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# Form **990**

For the 2009 calendar year, or tax year beginning Jul 1

Please us IRS label

or print or type. See

C Name of organization

Department of the Treasury Internal Revenue Service

Check if applicable

Paid

Pre-

Úse

Only

parer's

Preparer's signature

Firm's name (or

yours if self-employed), address, and ZIP + 4

Address change

Name change

## 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)

Mid Central Community Action, Inc.

Number and street (or P O box if mail is not delivered to street addr)

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

2009, and ending

Jun 30

OMB No 1545-0047

2009

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Open to Public Inspection

Ō.

, 2010

D Employer Identification Number

37-0903245

Telephone number

specific Instruc-Initial return 1301 W. Washington Street (309) 829-0691 City, town or country State ZIP code + 4 Termination Bloomington 61701 Amended return ILG Gross receipts \$ 9,882,366 F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes H(b) Are all affiliates included? Angela Frazier 1301 w Washington Stre Bloomington IL 61701 If 'No,' attach a list (see instructions) Tax-exempt status X = 501(c) (3) (insert no.) 4947(a)(1) or Website: ► www.MCCAinc.org H(c) Group exemption number Form of organization | X | Corporation | Trust Association Other -L Year of Formation 1965 M State of legal domicile IL Part I | Summary Briefly describe the organization's mission or most significant activities: Mid Central Community Action Inc.'s overall goal is to help individuals and families reach self sufficiency. In order to accomplish this outcome, we form partnerships with a variety of local educational institutions and other human services. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of employees (Part V, line 2a) 5 87 6 32 7a Total gross unrelated pusiness revenue from Part VIII, Icolumn (C), ine 12

b Net unrelated business taxable income from Form 990-T, line 34

FEB 2 2 2011 SCANNED MAR 7 a 7 bi 0. 37 **Prior Year Current Year** Contributions and practs (Part VIII, line 1h) 6,472,063. 8,370,811. Grogem service revenue (Part VIII, line 2g) 238,808. 1,187,132. me (Part VIII, column (A), lines 3, 4, and 7d) 3,926. -499. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 320,497. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,710,372. 9,882,366. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,868,833 2,235,014. 16a Professional fundraising fees (Part IX, column (A), line 11e) A CONTRACTOR b Total fundraising expenses (Part IX, column (D), line 25) ▶ 71,465. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,818,055. 7,996,382. 10,231,396. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,686,888. 19 Revenue less expenses Subtract line 18 from line 12 23,484. -349,030.Beginning of Year End of Year Total assets (Part X, line 16) 3,539,618 4,332,597. Total liabilities (Part X, line 26) 21 1,932,091. 3,074,099. 22 Net assets or fund balances Subtract line 21 from line 20 1,607,527. 1,258,498. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of office Finance Administrati Angela Frazier Type or print name and title Preparer's identifying number (see instructions) Check if

1600 HUNT DRIVE, STE B

PHILLIPS & ASSOCIATES, CPAs,

RICHARD W PHILLIPS

NORMAL

**►** (309)

employed

Phone no

EIN

02/15/11

PC

IL

61761

452-2417

	1990 (2009) Mid Central Community Action, Inc.	37-0903245	Page 2
Par	Statement of Program Service Accomplishments		
	Briefly describe the organization's mission		
•	Mid Central Community Action Inc.'s		,
	overall goal is to help individuals and families reach self suffi		
	See Form 990, Page 2, Part III, Line 1 (continued)		
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	X 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 service	es? TYe	s X No
Ū	If 'Yes,' describe these changes on Schedule O	,,	
	·		01 (-) (2)
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	locations to others th	ne total
	expenses, and revenue, if any, for each program service reported	1000110110 10 0111010, 11	.0 .0.0.
4 a	a (Code:) (Expenses \$ 631,754. including grants of \$ 570,542.) (R		
	Providing domestic violence victims shelters, access to protective	services	
	,assistance in court, and education to victims and the community	<del></del>	
Δŀ	b (Code ) (Expenses \$ 1,821,167. including grants of \$ 588,354.) (F	Revenue \$ 1.0	35.570 )
7.	Housing services including counseling to potentially qualified H		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	homeowners, management of affordable housing including in-fill for		
	, multifamily and single family transitional housing rentals, and		
	to assist clients in obtaining mortgage financing, closing costs	<u>, and </u>	
	sales of mortgages to secondary markets.	_	
		<del>-</del>	
40	c (Code) (Expenses \$ 6,683,444. including grants of \$ 6,838,600.) (F		
	Energy assistance and weatherization programs providing utility	~	
	and subsidized grants to qualified candidates for weatherization	of residence	s.
	· · · · · · · · · · · · · · · · · · ·		
		<del>-</del>	
	1011		
4	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4	e Total program service expenses ► 9,136,365.		
		·-	

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Page 3 Part IV Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 Х 2 Is the organization required to complete Schedule B. Schedule of Contributors? Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I . . 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 X 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 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 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х 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 Х Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI 3 84 • 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 Q85 % íŠ. • 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 £.1.3 • 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. Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х 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 Х 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 Х 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

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Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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20

			res	NO
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	_	X
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		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_x_
24 a	a 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 lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		_ X
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?	<b>2</b> 4c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
t	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II .	26	-	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual of 'Yes,' complete Schedule L, Part III	27		_X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			****
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
ď	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	_	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
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	t V   Otatements Regulating Strict INS 1 miles and 1ax Somphanee			
			Yes	No
16	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable . 95			
ì	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
28	a 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 87			
21	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	х	
ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	Х	
4	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		x
1	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ı	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
١	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ζ	
;	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	<u>.</u>	X
ı	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		i	1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	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		Х
9	Sponsoring organizations maintaining donor advised funds.	<u>-</u> -	-	1
	a Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter			<del>                                     </del>
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			'
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders .   11 a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

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Form 990 (2009)

Part VI®

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

sec	tion A.	Governin	g Body ar	nd Ivlana	gemen	<u>t</u>									
											1		Long	Yes	No
		number of vo	•	_	_	-					15				
ı	<b>5</b> Enter the	number of vo	oting membe	rs that are	ındepen	dent				1 b	15				
2	Did any officer, d	officer, directo irector, trustee	r, trustee, or e or key emp	key emploloyee?	oyee hav	e a famı	uly relation	onship or	a business re	elations	hip with a	any other	2		X
3	Did the o	organization de s, directors or	elegate contr	ol over ma	anageme	nt duties	s custom	narily perf	ormed by or i	under th	ne direct	supervisio	n <b>3</b>		Х
		rganization m						_		0			4	+	X
		prior Form 99			angee to	.to organ		ar docum						†	<del>                                     </del>
5		rganization be			e vear of	f a mater	rial diver	rsion of tl	ne organizatio	n's ass	ets?		5	1	X
		organization			-				io organizatio	/// J 455			6	+	X
		organization					persons	who may	elect one or	more m	nembers (	of the	7		
1	•	g bouy? decisions of th	ao covernine	body sub	act to an	proval b	w momb	ore stoo	thaldors or a	ther se	rconc?		7	<del>- 1</del>	X
_	•		•	- ,	•	•	•	•	•	•		•	1988		N 325 /7
8	the follow	-	ontemporane	ously doc	ument the	a meetin	ngs held	or writter	actions unde	ertaken	during th	e year by			
	~	erning body?		•					• •				8	_	<del>  -</del>
1	<b>b</b> Each coi	mmittee with a	iuthority to a	ct on beha	alf of the	governin	ng body?	7					8	b X	
9	Is there a organiza	any officer, dir tion's mailing	ector or trus	itee, or key <i>'Yes,' prov</i>	y employe	ee listed iames ar	d in Part nd addre	VII, Sect	on A, who ca Schedule O	nnot be	e reached	at the	9		x
Sec	tion B.	Policies	(This Se	ction B r	equest.	s inforr	mation	about	policies no	t requ	ured by	the Inte	ernal		
Rev	enue Code	•)													
														Yes	s No
10	a Does the	organization	have local c	hapters, b	ranches,	or affilia	ates?					•	10	a	X
1	b If 'Yes,' o	does the organ	nization have	e written po	olicies ar consister	nd proced	dures go	overning i	he activities o	of such	chapters	, affiliates	, 10	Ь	
		organization p											11	X	<del> </del>
		ın Schedule (						-			9		ــــــــــــــــــــــــــــــــــــــ		100
		organization		=	-	-				•			12		2 **,245
		ers, directors						-		that co	ould give	rise	12		
			regularly an	d consistei	ntly moni	itor and i	enforce	complian	ce with the no	alicu2 I	f 'Yes ' de	ecribo in		<del></del>	+
		organization O how this is					CHIOICE	Соттриал	ce with the pt	Jiley 11	1 1 <del>C</del> 3, uc	·	12		
13	Does the	organization	have a writte	en whistlet	olower po	olicy?							13	X	<u> </u>
14	Does the	organization	have a writt	en docume	ent retent	ion and	destruct	tion policy	17				14	X	
15	Did the persons,	process for del comparability	termining co data, and c	mpensatio contempora	n of the faneous si	following ubstantia	g person: ation of t	s include the delibe	a review and ration and de	approvecision?	al by ind	ependent		4 6 4	
	<b>a</b> The orga	inization's CE	Ο, Executivε	Director,	or top ma	anageme	ent offici	ıal					15	a X	
	<b>b</b> Other of	ficers of key e	mployees of	the organ	ızatıon								15	b X	
	If 'Yes' t	o line 15a or 1	5b, describe	the proce	ss in Sch	nedule O	) (See ii	nstruction	ns)						33.3
16	a Did the o	organization in Iring the year?	vest in, con	tribute ass	ets to, or	particip	oate in a	joint ven	ture or simila	r arranç	gement w	ith a taxal	ole 16	SE ( A 180 - 172	X
	-			ted a writte	en policy	or proce	edure red	auirina th	e organizatioi	n to eva	aluate its	participati	250. 5		
	in joint v status w	has the organi enture arrange th respect to s	ements unde such arrange	er applicab ements?	le federa	ıl tax law	w, and ta	ken step	s to safeguard	d the or	ganizatio	n's exemp	t 16		
Sec	ction C.	Disclosu	res												
17	List the	states with wh	ich a copy o	f this Form	1 990 is r	equired	to be file	ed ► I	llinois						
18	Section	6104 requires on Indicate ho	an organiza	tion to mai	ke its For	rms 1023 beck all	3 (or 102 that and	– 24 if appl	cable), 990,	and 990	D-T (501(	= = = = = = = = = = = = = = = = = = =	v) avaılab	e for p	oublic
		website		other's wel		_		n request						-	
19	Describe stateme	ın Schedule ( nts available to	O whether (a	and if so, h	now) the o	organiza	ation mal	kes its go	verning docu	ments,	conflict c	f interest j	policy, an	d finar	ncial
20	State the	e name, physic	cal address,					-		books a			organizati	n:	
	► <u>Ange</u> l	a Frazie	r	13 <u>0</u> 1_0	V. Wash:	ington	<u>st. 1</u>	Normal		ĪĒ-	_61761		<u>(309)</u>	829	<u>-0691</u>

# 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. Report compensation for the calendar year ending with or within the organizations'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 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 employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	t compens	ate an	у сі	ırren	ıt of	ficer, d	direc	tor, or trustee		
(A)	(B)			((	:)			(D)	(E)	(F)
Name and Title	Average hours		tion (		all t	hat appl		Reportable compensation from	Reportable	Estimated
	per week	andividi el truste e or director	institutional frustee	Offirer	key amployee	Highest coin; erisəled employes	Furner	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
John Burrill										
Executive Director	37.50			X		Х		73,673.	0.	0.
Angela Frazier					_					
Chief Fiscal Officer	37.50	L		Х				60,929.	0.	<u>0.</u>
Dennis Arnold			1							
Board member	0.00	X						0.	0.	0.
Anne Bourgeois									İ	
Board member	0.00	X	L					0.	0.	0.
John Bulter										
Board member	0.00	X				<u> </u>		0.	0.	0.
Jason Chambers										
Board member	0.00		<u> </u>	Х				0.	0.	0.
Mark Kotte	.]									
Vice President	0.00	X	<u> </u>	L			<u> </u>	0.	0.	0.
Cranston Sparks	.]		Ì							
Board President	0.00		<u> </u>	Х			<u> </u>	0.	0.	0.
Steve_McCoin	.\		Ì		1	1				
Treasurer	0.00		<u> </u>	Х		ļ		0.	0.	0.
Catherine Spitz		}	1		1					
Secretary	0.00	X	ļ			ļ		0.	0.	<u> </u>
Bernard Anderson			1		}	-		İ		
Board member	0.00	X_	-	<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
Jennifer Hanna		1	1	ĺ		}	1	_	_	_
Board member	0.00	X	-	├	-	ļ <u> </u>		0.	0.	0.
Tami Leigh					1		1	_		_
Board member	0.00	X		<del> </del>	<u> </u>	<u> </u>	<b>├</b> ─	0.	0.	0.
Laurie Peterson	.	1				ļ				
Board member	0.00	<u> </u>	├-	<u>├</u>	Ļ.	<u> </u>	ļ	0.	0.	0.
Gayle_Rogers				l		ļ				
Board member	0.00	X	╀	├-	⊢	<del> </del>	├-	0.	0.	0.
Timothy Shafer			l			ļ		_		
Board member	0.00	<del>  x</del>	╂	┼	-	<del> </del>	<b>├</b> -	0.	0.	0.
Reverend James Sims	-	,						_		_
Board member	0.00	1 X	<u></u>	<u> </u>	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	0.	0.

(A)	(B)			(0	<b>:</b> )			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (	check				Reportable compensation from	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MiSC)	compensation from related organization: (W-2/1099-MISC)	amount of other s compensation from the organization and related organizations
			-							
					-					
		- <del>-</del> -								
										_
1 b Total							<b>&gt;</b>	134,602.	(	0.
2 Total number of individuals (including but not limited from the organization ►		<u>.</u>	<del></del> -	<u> </u>			_			Yes No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc.</li> <li>4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual.</li> </ul>	dıvıdual		_		_		_	•	, ,	3 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	ompensa edule l	ation	fro	m ai	ny u	nrela	ated	organization for	Services	5 X
Section B. Independent Contractors	coure o	10, 0	, 0017	per	3011			<del></del>		1 2 1 1 2
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent i	cont	ract	ors t	hat	received more tha	in \$100,000 of	
(A) Name and business addres	s							Description	) of Services	(C) Compensation
Total number of independent contractors (including to the contractors)	but not I	ımıte	ad to	the	nse	listor	d ah	ove) who received	t more than	

Pai	t 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 b Membership dues. c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in ins 1a-1f				
N N	g Noncash contribns included in lns 1a-1f \$	0 270 011			
	Business Code	8,370,811.			
S.		141 202	141 202		ļJ
PROGRAM SERVICE REVENUE	2a Unrestricted Administrative 900099	141,383.	141,383.	0.	0.
E F	b Community Service 900099	4,352.	4,352.	0.	0.
Ž	c Affordable Housing Program 900099	1,035,570.	1,035,570.	0.	0.
SE	d Domestic Violence Program 900099	5,827.	5,827.	0.	0.
₽.	e				
ő	f All other program service revenue				<u> </u>
- 4	g Total. Add lines 2a-2f	1,187,132.			/
	3 Investment income (including dividends, interest and	3 026	2 026	0.	
]	other similar amounts)  4 Income from investment of tax-exempt bond proceeds	3,926.	3,926.		0.
	• •		<del></del>		
Ì	J Noyalties	****			2 5, A 1 A 1
	(i) Real (ii) Personal	1 / 1		人们是"自己"。 第二章	, , ,
	6a Gross Rents	at years			
	b Less rental expenses		* * *		
	c Rental income or (loss)		- C' C' C'	- 3/ 3/ 3/ 3	
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other	- · · · · · · · · · · · · · · · · · · ·	*	٠ , , ,	
	b Less: cost or other basis and sales expenses	,	٠,	. ,	* - *
	c Gain or (loss)				. ` .
	d Net gain or (loss) . ▶				<u>                                       </u>
NUE	8a Gross income from fundraising events (not including \$				
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18				
THE	b Less direct expenses b				
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b			<u> </u>	
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances . a				
	· · · · · · · · · · · · · · · · · · ·	-			
	b Less. cost of goods sold . b			ļ	
	c Net income or (loss) from sales of inventory	<u> </u>			<del> </del>
	Miscellaneous Revenue Business Code	<b></b>			ļ
	11a Foregiveness of Indebtness 900099	320,497.	320,497.	0.	0.
	b	<del> </del>			<del> </del>
	C	<del> </del>	<u> </u>	<del> </del>	<del> </del>
	d All other revenue	<del> </del>		<u> </u>	<del> </del>
	e Total. Add lines 11a-11d	320,431.			<del> </del>
	12 Total revenue. See instructions	9,882,366.	1,511,555.	0.	0.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	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	•			<b>发现的证明等。2017</b>	
5	Compensation of current officers, directors, trustees, and key employees	134,602.	134,602.	0.	0.
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	1,610,209.	1,314,197.	258,234.	37,778.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	293,984.	254,679.	31,481.	7,824.
10	Payroll taxes .	196,219.	163,652.	28,835.	3,732.
11	Fees for services (non-employees)	<del></del>			
	a Management				
	Legal .				
	c Accounting I Lobbying				
	e Prof fundraising svcs. See Part IV, In 17		The 18 18 March 18 18 18 18 18 18 18 18 18 18 18 18 18	WWW STAN AN	
	Investment management fees		1 T 1 15 TO 2 T 8 50 BB 1 T BB 15 BB 1 1 T SA	\$40 5 1/1 7000 1/2 1812 0.184 \$30000	
	other	177,797.	177,241.	556.	0.
	Advertising and promotion	<u> </u>	27772123		
13	Office expenses .	57,759.	36,495.	19,084.	2,180.
14	Information technology				
15	Royalties				
16	Occupancy	151,544.	145,059.	3,838.	2,647.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	44,382.	40,122.		469.
19	Conferences, conventions, and meetings	32,702.	27,692.	4,326.	684.
	Interest	41,499.	21,555.	19,944.	<u> </u>
	Payments to affiliates	05.000			ļ
22	Depreciation, depletion, and amortization	86,898.	0.	86,898.	0.
23 24	Insurance Other expenses, Itemize expenses not	28,773.	14,979.	13,384.	410.
	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
i	Communication	40,416.	51,574.	-12,039.	881.
	Equipment and Computer	76,905.	76,302.	-2,847.	3,450.
	Direct Client Assistance	5,532,538.	5,532,515.	0.	23.
	Contract Labor	30,732.	3,420.		0.
	Vehicle	12,964.	12,362.		0.
	All other expenses	1,681,473.	1,650,759.		11,387.
	Total functional expenses. Add lines 1 through 24f	10,231,396.	9,657,205.	502,726.	71,465.
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 (2009)

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash – non-interest-bearing	413,128.	1	477,804
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	752,701.	3	2,800,315
4	Accounts receivable, net .	18,060.	4	30,349
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ε	Receivables from other disqualified persons (as defined under section 4958(f)(1))	,	4	
.	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
<u> </u>	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
s   9	Prepaid expenses and deferred charges	40,416.	9	33,098
10	a Land, buildings, and equipment cost or other basis.   10a   1,820,103.		7 7 7 7 1 7	*
	Complete Part VI of Schedule D		3.50	
1	b Less accumulated depreciation 10b 921, 572.	936,203.	10 c	898,531
11			11	
12	Investments – other securities See Part IV, line 11	10,000.	12	10,000
13	Investments – program-related See Part IV, line 11		13	
14	Intangible assets .		14	
15	Other assets See Part IV, line 11	1,369,110.	15	82,500
16	·	3,539,618.	16	4,332,597
17		420,397.	17	260,039
18	· ·		18	
19	• •	245,721.	19	2,417,461
20	Tax-exempt bond liabilities .		20	
21			21	
21 22 1 22			136	
23	of Schedule L		22	
Ē   23	Secured mortgages and notes payable to unrelated third parties	1,265,973.	23	396,599
24	Unsecured notes and loans payable to unrelated third parties		24	
25			25	
26	Total liabilities. Add lines 17 through 25	1,932,091.	26	3,074,099
N E T	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.		, 18	* * * * * * * * * * * * * * * * * * * *
	Unrestricted net assets	677,401.	27	683,625
5	Temporarily restricted net assets .	570,876.		
E   28		359,250.		139,439
2   <u>-</u> -	Organizations that do not follow SFAS 117, check here ► and complete	339,230.	23	139,434
- 1	lines 30 through 34.	٠,	1/4	
F   S   30			30	<del></del>
		<del></del>	31	
Ā   32	- · · · · · · · · · · · · · · · · · · ·	<del></del>	32	
A 32		1,607,527.		1 250 400
BA 31 ANCE 33 SES 34			33	1,258,498
SAA	Total habilities and het assets/fullu balances	3,539,618.	34	4,332,597 Form <b>990</b> (200

Part XI   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other		44	**
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	_ 2a	<u> </u>	Х
b Were the organization's financial statements audited by an independent accountant?	2 b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	light of the audit,	X	
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O.	ain 👬		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis		2	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	h in the Single	Х	
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	Х	

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Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

								ion,										03245			
Part		Rea	<u>iso</u>	n for	Pub	olic C	harit	y State	us	(All orga	<u>nızatıo</u>	ns i	<u>must c</u>	<u>omple</u>	te this	part.)	See ir	<u>ıstructi</u>	ions		
The o	<u>~</u>				•					ıt ıs: (For I		~	•		•	•					
1										ation of ch				ection 1	170(b)(1	)(A)(i).					
2		A sci	loor	descri	bed i	n sec	tion 1	70(Ь)(1)(	<b>A)(</b> i	i <b>i).</b> (Attach	Schedul	le E	)								
3	<u></u> ∐.	A ho	spita	al or co	oper	atıve	hospit	al servic	e o	rganızatıor	n describ	ed in	section	170(b)	(1)(A)(ii	i).					
4	_					-	ıızatıor	operate	ed ir	n conjuncti	ion with a	a hos	spital de	scribed	ın secti	on 170(	Ь)(1)(А)(	iii) Ente	er the hos	pital's	
5	$\Box$	An o	rgar	ty, and lization <b>(A)(iv)</b>	ope	rated	for the	benefit	of a	a college c	or univers	sity c	wned o	operate	ed by a	governr	nental ui	nit descr	ibed in s	ection	
6	$\overline{}$	•				•			aov	ernmental	unit des	cribe	d in se	tion 17	0/hV1V	ΔΥνλ					
7		An o	rgar	nization	that	norn	ally re		su	bstantial p							or from t	he gener	ral public	describ	ed
8		A co	mmı	unity tr	ust d	lescrit	oed in	section	170	(b)(1)(A)(v	i <b>).</b> (Com	plete	Part II.	)							
9		from inves	acti stme	vities r ent inco	elate me a	ed to i and u	ts exer nrelate	mpt func ed busine	tior ess	more than is – subje taxable ind iplete Part	ct to cert come (les	ain e	exceptio	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support	from gr	ross
10		An o	rgar	nization	org	anıze	d and d	perated	exe	clusively to	test for	publ	ic safet	/. See s	ection 9	509(a)(4	).				
11		more	: pul	blicly s	uppo	rted	organi	zations (	desc	clusively fo cribed in s on and coi	ection 50	)9(a)	<ol><li>or se</li></ol>	ection 50	09(a)(2)	ions of, See <b>s</b> e	or carry ection 50	out the <b>09(a)(3).</b>	purposes Check to	, of one he box t	or :hat
		a [	Ту	oe I			b [	Type II	1	(	: 🗌 Тур	e III	– Func	tionally	integrat	ed		d 🗌	Type III	<ul><li>Other</li></ul>	•
е		By cl than 509(	heck four a)(2	king thi ndation )	s box mar	x, I ce nager:	rtify th s and o	at the or other tha	rgar an o	nization is ne or more	not contr e publicly	rolled sup	d directly ported o	or indi organiza	rectly by tions de	y one or escribed	more di	squalifie on 509(a	ed person a)(1) or so	ns other ection	
f		If the	org k th	, janizat is box	on r	eceive	ed a wi	ritten de	tern	nination fro	om the IF	RS th	at is a	Type I, T	ype II o	or Type I	II suppo	rtıng org	janization	1,	
g		Sinc	e Aı	igust 1	7, 20	06, h	as the	organiza	atıoı	n accepted	d any gift	or	contribu	tion fron	n any of	the foll	owing pe	ersons?			<del></del> -
																				Yes	No
		(i)	a p bel	erson ow, the	who odw	dıreci vernin	ly or ir a bodv	ndirectly of the s	cor	ntrols, eithe orted orga	er alone e anization	or to	gether v	vith pers	sons des	scribed	ın (ıı) an	d (III)	11 g (i	,	
		(ii)		-	-		-			ed in (i) al									11 g (i		
		` '		•			•			escribed in		) abo	ve?						11 g (i		
h		• •					•	•		supported	., , ,										<del>'</del>
	(1)		of S janiza	upported ation		<u> </u>	(iı) El	N		above or	organizatio on tines 1-9 IRC section ructions))	9 ′	organizat	in vour	tine organ	ou notify nization in (i) of upport?	organizat (i) organi	s the ion in col zed in the	(vii) Amo	ount of Su	pport
			_										Yes	No	Yes	No	Yes	No			
								_		-									-		
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									+							<del> </del>	├				
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Total						<u> </u>									<u> </u>	<u> </u>		]	<u> </u>		

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

Schedule A (Form 990 or 990-EZ) 2009

TEEA0402 10/08/09

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) 2009

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	Page 3
Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f)  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	) Total
Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f)  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	) 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	) Iolai
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	
The value of services or facilities furnished by a governmental unit to the organization without charge.	
6 Total. Add lines 1 through 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 amount on line 13 for the year	
c Add lines 7a and 7b	
8 Public support (Subtract line	
7c from line 6) Section B. Total Support	
	f) Total
9 Amounts from line 6	
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	
Similar Sources .	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	
b Unrelated business taxable income (less section 511 taxes) from businesses	
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 inline 10b, whether or not the business is	
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 inline 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	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  Net income from unrelated business activities not included inline 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 ins 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	<u> </u>
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 inline 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 ins 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 2009 (line 8, column (f) divided by line 13, column (f))	%
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 inline 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 Ins 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 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15	<b>≻</b> □
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 inline 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 lins 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 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage	%
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 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 ins 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 2009 (line 8, column (f) divided by line 13, column (f))  15 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	%
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 inline 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 lins 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 2009 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14 and line 15 is more than 33-1/3%, and line 17	% %
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 inline 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 lins 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 2009 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2008 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2008 Schedule A, Part III, line 17  18 Investment income percentage from 2008 Schedule A, Part III, line 17	% % %

Schedule	A (Form 9	90 or 990-	EZ) 2009	Mid	Centra	l Com	munit	y Ac	tion,	Inc.	37-0903245	Page 4
PartilV	Supple Part II	emental , line 17:	Informa a or 17b;	tion. C ; and F	omplete art III, III	this pa	art to p Provid	rovide e any	the e other	xplanation addition	ons required by Part II, al information. See inst	line 10; ructions.
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Name of the organization Employer Identification number Mid Central Community Action, Inc. 37-0903245 Partial 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 No funds are the organization's property, subject to the organization's exclusive legal control? Yes 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 conferring impermissible private benefit?? Partill Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 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 2 b b Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 easement it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount 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)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Ranull Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Mainta				r Other Similar Ass		ued)
3 Using the organization's acquisition					<del></del>	
items (check all that apply)  a Public exhibition		d 🗍 Loan	or exchange programs			
<b>b</b> Scholarly research		e Other	3-1 3-			
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIV.		ons and explain how	they further the organiz	ation's exempt purpose	ın	
5 During the year, did the organizat assets to be sold to raise funds ra	tion solicit or rec	eive donations of art,	historical treasures, or	other similar	□ vec	□No
Part IV Escrow and Custodia					90 Part IV	
9, or reported an amo	unt on Form	990, Part X, line	21.	ed les toloilles		
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, o	r other intermediary f	for contributions or othe	r assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the followin	g table		A	
c Beginning balance				1c	Amount	
d Additions during the year					<del></del>	
				1d		
e Distributions during the year			•	1e		
f Ending balance		000 Dest V less 013		1f	T Van	
2a Did the organization include an a		990, Part X, line 217			Yes	∐No
b If 'Yes,' explain the arrangement Part V. Endowment Funds Co		anization answer	ad IVaal ta Earm O	20 Part IV June 10		
Fait Vol Endownient Funds Co				<del></del>		
1 - December of committees	(a) Current yea	r (b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	ILS DUCK
1 a Beginning of year balance	<del></del>	<del></del>			5 35 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	British and
<b>b</b> Contributions	ļ		35(16)44.00.00.00		2 2007 017 1444	marranga es
<ul> <li>c Net Investment earnings, gains, and losses</li> </ul>					17.00	
d Grants or scholarships	L		4- <b>X</b> -10- <b>X</b> 10-10	TO SHARE WATER	1 20 AF 30	数据定
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses			NATE OF STREET	D CHANGE OF S	5 F. Y. Y. 18	<b>2</b> ( <b>3</b> 21)
<b>g</b> End of year balance			40.00 A 10.400 -	13年後後後後	<b>"你是哪个你</b>	79.2
2 Provide the estimated percentage	of the year end	balance held as:				
a Board designated or quasi-endow	rment ►	8				
<b>b</b> Permanent endowment ►	*					
c Term endowment ►						
3a Are there endowment funds not in organization by	n the possession	of the organization t	hat are held and admını	stered for the	Yes	No
(i) unrelated organizations			•		3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related o	rganizations liste	ed as required on Sch	nedule R?		3b	T
4 Describe in Part XIV the intended	luses of the orga	anızatıon's endowmer	nt funds			
Part VI: Investments-Land, B	Buildings, and	Equipment. See	e Form 990, Part X	, line 10.		
Description of investment	(a	) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book \	√alue
1a Land			243,000.	· 2018年11日本2	243	3,000.
<b>b</b> Buildings			1,073,347.	541,899.		1,448.
c Leasehold improvements						<del></del>
<b>d</b> Equipment			371,487.	282,779.	88	3,708.
e Other .			132,269.	96,894.		5,375.
Total. Add lines 1a through 1e (Columi	n (d) must equal	Form 990, Part X. co		,		8,531.
ЗАА				Sche	dule <b>D</b> (Form 9	

Schedule D (Form 990) 2009 Mid Central Commu	nity Action, I	nc. 37-090	3245 Page <b>3</b>
Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion ket value
Financial derivatives .		<u> </u>	
Closely-held equity interests			
Other			
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Tata) (Column (h) must soud Form 000 Part V col (P) line 12)			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12) Part VIII Investments—Program Related (See	Form 990 Part Y	lino 12)	
(a) Description of investment type	(b) Book value	<del></del>	hon
(a) Description of investment type	(b) book value	(c) Method of valua Cost or end-of-year mark	ket value
	<u> </u>		
	<del> </del>		
	<u> </u>		····
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	lune 15)	, '- y ' x	
Part IX Other Assets (See Form 990, Part X,			(h) Dll
Real estate held for sale	escription		(b) Book value
Construction in progress			82,500. 0.
Constituction in progress			
	<del> </del>		
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B), In	ne 15)	<b>•</b>	82,500.
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			·
2. FIN 48 Footnote In Part XIV, provide the text of the footn			

REPOYLEM Reconciliation of Change in Net Assets from Form 990 to Financial Statements   9,882,366,   10,233,396,		Community Action, Inc		090324	5 , Page 4
2 Total expenses Grorm 90, Part IX, column (A), Ine 25) 5. Excess or (defort) for the year, Subtract the 2 from line 1 4. Net unrealized gains (losses) on investments 5. Donated services and use of facilities 6. Investment expenses 7. Prior period digitalments 8. Chier (Describe in Part XIV) 9. Total adjustments (help.) Add lines 4 through 8. 10. Excess or (defort) for the year per audited financial statements. Combine lines 3 and 9. 11. Total revenue, gains, and other support per audited inancial statements With Revenue per Return 12. Amounts included on their 1 but not on Form 990, Part VIII, line 12 2. Amounts included on their 1 but not on Form 990, Part VIII, line 12 3. Subtract line 2a from line 1 4. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a linestments expenses not included on Form 990, Part VIII, line 12 4. Amounts included on Form 990, Part VIII, line 12, but not on line 1 a linestments expenses not included on Form 990, Part VIII, line 12 4. Amounts included on Form 990, Part VIII, line 12 5. Total revenue Add lines 3 and 46. (This must equal Form 990, Part I, line 12) 5. Total revenue Add lines 3 and 46. (This must equal Form 990, Part I, line 12) 5. Total revenue Add lines 3 and 46. (This must equal Form 990, Part I, line 12) 5. Total revenue Add lines 3 and 46. (This must equal Form 990, Part I, line 12) 5. Total revenue Add lines 3 and 46. (This must equal Form 990, Part II, line 12) 5. Total revenue Add lines 3 and 46. (This must equal Form 990, Part II, line 12) 5. PRIORITIFIC Reconcilisation of Expenses per Audited Financial Statements With Expenses per Return 1. Total expenses and losses per audited financial statements 2. Amounts included on Form 990, Part IX, line 25 2. Donated services and use of feelities  Deriver year and year of the part II, line 12, year of the part II, line 12, year of the part II, line 12, year of the year of the part II, year of the part II, year of the part III, year of the part II, year of the part III, year of the part III, year of the			Financial Statements	<del></del> -	
3 Excess or (defect) for the year, Subtract line 2 from line 1  -349,030.  4 Net urinestized grain (Susses) on investments  5 Donated services and use of facilities  6 Investment expenses  7 Prior period adjustments  8 Other (Reschother in Part XIV)  9 Total adjustments (ret). Add lines 4 through 8  10 Excess or (defect) for the year per audited financial statements. Combine lines 3 and 9  -349,030.  7 Part XIII (Reconcilitation of Tevernue per Audited Financial Statements With Revenue per Return  1 Total revenue, gens, and other support per audited financial statements. Combine lines 3 and 9  -349,030.  7 Part XIII (Reconcilitation of Tevernue per Audited Financial Statements With Revenue per Return  1 Total revenue, gens, and other support per audited financial statements  2 a New unrealized grain on investments  5 Donated services and use of facilities  6 Recoveries of prior year grains  6 Other (Deschote in Part XIV)  e Add lines 2 through 2d  2 a (5,831)  3 Subtract line 2 from line 1  3 9,882,366.  4 Amounts included on Form 90. Part VIII, line 12, but not on line 1  a Investments expenses and included on Form 999. Part VIII, line 7b  5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12)  5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 25  a Donated services and use of facilities  5 Per year adjustments  1 10,238,227.  a Donated services and use of facilities  1 10,231,396.  1 10,231,396.  1 10,231,396.  1 10,231,396.  1 10,231,396.  1 10,231,396.  1 10,231,396.					
4 Net unrealized gans (losses) on investments 5 Donaled services and use of facilities 6 Investment expenses 7 Prior pariod adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 through 8 10 Excess or (dent), for the year per aucited financial statements. Combine lines 3 and 9 10 Excess or (dent), for the year per aucited financial statements With Revenue per Return 1 Total revenue, gans, and other support per audited Financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a het unrealized gans on investments b Donaled services and use of facilities 1 Crecoveries of prior year grants d Other (Describe in Part XIV) 2 de Add lines 2 at through 2d 2 e 6,831. 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses on included an Form 990, Part VIII, line 12, but not on line 1 a Investments expenses on the dead on Form 990, Part VIII, line 12, but not on line 1 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part VIII, line 12) 5 9,882,366.  PARTOXIII'Reconciliation of Expenses per Audited Financial Statements 1 Total expenses and losses per audited Financial Statements 2 2a 3 Windows Included on Form 990, Part VIII, line 25 a Donated services and use of facilities 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part X, line 25 a Donated services and use of facilities 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part X, line 25 a Donated services and use of facilities 5 Defroy year adjustments 2 2 a 6, 831. 4 Amounts included on Form 990, Part XIV 2 a 6 Constitution of Expenses Per Audited Statements 2 2 a 6, 831. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part X, line 25 b Dittle (Describe in Part XIV) c Add lines 4 and 40 5 Total revenue Add lines 5 and 4c. (This must equal Form 990, Part II, lines 70 5 Total Revenue Add lines 8 and 4c. (This must equal Form 990, Part X, line 8) 5 Total revenue					
5 Donaled services and use of facilities 6 Investment expenses 7 Parto period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (reix) Add lines 4 through 8 10 Excess or (defacil) for the year per audited financial statements. Combine lines 3 and 9 -34.9,030. Part XIII. Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on fine 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 4 Donaled services and use of facilities 5 CRecoveries of prior year grants 6 CRecoveries of prior year grants 6 CRecoveries of prior year grants 7 Expenses in Part XIV) 9 Add lines 2a through 2d 8 Subtract line 2a from line 1 9 Amounts included on Form 990, Part VIII, line 12, but not on line 1 1 Interestments expenses ont included on Form 990, Part VIII, line 7b 1 Other (Describe in Part XIV) 1 Add lines 4 and 4b 1 CResoveries of Part VIII and 1 Amounts included on Form 990, Part VIII, line 2b 2 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 9, 982, 366. Part XIVIII Reconcilitation of Expenses per Audited Financial Statements 9 Amounts included on Interest and the financial statements 1 1 10, 238, 227.  1 Total expenses and lises be practiled financial statements 2 Amounts included on Interest but not on Form 990, Part III, line 25 3 Donaled services and use facilities 9 Prior year adjustments 1 1 10, 238, 227.  4 Amounts included on Form 990, Part XIVII line 7b 2 Add lines 2a through 2d 4 Amounts included on Form 990, Part XIVII line 7b 5 Total expenses Add lines 1 but not on Form 990, Part IVII, line 7b 5 Total expenses Add lines 1 but not on Form 990, Part IVIII, line 7b 5 Total expenses Add lines 1 but not on Form 990, Part IVIII, line 7b 5 Total expenses Add lines 1 but not on Form 990, Part IVIII, line 7b 5 Total expenses Add lines 1 but not but form 990, Part IVIII, line 7b 6 Add lines 4 and 4b 6 Total expenses Add lines 1 but n					-349,030.
6 Investment exponents 8 Other (Describe in Part XIV) 9 Total adjustments (nel) Add lines 4 through 8 10 Excess or (deritor) for the year per audited financial statements. Combine lines 3 and 9 -349,030.   PairWill' Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net urrealized gains on investments b Donated services and use of facilities 6 Chier (Describe in Part XIV) e Add lines 2 through 2d 3 Subtract line 2 from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investments expenses on tincluded on Form 990, Part VIII, line 12) b Chier (Describe in Part XIV) c Add lines 4 and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) PairWill' Il' Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25 a Donated services and use of facilities b Proy year adjustments C Defer losses 2 Defer losses 2 Defer losses 3 Defer losses 4 Defer (Describe in Part XIV) 2 Defer (Describe in Part XIV) 2 Defer losses 3 Defer losses 4 Defer (Describe in Part XIV) 2 Defer losses 5 Defer losses 6 Defer (Describe in Part XIV) 2 Defer losses 7 Defer losses 8 Defer losses 9		5		<u> </u>	
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (rot) Add Lines 4 through 8 10 Excess or (deton) for the year per audited financial statements. Combine lines 3 and 9 2-349,030.  PBRINKIE Reconcilitation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a but unrealized gains on investments 5 Donated services and use of facilities 6 Recoveries of prior year grants 7 Other (Describe in Part XIV) 9 Add lines 2a through 2d 9 Ce 6,831. 9 R832,366. 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 1 a linvestments expenses not included on Form 990, Part VIII, line 12 and 1 all lines 1 and 1				-	
8 Other (Describe in Part XIV) 9 Total adjustments (ret) Add lines 4 through 8 10 Excess or (defact) for the year per audited financial statements. Combine lines 3 and 9 9				}	
3 Total adjustments (rel). Add lines d through 8    P\$Price (deto) for the year per addited financial statements. Combine lines 3 and 9   \$\text{Price (deto) for the year per addited financial statements With Revenue per Return   Total revenue, gains, and other support per audited financial statements With Revenue per Return   Total revenue, gains, and other support per audited financial statements With Revenue per Return   Total revenue, gains, and other support per audited financial statements With Revenue per Return   Total revenue, gains, and other support per audited financial statements					
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Schedule D (Form 990) 2009 Mid Central Community Action, Inc.  Part XIV   Supplemental Information (continued)	37-0903245 Pa	ge <b>5</b>
Part XIV   Supplemental Information (continued)		
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BAA TEEA3305 07/10/09	Schedule <b>D</b> (Form 990)	2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to (Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Mid Central Commu	nity Action, Inc.	137-0903245
Pt_VI-B, Line 12c	We require a renewed sign off on this policy each year	r by board and staff members
	We are aware of board members whose personal cir	cumstances or professions
	could create a perception of conflict and the board	lensures that no discussion
	of potentially affected business matters take	place in their presence.
	Board members do not speak to or vote on any mat	ter in which they could be
	perceived to have a personal interest. We prohibit the hir	ing of immediate family member
	of existing staff or board members. Members of extended	families may be hired but onl
	in different departments from their family members	pers. Our policy requires
	staff to each year disclose any personal situation	on which could be perceived
	to create conflict of interest and such disclosures are review	wed and considered by management
Pt_VI-B, Line 15	Comparable data/salary surveys are used for specif	fic job titles/description
	of key employees. The Executive Director salary is se	et and approved by the Board
	These decisions are discussed by the Executive Director, Director of Hum.	an Resources, and Chief Fiscal Officer
Pt_VI-B, Line 11A	It is reviewed by the Finance Committee and/or the Bo	eard prior to filing. Whethe
	it is reviewed by the Finance Committee and/or the Board is dependent	ent on when the report is completed
Pt_VI-C, Line 19	The organization maintains copies for distribu	ution
	upon request at its main office. Copies are a	available
	either in hard copy or electronic formats.	
Pt_I,_Line_1	We work cooperatively to create and provide be	oth_safety
	nets and life improvement opportunities for pe	eople and
	families living in poverty in Mclean and Livin	ngston
	County	