,670,865.
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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	99.9%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	99.9%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

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Schedule A (Form 990 or 990-EZ) 2008

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 yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
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, 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, 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 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 ☐		
b 33-1/3 support tests – 2007. If the organization did not check a box on line 14 or 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 ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

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)

This image shows a full page of primary-ruled paper. It features multiple sets of horizontal dashed lines, each set consisting of three parallel lines. These lines are evenly spaced vertically across the entire page, providing a guide for letter height and placement in handwriting practice. The background is white, and there are no margins or other markings present.

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

OMB No 1545-0047

2008**Open to Public
Inspection**

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number

42-0923961

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds 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 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?	☐ Yes	☐ No
6 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??	☐ Yes	☐ No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 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	

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or 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, inspection, violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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, 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, 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 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 ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land		7,550.		7,550.
b Buildings		1,559,589.	696,742.	862,847.
c Leasehold improvements				
d Equipment		1,272,897.	949,044.	323,853.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				1,194,250.

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Schedule D (Form 990) 2008

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
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) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) should equal Form 990, Part X, Col. (B) line 13)		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total (Column (b) Total (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
Federal Income Taxes	
DAMAGE DEPOSITS	1,200.
OWED TO GRANTOR AGENCIES	97,036.
Total (Column (b) Total (should equal Form 990, Part X, col. (B) line 25))	98,236.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	14,565,988.
2	Total expenses (Form 990, Part IX, column (A), line 25)	14,515,080.
3	Excess or (deficit) for the year Subtract line 2 from line 1	50,908.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4-8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	50,908.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,902,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	333,845.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	3,115.
e	Add lines 2a through 2d	2e	336,960.
3	Subtract line 2e from line 1	3	14,565,988.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	14,565,988.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	14,852,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	333,845.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	3,115.
e	Add lines 2a through 2d	2e	336,960.
3	Subtract line 2e from line 1	3	14,515,080.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	14,515,080.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 119890

COMMUNITY ACTION OF SOUTHEAST IOWA

42-0923961

8/05/10

01 44PM

SCHEDULE D, PART XII, LINE 2D

OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

FUNDRAISING EXP NETTED WITH REVENUE

TOTAL \$ 3,115.
\$ 3,115.

SCHEDULE D, PART XIII, LINE 2D

OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING EXP NETTED WITH REVENUE

TOTAL \$ 3,115.
\$ 3,115.

Employer Identification number

Part I General Information on Grants and Assistance

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

☒ Yes ☐ No

22 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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.

(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
APPLIANCES (REPLACED THOSE LOST IN FLOOD)	31		62,194.	ACTUAL COST	APPLIANCES
BREAST PUMPS	180		9,539.	ACTUAL COST	BREAST PUMPS
CHILD CARE EDUC., ASSESSMENT & MINI GRANTS	39	16,741.			
CHILDCARE/PRESCHOOL TUITION, TRANSPORT ETC	1,149	101,836.			
EMERGENCY RENT & UTILITIES	1,121	151,657.			
HOME RENOVATIONS	38		48,309.	ACTUAL COST	HOME RENOVATIONS
HOME REPAIR FOR SENIOR CITIZENS	69		34,633.	ACTUAL COST	HOME IMPROVEMENTS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

INCOME GUIDELINES FOR CLIENTS ARE ESTABLISHED BY THE ORIGINAL FUNDING SOURCE.

DOCUMENTATION IS VERIFIED BY INTAKE WORKERS AT NEIGHBORHOOD CENTERS THAT SUPPORTS THE

ELIGIBILITY OF THE CLIENT.

SCHEDULE M
(Form 990)

Non-Cash Contributions

OMB No 1545-0047

2008

► To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number

42-0923961

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PROGRAM SUPPLIES)	X	19	87,552.	DONOR VALUED
26 Other ► (WIC FOOD VOUCHERS)	X	7436	3,048,935.	STATED VALUE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30 a		X
31		X
32 a		X
33		

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

Schedule M (Form 990) 2008

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, ADDITIONAL INFORMATION

THE ORGANIZATION HAS REPORTED THE NUMBER OF CONTRIBUTIONS IN COLUMN B FOR PROGRAM
SUPPLIES. FOR THE WIC FOOD VOUCHERS, THE ORGANIZATION HAS REPORTED THE NUMBER OF
VOUCHERS IN COLUMN B.

WIC FOOD VOUCHERS ARE PASSED THROUGH THE IOWA DEPARTMENT OF PUBLIC HEALTH FOR
DISTRIBUTION TO ELIGIBLE INDIVIDUALS UNDER THE U.S. DEPARTMENT OF AGRICULTURE'S
SPECIAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (CFDA NO. 10.557).

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number

42-0923961

FORM 990, PART VII, SECTION B, LINE 1

COMPENSATION OF INDEPENDENT CONTRACTORS - COMPENSATION PAID TO LEE COUNTY HEAT & AIR INCLUDES BOTH LABOR AND MATERIALS FOR FURNACE INSTALLATION AS PART OF THE ORGANIZATION'S WEATHERIZATION AND LOW INCOME HEATING ASSISTANCE PROGRAMS.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

TO SERVE AS AN ADVOCATE OF THE POOR AND THE ELDERLY ON MATTERS OF PUBLIC POLICY WHICH AFFECT THEIR STATUS; AND TO PROMOTE INSTITUTIONAL CHANGE.

IN ADDITION, ITS PURPOSES ARE TO:

1. PROVIDE A BROADENED RESOURCE BASE OF PROGRAMS DIRECTED TO THE ELIMINATION OF POVERTY.

2. INSURE THE MAXIMUM FEASIBLE PARTICIPATION OF THE POOR AND THE ELDERLY IN THE DEVELOPMENT AND IMPLEMENTATION OF ALL PROGRAMS AND PROJECTS DESIGNED TO SERVE THEM.

3. MOBILIZE PUBLIC AND PRIVATE RESOURCES IN SUPPORT OF ITS PROGRAMS AND PURPOSES.

4. PROVISION OF DECENT, SAFE, AND SANITARY HOUSING THAT IS AFFORDABLE TO LOW AND MODERATE INCOME PERSONS.

AND THE ORGANIZATION WILL ADMINISTER OR DELEGATE TO OTHER AGENCIES PROGRAMS INTENDED TO MEET THESE PURPOSES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

WEATHERIZATION ASSISTANCE PROGRAMS - PROVIDE RESOURCES TO USE IN WEATHERIZING HOMES OF QUALIFYING LOW-INCOME HOUSEHOLDS. WEATHERIZATION INCLUDES INSULATION OF HOMES AND MINOR STRUCTURAL REPAIRS TO RESULT IN MORE COMFORTABLE LIVING CONDITIONS FOR ELIGIBLE FAMILIES.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) - PROVIDES ASSISTANCE FOR FOOD AND NUTRITIONAL NEEDS OF LOW-INCOME FAMILIES' CHILDREN ENROLLED IN HEAD START CENTERS AND FAMILY DAY CARE HOMES AND CENTERS.

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number

42-0923961

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION (CONTINUED)

AT RISK CHILD DEVELOPMENT - PROVIDES ASSISTANCE TO FAMILIES WITH CHILDREN FOR DAY CARE IN EACH OF THE COUNTIES SERVED. FAMILIES OF CHILDREN WHO ARE DETERMINED TO BE AT RISK ARE ELIGIBLE THROUGH STATE SPONSORED PROGRAMS AND ARE REFERRED BY THE IOWA DEPARTMENT OF HUMAN SERVICES.

OTHER MISCELLANEOUS PROGRAMS - INCLUDING DEPRECIATION CHARGES

FAMILY DEVELOPMENT PROGRAM - PROVIDES FAMILY DEVELOPMENT SERVICES TO FAMILIES CURRENTLY ENROLLED IN THE STATE'S FAMILY INVESTMENT PROGRAM AND ARE DETERMINED TO BE AT RISK OF LONG-TERM WELFARE DEPENDENCY.

TANF EMPOWERMENT - PROVIDES ASSISTANCE TO CHILDREN 0-5 AND THEIR FAMILIES, AS WELL AS PROVIDING CHILD CARE SERVICES AND TRAINING FOR CHILD CARE PROVIDERS.

PROJECT SHARE IS A VOLUNTARY CONTRIBUTION PROGRAM SPONSORED BY VARIOUS UTILITY COMPANIES. THESE FUNDS ARE USED TO ASSIST LOW-INCOME HOUSEHOLDS WITH PAYMENT OF THEIR HEATING BILLS.

COMMUNITY SERVICES BLOCK GRANT (CSBG) - PROVIDES SUPPORT FOR OUTREACH AND GENERAL ADMINISTRATIVE EXPENSES INCURRED IN CARRYING OUT PROGRAM ACTIVITIES NOT FUNDED BY SPECIFIC AWARDS OR CONTRACTS.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

THE 990 WAS SUBMITTED TO THE BOARD/GOVERNING BODY AT THE MEETING FOLLOWING SUBMISSION.

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number

42-0923961

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST

EMPLOYEES AND BOARD OR POLICY COUNCIL MEMBERS HAVE AN OBLIGATION TO CONDUCT BUSINESS WITHIN GUIDELINES THAT PROHIBIT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

COMMUNITY ACTION WILL OPERATE WITHIN THE FOLLOWING FRAMEWORK CONCERNING CONFLICTS OF INTEREST:

AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST OCCURS WHEN AN EMPLOYEE, BOARD OR POLICY COUNCIL MEMBER IS IN A POSITION TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN OR GAIN FOR A RELATIVE AS A RESULT OF COMMUNITY ACTION'S BUSINESS DEALINGS. FOR THE PURPOSES OF THIS POLICY, A RELATIVE IS A SPOUSE, PARENT, GRANDPARENT, CHILD, GRANDCHILD, BROTHER, SISTER, MOTHER-IN LAW, FATHER-IN-LAW, SON-IN-LAW, DAUGHTER-IN-LAW, BROTHER-IN-LAW, SISTER-IN-LAW OR A SIGNIFICANT OTHER.

TRANSACTIONS WITH OUTSIDE FIRMS OR INDIVIDUALS MUST BE CONDUCTED WITHIN A FRAMEWORK ESTABLISHED AND CONTROLLED BY THE EXECUTIVE LEVEL OF COMMUNITY ACTION.

NO "PRESUMPTION OF GUILT" IS CREATED BY THE MERE EXISTENCE OF A RELATIONSHIP WITH OUTSIDE FIRMS. HOWEVER, IF AN EMPLOYEE, BOARD OR POLICY COUNCIL MEMBER HAS ANY INFLUENCE ON TRANSACTIONS INVOLVING PURCHASES, CONTRACTS, OR LEASES, OR HAS AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH COMMUNITY ACTION IS DOING BUSINESS, IT IS IMPERATIVE THAT HE OR SHE DISCLOSE TO THE EXECUTIVE DIRECTOR AS SOON AS POSSIBLE THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES.

THERE SHALL BE NO PURCHASES MADE WITH AN ANTICIPATED TOTAL COST IN EXCESS OF FIVE HUNDRED DOLLARS (\$500) WITHIN ANY 12 MONTH PERIOD FROM ANY EMPLOYEE, BOARD MEMBER, OR POLICY COUNCIL MEMBER OR THEIR RELATIVES WITHOUT THE CONSENT OF THE BOARD OF DIRECTORS.

NO EMPLOYEE MAY SERVE AS A VOTING MEMBER OF THE BOARD OF DIRECTORS OR OTHER MAJOR POLICY ADVISORY BODY OF THIS AGENCY. NO PERSON SERVING AS A MEMBER OF THE BOARD OF DIRECTORS OR OTHER MAJOR POLICY ADVISORY BODY MAY APPLY FOR ANY POSITION IN THE

Name of the organization

COMMUNITY ACTION OF SOUTHEAST IOWA

Employer identification number

42-0923961

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST

AGENCY WHILE SERVING AS A BOARD OR COUNCIL MEMBER. NO EMPLOYEE OR MEMBER OF THEIR IMMEDIATE FAMILY MAY SERVE ON THE POLICY COUNCIL EXCEPT HEAD START OR EARLY HEAD START PARENTS WHO OCCASIONALLY SUBSTITUTE FOR REGULAR HEAD START OR EARLY HEAD START STAFF.

IF A MEMBER OF THE BOARD OR POLICY COUNCIL IS A RELATIVE OF AN EMPLOYEE, THEY MUST MAKE THIS RELATIONSHIP KNOWN TO THE EXECUTIVE DIRECTOR AND ABSTAIN FROM ANY ACTION CONCERNING THAT EMPLOYEE AND PERSONNEL MATTERS.

IT IS THE RESPONSIBILITY OF THE EMPLOYEE OR BOARD OR POLICY COUNCIL MEMBER TO BE AWARE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.

SHOULD A CONFLICT OF INTEREST ARISE THAT CAN NOT BE ELIMINATED, THE INDIVIDUAL IS TO NOTIFY THE EXECUTIVE DIRECTOR AND NOT PARTICIPATE IN ANY ACTION RELATING TO THE ISSUE FROM WHICH THE CONFLICT AROSE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

REVIEW IOWA WORK FORCE DEVELOPMENT DATA AND IOWA COMMUNITY ACTION AGENCIES SURVEY FOR WAGE COMPARIBILITY IN THE AREA AND FOR LIKE POSITIONS. THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND MAKES A RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR FINAL WAGE DETERMINATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 119890

COMMUNITY ACTION OF SOUTHEAST IOWA

42-0923961

8/05/10

01 44PM

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER - FUNDRAISER	3,218.				
TOTAL	\$ 3,218.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization		Employer identification number
	COMMUNITY ACTION OF SOUTHEAST IOWA		42-0923961
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
	MERIWETHER, WILSON AND COMPANY, PLLC REGENCY W. 5, 4500 WESTOWN PKWY, STE 140		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WEST DES MOINES, IA 50266-6717		

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of SHARON FORD
Telephone No 319-753-0193 FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 8/15, 20 10
- 5 For calendar year _____, or other tax year beginning 10/01, 20 08, and ending 9/30, 20 09
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINANCIAL AUDIT AND GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Keely M. Muners Title CPA Date 5/7/10

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ▶ ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	COMMUNITY ACTION OF SOUTHEAST IOWA	42-0923961
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	2850 MT PLEASANT ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BURLINGTON, IA 52601	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶ SHARON FORD

Telephone No. ▶ 319-753-0193

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box. ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ▶ ☐ If it is for part of the group, check this box. ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20__ or
▶ ☒ tax year beginning 10/01, 20 08, and ending 9/30, 20 09

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8868** (Rev 4-2009)