

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



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)

OMB No 1545-0047

Open to Public

	Revenue Servic		<u> </u>	1 2000 and auditor of 20 2014			Inspection
		1-1-	ar, or tax year beginning 07-0 C Name of organization	1-2009 and ending 06-30-2010	J	D Employer ider	ntification number
	ck ıf applıca ress change	ricasc	RANDOLPH AREA COMMUNITY D	DEVELOPMENT		03-0337709	9
_	ne change	label or print or	Doing Business As			E Telephone nu	
	_	type. See				(802) 728-4	305
_	al return nınated	Specific Instruc- tions.	Number and street (or P O box PO BOX 409	ıf mail is not delivered to street addres	ss) Room/suite	G Gross receipts \$	
_	ended returr lication pend		City or town, state or country, a RANDOLPH, VT 05060	and ZIP + 4			
App	neation pen		 me and address of principal o	fficor	11/ >		_
			IFFLAND	incer	n(a) Is th affilia	is a group return ites?	TYes ▼ No
		PO BO	X 409 OLPH,VT 05060				
		RANDO	JEPH, VI 05000			l affiliates include	·
I Tax	-exempt sta	atus 🔽 501(c	:) (3) ◀ (insert no)	(1) or 527		o," attach a list ip exemption nur	(see instructions) nber ►
		WWW RACDC					
		ation 🔽 Corpora	tion Trust Association Oth	er 🟲	L Year of fo	rmation 1993 M	State of legal domicile VT
Governance	1 Brie	fly describe th	ne organization's mission or n RDABLE HOUSING AND ELD ENTER REVITALIZATION	nost significant activities ERLY HOUSING, ATTRACT AN	ND RETAIN B	USINESSES, SL	JPPORT DOWNTOWN
₹e		ck this hav		nued its operations or disposed	of more than	25% of its not a	eeate
		·		dy (Part VI, line 1a)			1
ණ ගු		_		governing body (Part VI, line 1b			1
Activities			mployees (Part V, line 2a)		,		1
5			olunteers (estimate if necess				4
⋖			•	art VIII, column (C), line 12 .			
		_	iness taxable income from Fo			7b	
					Prio	r Year	Current Year
	8 Co	ntributions an	d grants (Part VIII, line 1h)			242,198	235,996
all	9 Pro	ogram service	revenue (Part VIII, line 2g)		458,589	412,762	
Revenue	10 In	vestment inco	me (Part VIII, column (A), lır	nes 3, 4, and 7d)			С
#	11 Ot	her revenue (P	Part VIII, column (A), lines 5			С	
				equal Part VIII, column (A), line	9	700,787	648,758
				umn (A), lines 1-3)		700,707	040,730
			or for members (Part IX, colu				
				fits (Part IX, column (A), lines 5	;_ 		
8	10		ompensation, employed bene	mes (r are 1x, column (xx), mes s		246,054	258,583
Expenses	16a Pro	ofessional fund	draising fees (Part IX, columr	(A), line 11e)			C
ੜੀ	b Tot	al fundraising exp	penses (Part IX, column (D), line 25) - 0			
_	17 Ot	her expenses	(Part IX, column (A), lines 1:	la-11d, 11f-24f)		363,110	432,085
	18 To	tal expenses	Add lines 13–17 (must equa	l Part IX, column (A), line 25)		609,164	690,668
	19 Re	venue less ex	penses Subtract line 18 from	n line 12		91,623	-41,910
Not Assets or Fund Balances						g of Current 'ear	End of Year
988 888 	20 To	tal assets (Pa	rt X, line 16)			4,170,005	4,304,124
절	21 To	tal liabilities (Part X, line 26)			2,690,917	2,866,946
		t assets or fur	nd balances Subtract line 21	from line 20		1,479,088	1,437,178
Par		ignature Bl					
Sign Here	and		correct, and complete Declaration	ed this return, including accompanying of preparer (other than officer) is based	d on all informat		
		JULIE IFFLAND EX	XECUTIVE DIRECTOR				
	<u> </u>	Type of print nam	ie and title			T	
Paid	sign	ature RAND	ALL L SARGENT CPA	2011-05-03 s	Check if self- empolyed • —	Preparer's identify (see instructions)	
Prepa		n's name (or your elf-employed),					
Use C		eir-employed), ress, and ZIP + 4	309 COLLEGE STREET PO BOX	385			_
			BURLINGTON, VT 054020385			Phone no 🕨 (80	2) 658-0043
Mav t	he IRS dis	cuss this retu	ırn with the preparer shown al				✓ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

DEVELOP AFFORDABLE HOUSING AND ELDERLY HOUSING, ATTRACT AND RETAIN BUSINESSES, SUPPORT DOWNTOWN AND VILLAGE CENTER REVITALIZATION

						Form 990 (2009
4e	Total program service	expenses)- \$	381,26	8		
	(Expenses \$	45,979 inc	luding grants o	of \$) (Revenue \$)
4d	Other program service	es (Describe in Sch	edule O) See :	also Additional Data f	or Description	
	JACOBS MOBILE HOME PAR RESTRICTED TO SUCH USE			OR LEASE TO A MIX OF PRI	IMARILY LOW AND MODERATE INCOM	E FAMILIES, AND IS
4c	(Code) (Expenses \$	58,415	including grants of \$) (Revenue \$)
	AYERS BROOK CENTER IS	AN OFFICE BUILDING AC	QUIRED AND REN	IOVATED BY RACDC TO CO	-LOCATE SOCIAL SERVICE ORGANIZA	TION OFFICES AND PROGRAMS
4b	(Code) (Expenses \$	60,215	including grants of \$) (Revenue \$)
	JOSLYN HOUSE IS A SHARE SUCH BY AFFORDABILITY C		IIH SUPPORTIVE	SERVICES PRIMARILY FOR	LOW AND MODERATE INCOME INDIV	iduals, and is restricted to
4a	(Code) (Expenses \$	216,659	,) (Revenue \$)
4		501(c)(4) organizat	ions and secti	on 4947(a)(1) trusts	e largest program services by a are required to report the amou service reported	•
	If "Yes," describe these	e changes on Sched	ule O			
3	Did the organization ce services?		nake sıgnıfıcar • • •	nt changes in how it co		┌ Yes ┌ No
	If "Yes," describe these	new services on So	hedule O			
2	Did the organization un the prior Form 990 or 9				r which were not listed on	⊤Yes ▼ No

Part IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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 similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	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		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete <i>Schedule M</i>	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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? If "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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		Νο
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		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

year

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 14			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
-	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
-	gaming (gambling) winnings to prize winners?	1c	Yes	<u> </u>
2a	Statements filed for the calendar year ending with or within the year covered by this return			
ь	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)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		No
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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible?	6b		
7	were not tax deductible?	OD		
_	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
_	services provided to the payor?			
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 required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
_	year 12b			1

PO BOX 409

RANDOLPH, VT 05060 (802) 728-4305

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a b	Enter the number of voting members of the governing body 1a 11 Enter the number of voting members that are independent 1b 11			
р 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
2	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		24	
10-	December on the control of the contr	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 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 Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	ınızatıor	n)
	JULIE IFFLAND			

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ 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, or 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 current or former officer, director, trustee or key employee										
(A) Name and Title	(B) (C) A verage Position (check all hours that apply)					II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARTY STRANGE PRESIDENT	10 00	х		х				О	0	0
PATRICK FRENCH VICE PRES	2 00	х		х				О	0	0
SUE SHERMAN SECRETARY	2 00	х		х				О	0	0
TY HANDY TREASURER	2 00	х		х				0	0	0
LARRY RICHBURG UNTIL FEB 2010 DIRECTOR	2 00	х						О	0	0
SARAH ISHAM DIRECTOR	2 00	х						0	0	0
SANDERS STEPHEN DIRECTOR	2 00	х						0	0	0
LINDA CHAMBERS DIRECTOR	2 00	х						0	0	0
CAROLYN TONELLI DIRECTOR	2 00	х						0	0	0
PAM STAFFORD DIRECTOR	2 00	х						0	0	0
JOHN LUTZ DIRECTOR	2 00	х						0	0	0
KAREN RUBEN DIRECTOR	5 00	х						0	0	0
JULIE IFFLAND EXEC DIR	40 00			х				74,263	0	1,767

For	m 990 (2009)			Page 8
1b	Total			1,767
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
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		No
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		No
S	ection 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 Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			
		F	orm 99 0	(2009)

Form 99								Page 9
Part	<u>/1111</u>	Statement o	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
इस	1a	Federated cam	paigns 1a					
필드	ь	Membership du	es 1b					
s, g	c	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	rations 1d					
E, S	e	Government grants	s (contributions) 1e	170,296				
rtíon er s	f	All other contribution	ons, gifts, grants, and 1f	65,700				
き	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	١.	lines 1a-1f \$ _	- 1 - 16		235,996			
<u> </u>	h	iotal. Add lines	s 1a-1f	• •	233,990			
e E	2a	RENTAL AND SERV	TCEC	Business Code	240.054	240.054		
ever	b	DAY SERVICES	1013	523,920 532,000	248,054 108,917	248,054 108,917		
or GE		INTEREST ON LOAM	NS RECEIVABLE	522,292	43,244	43,244		
rwo	d	LOAN FEES	TO RECEIVIBLE	531,110	12,547	12,547		
Program Service Revenue	e							
Ta Ti	f	All other progra	am service revenue					
₹ Š	_	Total Add lines	s 2a-2f	<u> </u>	412,762			
	д 3		ome (including divident		412,702			
			aramounts)	. +				
	4	Income from inves	stment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties						
	<u></u>	Casas Bamba	(ı) Real	(II) Personal				
	6а ь	Gross Rents Less rental						
		expenses Rental income						
		or (loss)						
	d	Net rental incol	me or (loss)	(II) O ther				
	7a	Gross amount from sales of assets other	(i) Securities	(ii) o thei				
	Ь	than inventory Less cost or						
	-	other basis and sales expenses						
	c	Gain or (loss)						
	d		s)					
une	8a	Gross income f events (not inc	luding					
Other Revenue		of contributions See Part IV , lin	reported on line 1c) ne 18					
ije E	ь	Less direct ex	penses b					
δ	С	Net income or ((loss) from fundraising	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming activ	vities►				
	10a	Gross sales of returns and allo						
	Ь	Less cost of a	oods sold b					
	c		(loss) from sales of inve	entory 🟲				
		Miscellaneous		Business Code				
	11a							
	Ь							
	c							
	d	All other reven						
	e	Total. Add lines	5 11a-11d					
	12	Total revenue.	See Instructions	▶	648,758	412,762		

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.								
	ll other organizations must complete column (A) but are not required to co		ns (B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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								
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	78,030		78,030					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	152,652	83,806	68,846					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	9,456	3,046	6,410					
10	Payroll taxes	18,445	6,798	11,647					
11	Fees for services (non-employees)								
а	Management	14,752	14,752						
b	Legal	19,884	17,774	2,110					
С	Accounting	16,440	8,260	8,180					
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	102,454	1,191	101,263					
12	Advertising and promotion	2,820	1,060	1,760					
13	Office expenses	8,724	2,664	6,060					
14	Information technology	3,166	138	3,028					
15	Royalties								
16	Occupancy	114,883	114,295	588					
17	Travel	1,717	681	1,036					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	3,200	309	2,891					
20	Interest	52,760	50,181	2,579					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	35,531	35,220	311					
23	Insurance	10,472	8,755	1,717					
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	FOOD AND SUPPLIES - JH	28,687	28,687						
ь	MISCELLANEOUS - ADMIN	6,552	,	6,552					
с	FOOD AND SUPPLIES - ADMIN	6,392		6,392					
d	MISCELLANEOUS - JH	2,381	2,381						
e	MISCELLANEOUS - JMHP	672	672						
f	All other expenses	598	598						
25	Total functional expenses. Add lines 1 through 24f	690,668	381,268	309,400	0				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	232,230	2.52,230	232,120					
	column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			80,765	1	65,976	
	2	Savings and temporary cash investments			155,241	2	108,882	
	3	Pledges and grants receivable, net			10,100	3		
	4	Accounts receivable, net			22,286	4	28,400	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	ables from current and former officers, directors, trustees, key employees, and t compensated employees. Complete Part II of					
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II o	4958(f)(1)) and					
		Schedule L		6				
Assets	7	Notes and loans receivable, net			566,698	7	513,002	
SS	8	Inventories for sale or use				8	_	
٧	9	Prepaid expenses and deferred charges			436	9	1,665	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,476,094				
	ь	Less accumulated depreciation	ss accumulated depreciation				1,972,818	
	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	•	1,702,986	15	1,613,381		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,170,005	16	4,304,124	
	17	Accounts payable and accrued expenses .	92,027	17	171,631			
	18	Grants payable		18				
	19	Deferred revenue			2,165	19	4,088	
	20	Tax-exempt bond liabilities			20			
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule	eD.	•		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lie		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties			2,368,218	23	2,226,843	
	24	Unsecured notes and loans payable to unrelated third parties			226,954	24	460,455	
	25	Other liabilities Complete Part X of Schedule D			1,553	25	3,929	
	26	Total liabilities. Add lines 17 through 25			2,690,917	26	2,866,946	
Fund Balances		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27				
อกเ	27	Unrestricted net assets			928,923	27	887,282	
69	28	Temporarily restricted net assets			430,123	28	419,854	
р	29	Permanently restricted net assets			120,042	29	130,042	
F		Organizations that do not follow SFAS 117, check here ► an	d com	plete				
- 		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds	•			30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Net	33	Total net assets or fund balances			1,479,088	33	1,437,178	
_	34	Total liabilities and net assets/fund balances			4,170,005	34	4,304,124	

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization RANDOLPH AREA COMMUNITY DEVELOPMENT									
CORP	ORATIO		03-0337709						
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instruction								
The	organ	zation is not a private foundation because it is (For lines 1 through 11, check only one box)						
1									
2	Г	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital described in section hospital's name, city, and state	on 170(b)(1)(A)(iii). Enter	the				
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g section 170(b)(1)(A)(iv). (Complete Part II)	overnmental unit	describe	d ın				
6	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)						
7	<u>'</u>	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)		e general	public				
8	\vdash	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	<u>'</u>	An organization that normally receives (1) more than 331/3% of its support from contribu	tions mamharshi	n faas ar	d aros				
•	'	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of							
		its support from gross investment income and unrelated business taxable income (less se	• •						
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part I		Jiii Busiiie	5505				
10	\vdash	An organization organized and operated exclusively to test for public safety. See section 5 0							
11	<u>'</u>	An organization organized and operated exclusively for the benefit of, to perform the functi		out the r	urnos	es of			
	•	one or more publicly supported organizations described in section 509(a)(1) or section 50 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	9(a)(2) See sect 11h	-	1)(3).	Check			
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•					
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box		porting o	rganız	ation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?		r					
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (ii)		Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)					
		(ii) a family member of a person described in (i) above?		11g(ii)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)					
h		Provide the following information about the supported organization(s)							

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

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	u checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support	1			Г			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	128,91	0 312,97	2 562,466	242,198		235,996	1,482,542
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	128,91	0 312,97	2 562,466	242,198		235,996	1,482,542
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) Public Support. Subtract line 5 from							1,482,542
-S	line 4 ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	128,910	6,057	562,466	242,198		235,996	1,482,542
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	5,433	6,057					11,490
9 10	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets	7,756	426,662	492,604	458,589		412,762	1,798,373
11	Total support (Add lines 7 through 10)							3,292,405
12	Gross receipts from related activiti		•			12		2,217,673
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub			, thırd, fourth, or fı	fth tax year as a	501(c)(3	i) organız	eation, ▶ T
 14	Public Support Percentage for 2009			11 column (fi)		14		45 030 %
15	Public Support Percentage for 2008					15		56 490 %
	33 1/3% support test—2009. If the	•	•	von line 13 and li	ine 14 is 33 1/20/		check+	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee	ollifies as a public organization did n qualifies as a pu — 2009. If the orga tion meets the "fa	y supported orga not check the bo iblicly supported anization did not acts and circums	nization x on line 13 or 16 organization check a box on line tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	3 3 1/3% and line op here.	or more, o e 14 Explain	check this
b	organization 10%-facts-and-circumstances test-	-						- 1
18	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "fa	acts and circums	tances" test The	organızatıon qual	ıfıes as a	a publicly	▶ ┌
	instructions		•	•				▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. 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 A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493123006301

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Internal Revenue Service

3

3

Department of the Treasury ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization RANDOLPH AREA COMMUNITY DEVELOPMENT CORPORATION 03-0337709 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 Total number at end of year 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 ☐ Yes ✓ No 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 for any other purpose ✓ No conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 importantly land area Preservation of a certified historic structure Protection of natural habitat 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 Number of conservation easements on a certified historic structure included in (a) 2c 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, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D Schedule D (Form 990) 2009

3	Using the organization's accession and othe						•				continuedy
	items (check all that apply)		а	г	Loan	orevoi	hange prog	rame			
a	Public exhibition		u	<u>'</u>			nange prog	Iaiiis			
Ь	Scholarly research		е	ı	Other	ŕ					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	/ furthe	er the o	organızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	┌ Yes	√ No
Pai	t IV Escrow and Custodial Arrang		•						es" to Form '	•	
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions o	or other ass	sets i	not	┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ing t	able		Г		Δι	mount	
С	Deciming helenes						F	1c		Hount	
d	Beginning balance						<u> </u>	1d			
	Additions during the year						}				
e	Distributions during the year						ŀ	1e			
r	Ending balance						L	1f			
2a	Did the organization include an amount on Fo		ne 21?							☐ Yes	▼ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current Year)Prior			Form 990 o Years Back		t IV, line 10. Three Years Back	(a)Fou	r Years Back
1a	Beginning of year balance	(a)Current rear	(5	JEHOL	<u>rear</u>	(C)IW	O Teals back	(u)	Tillee Tears back	(E)i oui	Teals back
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 yea	r end balance held	as								
а	Board designated or quasi-endowment										
ь	Permanent endowment										
С	Term endowment ►										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dministere	d for	the		
	organization by	J								Ye	s No
	(i) unrelated organizations									(i)	Νο
	(ii) related organizations							•	· · · · -	(ii)	No
	If "Yes" to 3a(II), are the related organizatio							•	3	Ь	No
4	Describe in Part XIV the intended uses of th					00 0	V - L	10			
76	t VI Investments—Land, Buildings	s, and Equipme	ent. S							. T	
	Description of investment) Cost or is (inves		(b)Cost or o basis (oth		(c) Accumulated depreciation	1 (d)	Book value
1a	Land		•				484	4,900			484,900
b	Buildings						1,239	9,374	472,4	42	766,932
c	Leasehold improvements		•							\perp	
d	Equipment						58	8,345	30,8	34	27,511
e	Other						69	3,475			693,475

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
Financial derivatives		
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.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	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, lin (a) Descrip		(b) Book value
(a) Descrip		(b) Book value 1,595,11
(a) Descrip CAPITAL LEASE RECEIVABLE		
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES		1,595,11 10,08
(a) Descrip CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES	tion	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18
CAPITAL LEASE RECEIVABLE EQUITY IN OTHER PROPERTIES ACCRUED INTEREST RECEIVABLE Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	1,595,11 10,08 8,18

Reconciliation of Change in Net Assets from Form 990 to Financial S	tatemients	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		648,758
Total expenses (Form 990, Part IX, column (A), line 25)	[:	690,668
3 Excess or (deficit) for the year Subtract line 2 from line 1	[;	-41,910
4 Net unrealized gains (losses) on investments	4	1
5 Donated services and use of facilities		5
6 Investment expenses		5
7 Prior period adjustments		,
8 Other (Describe in Part XIV)		3
9 Total adjustments (net) Add lines 4 - 8	9	,
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1	o -41,910
Part XII Reconciliation of Revenue per Audited Financial Statements With Re-	venue per	<u> </u>
Total revenue, gains, and other support per audited financial statements	. 1	
A mounts 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	28,763	
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	28,763
3 Subtract line 2e from line 1	3	648,758
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	40	
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	648,758
Part XIII Reconciliation of Expenses per Audited Financial Statements With Ex	kpenses pe	
1 Total expenses and losses per audited financial statements	1	719,431
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a Donated services and use of facilities	28,763	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	26	28,763
3 Subtract line 2e from line 1	3	690,668
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		,
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) 4b		
	40	:
b Other (Describe in Part XIV)		

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. Also complete this part to provide any additional information

Identifier Return Reference Explanation

Software ID: Software Version:

EIN: 03-0337709

Name: RANDOLPH AREA COMMUNITY DEVELOPMENT

CORPORATION

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123006301

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

► Attach to Form 990.

Open to Public Inspection

Name of the organization

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

RANDOLPH AREA COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

03-0337709

ldentifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	28 NORTH MAIN IS A REDEVELOPMENT OF A FORMER SCHOOL SITE INTO A COMMERCIAL BUILDING TO MOVE A LARGE RANDOLPH EMPLOYER TO A DOWNTOWN LOCATION REVOLVING LOAN FUND PROVIDES LOANS TO RESIDENTIAL CUSTOMERS AND BUSINESS LOANS TO AREA SMALL BUSINESSES

Identifier	Return Reference	Explanation
	l '	ANY INDIVIDUAL, BUSINESS OR ORGANIZATION MAY VOLUNTARY BECOME A MEMBER OF RACDC, SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS MEMBERS HAVE THE AUTHORITY TO ELECT MEMBERS TO THE BOARD OF DIRECTORS AND APPROVE CHANGES IN THE ORGANIZATION'S GOVERNING DOCUMENTS

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS OF RACDC ELECT THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	MEMBERS OF RACDC APPROVE CHANGES TO THE GOVERNING DOCUMENTS

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	COPY DISTRIBUTED TO MEMBERS OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY		BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	BOARD OF DIRECTORS APPROVES ANNUAL COMPENSATION FOR EXECUTIVE DIRECTOR

ldentifier	Return Reference	Explanation		
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST		

DLN: 93493123006301

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

SCHEDULE R

ernal Revenue Service					Inspection
ame of the organization ANDOLPH AREA COMMUNITY DEVELOPMENT ORPORATION				Employer identific	ation number
Part I Identification of Disregarded Entities (Complete	ıf the organization		Form 990, Part I\	•	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	tions (Complete if t tax year.)	he organization an	swered "Yes" on F	Form 990, Part IV,	line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
RED LION INC					
PLEASANT STREET RANDOLPH, VT 05060	HOUSING	VT	501	9	N/A
03-036632 ²					

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or nging
							Yes	No		Yes	No
RANDOLPH HOUSING LTD PARTNERSHIP 123 ST PAUL STREET BURLINGTON, VT05401 03-0334462	HOUSING	VT	N/A	RELATED	182	545		No		Yes	
HEDDING DRIVE LIMITED PARTNERSHIP 123 ST PAUL STREET BURLINGTON, VT05401 03-0354590	HOUSING	VT	N/A	RELATED	-7	1,624		No		Yes	
BRANCHWOOD HOUSING LTD PARTNERSHIP 123 ST PAUL STREET BURLINGTON, VT05401 20-0229635	HOUSING	VT	N/A	RELATED	-37	367		No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 34, 35, or 36.)		V	N.
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		-		
_	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No
	Gift, grant, or capital contribution from other organization(s)		1c		No
	Loans or loan guarantees to or for other organization(s)		1d		No
е	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		1 g		No
h	Exchange of assets		1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No_
j	Lease of facilities, equipment, or other assets from other organization(s)		1 j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	Sharing of paid employees		1 n		No
o	Reimbursement paid to other organization for expenses		10		No
р	Reimbursement paid by other organization for expenses		1 p		No
q	O ther transfer of cash or property to other organization(s)		1 q		No
r	O ther transfer of cash or property from other organization(s)		1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships	and transaction thres	holds		
	(a)	(b)		(c)	
	Name of other organization	Transaction type(a-r)		t involve	ed
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			1		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
										+
										t
										+
										t
									_	+
										t
										1
										$^{+}$
										1
										\dagger
										T
										1

Additional Data

Software ID:

Software Version:

EIN: 03-0337709

Name: RANDOLPH AREA COMMUNITY DEVELOPMENT

CORPORATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

d. Other program services	d.	Other	program	services
---------------------------	----	-------	---------	----------

(Code) (Expenses \$ 45,979 including grants of \$) (Revenue \$

28 NORTH MAIN IS A REDEVELOPMENT OF A FORMER SCHOOL SITE INTO A COMMERCIAL BUILDING TO MOVE A LARGE RANDOLPH EMPLOYER TO A DOWNTOWN LOCATION REVOLVING LOAN FUND PROVIDES LOANS TO RESIDENTIAL CUSTOMERS AND BUSINESS LOANS TO AREA SMALL BUSINESSES

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD AND SUPPLIES - JH	28,687	28,687		
MISCELLANEOUS - ADMIN	6,552		6,552	
FOOD AND SUPPLIES - ADMIN	6,392		6,392	
MISCELLANEOUS - JH	2,381	2,381		
MISCELLANEOUS - JMHP	672	672		