



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



**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2009 calendar year, or tax year beginning JULY 1, 2009, and ending JUNE 30, 2010****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization** MID AMERICA ASSISTANCE COALITION

Doing Business As

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

Room/suite

**ONE WEST ARMOUR BOULEVARD****301**

City or town, state or country, and ZIP + 4

**KANSAS CITY, MISSOURI 64111****F Name and address of principal officer.** KEITH WASHBURN**ONE W ARMOUR BLVD., STE 301, KANSAS CITY, MO 64111****D Employer identification number****43 1186173****E Telephone number****( 816 ) 561-2727****G Gross receipts \$****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

**H(c) Group exemption number****I Tax-exempt status:** ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.MAACLINK.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation****1985****M State of legal domicile:** MO**Part I Summary**

|                             |         |                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |              |
|-----------------------------|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------|
| Activities & Governance     | 1       | Briefly describe the organization's mission or most significant activities: <b>THE MISSION IS TO STRENGTHEN THE SOCIAL SERVICE COMMUNITY THROUGH INFORMATION SYSTEMS, TRAINING, AND ADVOCACY. THE MOST SIGNIFICANT ACTIVITY IS THE PROVISION, USER SUPPORT, AND MAINTENANCE OF A SHARED CLIENT DATA-BASE THAT MEETS HUD STANDARDS FOR A HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS).</b> |                                                                            |              |
|                             | 2       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                                                                                                                                                                                                                    |                                                                            |              |
|                             | 3       | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                          | 3                                                                          | 11           |
|                             | 4       | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                              | 4                                                                          | 11           |
|                             | 5       | Total number of employees (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                | 5                                                                          | 8            |
|                             | 6       | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                         | 6                                                                          | 0            |
|                             | Revenue | 7a                                                                                                                                                                                                                                                                                                                                                                                         | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a           |
| 7b                          |         | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                             | 7b                                                                         | 0            |
| 8                           |         | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                              | Prior Year                                                                 | Current Year |
| 9                           |         | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                               | 1345713                                                                    | 1630403      |
| 10                          |         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                              | 393589                                                                     | 470972       |
| Expenses                    | 11      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                   | 2701                                                                       | 577          |
|                             | 12      | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                           | 9648                                                                       | 0            |
|                             | 13      | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                                                                                                                                           | 1751651                                                                    | 2101952      |
|                             | 14      | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                              | 723797                                                                     | 1544370      |
|                             | 15      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                                                                          | 0                                                                          | 0            |
|                             | 16a     | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                              | 429706                                                                     | 454352       |
|                             | 17      | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)                                                                                                                                                                                                                                                                                                                               | 0                                                                          | 0            |
| Net Assets or Fund Balances | 18      | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                  | 186014                                                                     | 219107       |
|                             | 19      | Revenue less expenses. Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                       | 1339517                                                                    | 2217829      |
|                             | 20      | Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                             | 412134                                                                     | -115877      |
|                             | 21      | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                        | Beginning of Current Year                                                  | End of Year  |
|                             | 22      | Net assets or fund balances. Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                 | 953007                                                                     | 821587       |
|                             |         | 75029                                                                                                                                                                                                                                                                                                                                                                                      | 59486                                                                      |              |
|                             |         | 877978                                                                                                                                                                                                                                                                                                                                                                                     | 762101                                                                     |              |

**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 officer: *[Signature]* Date: 11/11/2010

Type or print name and title: **ROGER R. STULTER, TREAS**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed ☐ Preparer's identifying number (see instructions): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: ( ) \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

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

Cat No 11282Y

Form 990 (2009)

SCANNED DEC 2 1 2010

g17

8

**Part III** Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:  
**THE MISSION IS TO STRENGTHEN THE SOCIAL SERVICE COMMUNITY THROUGH INFORMATION SYSTEMS, TRAINING, AND ADVOCACY. A SHARED DATABASE IS PROVIDED AND MAINTAINED FOR THE BENEFIT OF MORE THAN 200 SOCIAL SERVICE SITES THAT PROVIDE DIRECT SERVICES TO LOW INCOME AND HOMELESS CLIENTS AND FAMILIES. THE DATABASE TRACKS CLIENT SERVICES, USES OF FUNDS, AND CASE GOALS.**
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **401463** including grants of \$ ) (Revenue \$ **416954** )  
**MAINTAINED A COMPUTER DATABASE CONSISTING OF CLIENT SERVICE RECORDS TO ENABLE MORE THAN 200 AGENCY SITES TO TRACK AND SHARE CLIENT INFORMATION. THE SHARING OF DATA AVOIDS DUPLICATION OF SERVICES, OPTIMIZES LIMITED RESOURCES, AND PROVIDES STATISTICAL INFORMATION FOR AGENCY MANAGEMENT, FUNDERS, GOVERNMENTS, AND PUBLIC POLICY MAKERS. DURING FISCAL YEAR ENDED JUNE 30, 2010, THE DATABASE RECORDED XXX,XXX SERVICES TO XX,XXX HOUSEHOLDS VALUED AT XXXXXXXXXXXX. MORE THAN 200 AGENCY SITES PARTICIPATED BY ENTERING DATA REGARDING CLIENT SERVICES AND CASE MANAGEMENT. THE DATABASE ALSO SERVED AS THE HUD MANDATED HMIS (HOMELESS MANAGEMENT INFORMATION SYSTEM) FOR CONTINUUMS OF CARE LOCATED IN THE KANSAS CITY METROPOLITAN AREA, THE STATE OF KANSAS, ST. JOSEPH, MISSOURI, TOPEKA, KANSAS, AND CHARLESTON, WEST VIRGINIA.**

**4b** (Code: ) (Expenses \$ **1605019** including grants of \$ ) (Revenue \$ **45018** )  
**ADMINISTERED 7 UTILITY ASSISTANCE FUNDS, AND 8 EMERGENCY ASSISTANCE FUNDS USING THE DATABASE DESCRIBED ABOVE. MORE THAN XXXX,XXX IN ASSISTANCE WAS PROVIDED TO XXXXX CLIENTS THROUGH DIRECT ASSISTANCE DECISIONS MADE BY PARTICIPATING AGENCIES ACCORDING TO ESTABLISHED ELIGIBILITY CRITERIA FOR EACH FUND. ADMINISTRATION OF FUNDS INCLUDED MANAGING BANK ACCOUNTS; ALLOCATING CONTRIBUTED FUNDS TO SOME 60 PARTICIPATING AGENCIES; MONITORING DATA ENTRY FOR ACCURACY AND COMPLETENESS; ENFORCING ELIGIBILITY GUIDELINES; SERVING AS LIAISON BETWEEN UTILITY COMPANIES, AGENCIES, AND CLIENTS; AND PAYING BILLS ON BEHALF OF ELIGIBLE CLIENTS.**

**4c** (Code: ) (Expenses \$ **95986** including grants of \$ ) (Revenue \$ **9000** )  
**PROVIDED TRAINING, EDUCATION, AND INFORMATION SERVICES TO EMERGENCY ASSISTANCE AGENCIES, SPECIALIZING IN STRENGTHS BASED CASE MANAGEMENT TECHNIQUES. DURING THE FISCAL YEAR, MAAC HELD A SPECIAL ONE-DAY TRAINING CONFERENCE ATTENDED BY 157 CASE MANAGERS AND CLIENT INTAKE WORKERS. IN ADDITION, 53 SOCIAL SERVICE WORKERS WERE TRAINED AT 8 SEPARATE TRAINING SESSIONS, INCLUDING 41 CASE MANAGERS.**

**4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ **26493** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **2128961**

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                 | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .                                                                                                                   | 1   | ✓  |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .                                                                                                                                                                      | 2   | ✓  |
| 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   | ✓  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .                                                                                                                  | 4   | ✓  |
| 5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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   | ✓  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .                                      | 7   | ✓  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                   | 8   | ✓  |
| 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   | ✓  |
| 10 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  | ✓  |
| 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  | ✓  |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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  | ✓  |
| 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .                                                                    | 12A | ✓  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                                                                                                                  | 13  | ✓  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                       | 14a | ✓  |
| 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 | ✓  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .                                      | 15  | ✓  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .                                          | 16  | ✓  |
| 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  | ✓  |
| 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  | ✓  |
| 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  | ✓  |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .                                                                                                                                                                  | 20  | ✓  |

**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>23</b> 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>                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>25b</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? <i>If "Yes," complete Schedule L, Part I.</i>           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i>                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>28</b> 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):                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV.</i>                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |                                                                                                                                                                                                                                                                                        | Yes         | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .                                                                                                                                     | <b>1a</b> 5 |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .                                                                                                                                                                                              | <b>1b</b> 0 |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                                     | <b>1c</b> ✓ |    |
| <b>2a</b>  | 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                                                                                                          | <b>2a</b> 7 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)                                        | <b>2b</b> ✓ |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .                                                                                                                                                         | <b>3a</b>   | ✓  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                             | <b>3b</b>   |    |
| <b>4a</b>  | 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)? . . . . .                                   | <b>4a</b>   | ✓  |
| <b>b</b>   | If "Yes," enter the name of the foreign country: ▶<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                |             |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .                                                                                                                                                                        | <b>5a</b>   | ✓  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .                                                                                                                                                             | <b>5b</b>   | ✓  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .                                                                                                                              | <b>5c</b>   |    |
| <b>6a</b>  | 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? . . . . .                                                                                                  | <b>6a</b>   | ✓  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                                | <b>6b</b>   |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                                   |             |    |
| <b>a</b>   | 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? . . . . .                                                                                                                              | <b>7a</b>   | ✓  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                              | <b>7b</b>   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                         | <b>7c</b>   | ✓  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                            | <b>7d</b>   |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                            | <b>7e</b>   | ✓  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .                                                                                                                                                                 | <b>7f</b>   | ✓  |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .                                                                                                                                                                   | <b>7g</b>   |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .                                                                                                                                                        | <b>7h</b>   |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | <b>8</b>    |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                                       |             |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                                      | <b>9a</b>   |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                       | <b>9b</b>   |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                                         |             |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                                                     | <b>10a</b>  |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .                                                                                                                                                                                  | <b>10b</b>  |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                                        |             |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                                                    | <b>11a</b>  |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .                                                                                                                                                 | <b>11b</b>  |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .                                                                                                                                                            | <b>12a</b>  |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                                                                                                        | <b>12b</b>  |    |

**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.

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                        | Yes          | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1a</b> Enter the number of voting members of the governing body . . . . .                                                                                                                                                           | <b>1a</b> 11 |    |
| <b>b</b> Enter the number of voting members that are independent . . . . .                                                                                                                                                             | <b>1b</b> 11 |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | <b>2</b> ✓   |    |
| <b>3</b> 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? . . . . . | <b>3</b>     | ✓  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .                                                                                               | <b>4</b>     | ✓  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .                                                                                                             | <b>5</b>     | ✓  |
| <b>6</b> Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | <b>6</b>     | ✓  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                        | <b>7a</b>    | ✓  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             | <b>7b</b>    | ✓  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .                                                                                   |              |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                 | <b>8a</b> ✓  |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | <b>8b</b> ✓  |    |
| <b>9</b> 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 . . . . .        | <b>9a</b>    | ✓  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                                   | Yes          | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                          | <b>10a</b>   | ✓  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .                                                                             | <b>10b</b>   |    |
| <b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                            | <b>11</b> ✓  |    |
| <b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .                                                                                                                                                                                                  | <b>12a</b> ✓ |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                     | <b>12a</b> ✓ |    |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              | <b>12b</b> ✓ |    |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             | <b>12c</b> ✓ |    |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | <b>13</b> ✓  |    |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | <b>14</b> ✓  |    |
| <b>15</b> 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? . . . . .                                                                          |              |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         | <b>15a</b> ✓ |    |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            | <b>15b</b> ✓ |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) . . . . .                                                                                                                                                                                                                     |              |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        | <b>16a</b>   | ✓  |
| <b>b</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? . . . . . | <b>16b</b>   |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **MISSOURI**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DAVID J. JOHNSON**  
**ONE WEST ARMOUR BLVD., SUITE 301, KANSAS CITY, MO 64111**

**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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A)<br>Name and Title             | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                   |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| JACQUELINE HAMPTON<br>DIRECTOR    | 1                             | ✓                                      |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| JOYCE HARRIS<br>DIRECTOR          | 1                             | ✓                                      |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| PATTY SULLIVAN<br>DIRECTOR        | 1                             | ✓                                      |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| KEVIN SWEENEY<br>DIRECTOR         | 1                             | ✓                                      |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| CHUCK TICKLES<br>DIRECTOR         | 1                             | ✓                                      |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| ANDY WEED<br>DIRECTOR             | 1                             | ✓                                      |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| PATRICK BROWN<br>DIRECTOR         | 1                             | ✓                                      |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| KEITH WASHBURN<br>PRESIDENT       | 3                             |                                        |                       | ✓       |              |                              |        |                                                                      |                                                                           |                                                                                               |
| REBECCA SIMMONS<br>VICE PRESIDENT | 2                             |                                        |                       | ✓       |              |                              |        |                                                                      |                                                                           |                                                                                               |
| TAMARA MORRIS<br>SECRETARY        | 2                             |                                        |                       | ✓       |              |                              |        |                                                                      |                                                                           |                                                                                               |
| ROD STELTER<br>TREASURER          | 2                             |                                        |                       | ✓       |              |                              |        |                                                                      |                                                                           |                                                                                               |
| JOHN RICH<br>EXECUTIVE DIRECTOR   | 45                            |                                        |                       | ✓       |              |                              |        | 75228                                                                |                                                                           | 8064                                                                                          |
|                                   |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                   |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                   |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                   |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                   |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

**Part VII**      **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A)<br>Name and title | (B)<br>Average<br>hours per<br>week | (C)<br>Position (check all that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|-----------------------|-------------------------------------|----------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                       |                                     | Individual trustee<br>or director      | Institutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
|                       |                                     |                                        |                       |         |              |                                 |        |                                                                                     |                                                                                       |                                                                                                                    |
| <b>1b Total</b>       |                                     |                                        |                       |         |              |                                 |        | <b>75228</b>                                                                        |                                                                                       | <b>8064</b>                                                                                                        |

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 ► 0

|   |                                                                                                                                                                                                                                      | Yes | No |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                         |     | ✓  |
| 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? <i>If "Yes," complete Schedule J for such individual.</i> |     | ✓  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                                      |     | ✓  |

## Section B. Independent Contractors

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 ► 0

**Part VIII Statement of Revenue**

|                                                                               |                                                                                                                                                           |                      |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>             | <b>1a</b> Federated campaigns . . . . .                                                                                                                   | <b>1a</b>            |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>b</b> Membership dues . . . . .                                                                                                                        | <b>1b</b>            |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>c</b> Fundraising events . . . . .                                                                                                                     | <b>1c</b>            |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>d</b> Related organizations . . . . .                                                                                                                  | <b>1d</b>            |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>e</b> Government grants (contributions).                                                                                                               | <b>1e</b>            | 351535               |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above                                                                | <b>1f</b>            | 1278868              |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>g</b> Noncash contributions included in lines 1a-1f: \$                                                                                                |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .                                                                                                          |                      |                      | 1630403              |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                                |                                                                                                                                                           |                      | <b>Business Code</b> |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>2a</b> <b>MAACLINK FEES</b>                                                                                                                            |                      | 518210               | 416954               | 416954                                             |                                         |                                                                           |
|                                                                               | <b>b</b> <b>UTILITY FUND ADMIN</b>                                                                                                                        |                      | 541519               | 45018                | 45018                                              |                                         |                                                                           |
|                                                                               | <b>c</b> <b>TRAINING CONF FEES</b>                                                                                                                        |                      | 611710               | 9000                 | 9000                                               |                                         |                                                                           |
|                                                                               | <b>d</b> . . . . .                                                                                                                                        |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>e</b> . . . . .                                                                                                                                        |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>f</b> All other program service revenue . . . . .                                                                                                      |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .                                                                                                          |                      |                      | 470972               |                                                    |                                         |                                                                           |
| <b>Other Revenue</b>                                                          | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .                                                        |                      |                      | 577                  |                                                    |                                         | 577                                                                       |
|                                                                               | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .                                                                                     |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>5</b> Royalties . . . . .                                                                                                                              |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               |                                                                                                                                                           | (i) Real             | (ii) Personal        |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>6a</b> Gross Rents . . . . .                                                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>b</b> Less: rental expenses . . . . .                                                                                                                  |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>c</b> Rental income or (loss) . . . . .                                                                                                                |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>d</b> Net rental income or (loss) . . . . .                                                                                                            |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .                                                                             | (i) Securities       | (ii) Other           |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . .                                                                                        |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>c</b> Gain or (loss) . . . . .                                                                                                                         |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>d</b> Net gain or (loss) . . . . .                                                                                                                     |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>8a</b> Gross income from fundraising<br>events (not including \$ . . . . .<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . | <b>a</b>             |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>b</b> Less: direct expenses . . . . .                                                                                                                  | <b>b</b>             |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>c</b> Net income or (loss) from fundraising events . . . . .                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .                                                                          | <b>a</b>             |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>b</b> Less: direct expenses . . . . .                                                                                                                  | <b>b</b>             |                      |                      |                                                    |                                         |                                                                           |
|                                                                               | <b>c</b> Net income or (loss) from gaming activities . . . . .                                                                                            |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . | <b>a</b>                                                                                                                                                  |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b> Less: cost of goods sold . . . . .                                   | <b>b</b>                                                                                                                                                  |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |                                                                                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                                  |                                                                                                                                                           | <b>Business Code</b> |                      |                      |                                                    |                                         |                                                                           |
| <b>11a</b> . . . . .                                                          |                                                                                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b> . . . . .                                                            |                                                                                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b> . . . . .                                                            |                                                                                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>d</b> All other revenue . . . . .                                          |                                                                                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .                            |                                                                                                                                                           |                      |                      |                      |                                                    |                                         |                                                                           |
| <b>12</b> <b>Total revenue.</b> See instructions. . . . .                     |                                                                                                                                                           |                      | 2101952              |                      |                                                    |                                         |                                                                           |

**Part IX Statement of Functional Expenses**

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

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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> |                                                                                                                                                                                                                          | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                                     | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21                                                                                                                            | 1544370               | 1544370                         |                                        |                             |
| 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                                                                                                                                                 | 83292                 | 54140                           | 16144                                  | 13008                       |
| 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                                                                                                                                                                                                 | 298459                | 276391                          | 22068                                  |                             |
| 8                                                                                     | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)                                                                                                                            | 7958                  | 6442                            | 1136                                   | 380                         |
| 9                                                                                     | Other employee benefits                                                                                                                                                                                                  | 31706                 | 25921                           | 5607                                   | 178                         |
| 10                                                                                    | Payroll taxes                                                                                                                                                                                                            | 32937                 | 28820                           | 3104                                   | 1013                        |
| 11                                                                                    | Fees for services (non-employees):                                                                                                                                                                                       |                       |                                 |                                        |                             |
| a                                                                                     | Management                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| b                                                                                     | Legal                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| c                                                                                     | Accounting                                                                                                                                                                                                               | 8653                  |                                 | 8653                                   |                             |
| d                                                                                     | Lobbying                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| e                                                                                     | Professional fundraising services. See Part IV, line 17                                                                                                                                                                  |                       |                                 |                                        |                             |
| f                                                                                     | Investment management fees                                                                                                                                                                                               |                       |                                 |                                        |                             |
| g                                                                                     | Other                                                                                                                                                                                                                    | 30316                 | 30316                           |                                        |                             |
| 12                                                                                    | Advertising and promotion                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 13                                                                                    | Office expenses                                                                                                                                                                                                          | 28083                 | 21163                           | 6362                                   | 558                         |
| 14                                                                                    | Information technology                                                                                                                                                                                                   | 68600                 | 68600                           |                                        |                             |
| 15                                                                                    | Royalties                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| 16                                                                                    | Occupancy                                                                                                                                                                                                                | 21626                 | 17572                           | 3212                                   | 842                         |
| 17                                                                                    | Travel                                                                                                                                                                                                                   | 14819                 | 14627                           | 182                                    | 10                          |
| 18                                                                                    | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                           |                       |                                 |                                        |                             |
| 19                                                                                    | Conferences, conventions, and meetings                                                                                                                                                                                   | 1894                  | 1894                            |                                        |                             |
| 20                                                                                    | Interest                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 21                                                                                    | Payments to affiliates                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| 22                                                                                    | Depreciation, depletion, and amortization                                                                                                                                                                                | 31437                 | 30904                           | 414                                    | 119                         |
| 23                                                                                    | Insurance                                                                                                                                                                                                                | 4661                  |                                 | 4661                                   |                             |
| 24                                                                                    | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)                                                    |                       |                                 |                                        |                             |
| a                                                                                     | DUES AND SUBSCRIPTIONS                                                                                                                                                                                                   | 835                   | 440                             | 300                                    | 95                          |
| b                                                                                     | PRINTING FORMS                                                                                                                                                                                                           | 959                   | 959                             |                                        |                             |
| c                                                                                     | OTHER                                                                                                                                                                                                                    | 7224                  | 6588                            | 636                                    |                             |
| d                                                                                     |                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| e                                                                                     |                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| f                                                                                     | All other expenses                                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 25                                                                                    | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                       | 2217829               | 2129147                         | 72479                                  | 16203                       |
| 26                                                                                    | Joint costs. Check here <input type="checkbox"/> 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 |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                                      |                                                                                                                                                                                          | (A)<br>Beginning of year |               | (B)<br>End of year |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|--------------------|
| <b>Assets</b>                                                                        | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                             | <b>859551</b>            | <b>1</b>      | <b>631776</b>      |
|                                                                                      | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                |                          | <b>2</b>      |                    |
|                                                                                      | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                    | <b>26255</b>             | <b>3</b>      | <b>35557</b>       |
|                                                                                      | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                              | <b>11926</b>             | <b>4</b>      | <b>19484</b>       |
|                                                                                      | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |                          | <b>5</b>      |                    |
|                                                                                      | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .      |                          | <b>6</b>      |                    |
|                                                                                      | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                       |                          | <b>7</b>      |                    |
|                                                                                      | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                           |                          | <b>8</b>      |                    |
|                                                                                      | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                 | <b>8962</b>              | <b>9</b>      | <b>5526</b>        |
|                                                                                      | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b> <b>731024</b>                                                                  |                          |               |                    |
|                                                                                      | <b>b</b> Less: accumulated depreciation <b>10b</b> <b>601780</b>                                                                                                                         | <b>46313</b>             | <b>10c</b>    | <b>129244</b>      |
|                                                                                      | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                               |                          | <b>11</b>     |                    |
|                                                                                      | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                   |                          | <b>12</b>     |                    |
|                                                                                      | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                    |                          | <b>13</b>     |                    |
|                                                                                      | <b>14</b> Intangible assets . . . . .                                                                                                                                                    |                          | <b>14</b>     |                    |
|                                                                                      | <b>15</b> Other assets. See Part IV, line 11 . . . . .                                                                                                                                   |                          | <b>15</b>     |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | <b>953007</b>                                                                                                                                                                            | <b>16</b>                | <b>821587</b> |                    |
| <b>Liabilities</b>                                                                   | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                | <b>20147</b>             | <b>17</b>     | <b>27919</b>       |
|                                                                                      | <b>18</b> Grants payable . . . . .                                                                                                                                                       |                          | <b>18</b>     |                    |
|                                                                                      | <b>19</b> Deferred revenue . . . . .                                                                                                                                                     | <b>54882</b>             | <b>19</b>     | <b>31567</b>       |
|                                                                                      | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                          |                          | <b>20</b>     |                    |
|                                                                                      | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                |                          | <b>21</b>     |                    |
|                                                                                      | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . |                          | <b>22</b>     |                    |
|                                                                                      | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                       |                          | <b>23</b>     |                    |
|                                                                                      | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                         |                          | <b>24</b>     |                    |
|                                                                                      | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                     |                          | <b>25</b>     |                    |
|                                                                                      | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                    | <b>75029</b>             | <b>26</b>     | <b>59486</b>       |
| <b>Net Assets or Fund Balances</b>                                                   | <b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                             |                          |               |                    |
|                                                                                      | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                              | <b>372349</b>            | <b>27</b>     |                    |
|                                                                                      | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                    | <b>505629</b>            | <b>28</b>     |                    |
|                                                                                      | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                    |                          | <b>29</b>     |                    |
|                                                                                      | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                           |                          |               |                    |
|                                                                                      | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                   |                          | <b>30</b>     |                    |
|                                                                                      | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .                                                                                                     |                          | <b>31</b>     |                    |
|                                                                                      | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                     |                          | <b>32</b>     |                    |
|                                                                                      | <b>33</b> <b>Total net assets or fund balances</b> . . . . .                                                                                                                             | <b>877978</b>            | <b>33</b>     | <b>762101</b>      |
|                                                                                      | <b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .                                                                                                                | <b>953007</b>            | <b>34</b>     | <b>821587</b>      |

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
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? . . . . .
- b** Were the organization's financial statements audited by an independent accountant? . . . . .
- c** If "Yes" to line 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.
- 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 ☐ Consolidated basis ☐ Both consolidated and 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? . . . . .
- 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.

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> | ✓   |    |
| <b>2b</b> | ✓   |    |
| <b>2c</b> | ✓   |    |
|           |     |    |
| <b>3a</b> |     | ✓  |
| <b>3b</b> |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**MID AMERICA ASSISTANCE COALITION**

Employer identification number

**43 1186173**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 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 instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----|------------------------------------------------------------------|----|-------------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                     | No | Yes                                                              | No | Yes                                                         | No |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
|                                    |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |
| <b>Total</b>                       |          |                                                                                             |                                                                         |    |                                                                  |    |                                                             |    |                         |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                   | (a) 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.") . . . . .                                                                                                  | 1710428  | 1180152  | 905783   | 1355361  | 1630403  | 6782127   |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                             |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3 . . . . .                                                                                                                                                                 | 1710428  | 1180152  | 905783   | 1355361  | 1630403  | 6782127   |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . . |          |          |          |          |          | 1238792   |
| 6 <b>Public support.</b> Subtract line 5 from line 4. . . . .                                                                                                                                                   |          |          |          |          |          | 5543335   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                     | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 . . . . .                                                                                                                                                                                                   | 1710428  | 1180152  | 905783   | 1355361  | 1630403  | 6782127   |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                                        | 14627    | 16054    | 10265    | 2701     | 577      | 44224     |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                                                    |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                                                       |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                                         |          |          |          |          |          | 6826351   |
| 12 Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                                                      |          |          |          |          | 12       | 1686846   |
| 13 <b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                                                           | 14 | 81.20 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                                                 | 15 | 91.43 % |
| 16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>                                                                                                                                                              |    |         |
| b <b>33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>                                                                                                                                                                      |    |         |
| 17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |    |         |
| b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |    |         |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>                                                                                                                                                                                                                                                                       |    |         |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                               | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</b> 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 . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6) . . . . .                                                                                                                           |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                     | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .                                                                                                                                                                                            |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .                                                                                                               |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                            |           |   |
|------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

- 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 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

## Part, IV

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**NOT APPLICABLE**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**MID AMERICA ASSISTANCE COALITION**

Employer identification number

**43 : 1186173**

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

|                                                                                                                                                                                                                                                                                                                                          | (a) Donor advised funds | (b) Funds and other accounts |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                                                                                  |                         |                              |
| 2 Aggregate contributions to (during year) . . . . .                                                                                                                                                                                                                                                                                     |                         |                              |
| 3 Aggregate grants from (during year) . . . . .                                                                                                                                                                                                                                                                                          |                         |                              |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                                                                               |                         |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No                                                            |                         |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                              |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                         |                                                                              |

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► . . . . .

4 Number of states where property subject to conservation easement is located ► . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ . . . . .

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

|                                                                |                |
|----------------------------------------------------------------|----------------|
| (i) Revenues included in Form 990, Part VIII, line 1 . . . . . | ► \$ . . . . . |
| (ii) Assets included in Form 990, Part X . . . . .             | ► \$ . . . . . |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

|                                                              |                |
|--------------------------------------------------------------|----------------|
| a Revenues included in Form 990, Part VIII, line 1 . . . . . | ► \$ . . . . . |
| b Assets included in Form 990, Part X . . . . .              | ► \$ . . . . . |

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- |                            |                                     |                            |                           |
|----------------------------|-------------------------------------|----------------------------|---------------------------|
| a <input type="checkbox"/> | Public exhibition                   | d <input type="checkbox"/> | Loan or exchange programs |
| b <input type="checkbox"/> | Scholarly research                  | e <input type="checkbox"/> | Other .....               |
| c <input type="checkbox"/> | Preservation for future generations |                            |                           |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:

|                                        |           |
|----------------------------------------|-----------|
|                                        | Amount    |
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |

- 2a** Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No  
**b** If "Yes," explain the arrangement in Part XIV.

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

|                                                                   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the year end balance held as:

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

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

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

- |                             |  |
|-----------------------------|--|
| (i) unrelated organizations |  |
| (ii) related organizations  |  |

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

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

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

| Description of investment                                                                                            | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .                                                                                             |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .                                                                                         |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements . . . . .                                                                            |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .                                                                                         |                                      | <b>731024</b>                   | <b>601780</b>                | <b>129244</b>  |
| <b>e</b> Other . . . . .                                                                                             |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                 |                              | <b>129244</b>  |

**Part VII** Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| Financial derivatives . . . . .                                            |                |                                                             |
| Closely-held equity interests . . . . .                                    |                |                                                             |
| Other .....                                                                |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| .....                                                                      |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶ |                |                                                             |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                        | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13) ► |                |                                                             |

**Part IX**      **Other Assets.** See Form 990, Part X, line 15.

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
|                                                                           |                |
| <b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 15 )</b> |                |

**Part X** **Other Liabilities.** See Form 990, Part X, line 25.

| <b>1.</b>                                                                   | <b>(a) Description of liability</b> | <b>(b) Amount</b> |
|-----------------------------------------------------------------------------|-------------------------------------|-------------------|
|                                                                             | Federal income taxes                |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
|                                                                             |                                     |                   |
| <b>Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶</b> |                                     |                   |

**2. FIN 48 Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

|    |                                                                                          |    |         |
|----|------------------------------------------------------------------------------------------|----|---------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 2101952 |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 2217829 |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | -115877 |
| 4  | Net unrealized gains (losses) on investments                                             | 4  |         |
| 5  | Donated services and use of facilities                                                   | 5  |         |
| 6  | Investment expenses                                                                      | 6  |         |
| 7  | Prior period adjustments                                                                 | 7  |         |
| 8  | Other (Describe in Part XIV.)                                                            | 8  |         |
| 9  | Total adjustments (net). Add lines 4 through 8                                           | 9  |         |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -115877 |

|          |                                                                                                          |           |           |                |
|----------|----------------------------------------------------------------------------------------------------------|-----------|-----------|----------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | <b>2101952</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |                |
| <b>a</b> | Net unrealized gains on investments . . . . .                                                            | <b>2a</b> |           |                |
| <b>b</b> | Donated services and use of facilities . . . . .                                                         | <b>2b</b> |           |                |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                                | <b>2c</b> |           |                |
| <b>d</b> | Other (Describe in Part XIV.) . . . . .                                                                  | <b>2d</b> |           |                |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          |           | <b>2e</b> |                |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     |           | <b>3</b>  | <b>2101952</b> |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |                |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |                |
| <b>b</b> | Other (Describe in Part XIV.) . . . . .                                                                  | <b>4b</b> |           |                |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              |           | <b>4c</b> |                |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . |           | <b>5</b>  | <b>2101952</b> |

|          |                                                                                                           |           |           |                |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|-----------|----------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | <b>2217829</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                         |           |           |                |
| <b>a</b> | Donated services and use of facilities . . . . .                                                          | <b>2a</b> |           |                |
| <b>b</b> | Prior year adjustments . . . . .                                                                          | <b>2b</b> |           |                |
| <b>c</b> | Other losses . . . . .                                                                                    | <b>2c</b> |           |                |
| <b>d</b> | Other (Describe in Part XIV.) . . . . .                                                                   | <b>2d</b> |           |                |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                           |           | <b>2e</b> |                |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                      |           | <b>3</b>  | <b>2217829</b> |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                        |           |           |                |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |                |
| <b>b</b> | Other (Describe in Part XIV.) . . . . .                                                                   | <b>4b</b> |           |                |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                               |           | <b>4c</b> |                |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | <b>2217829</b> |

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, line 2; 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.

**Part XIV**    **Supplemental Information** *(continued)*[illegible]

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22**

▶ **Attach to Form 990**

OMB No 1545-0047

2009

**Open to Public Inspection**

Name of the organization

MID AMERICA ASSISTANCE COALITION

Employer Identification number

43 : 1186173

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

- |   |                                                                      |    |
|---|----------------------------------------------------------------------|----|
| 2 | Enter total number of section 501(c)(3) and government organizations | 52 |
| 3 | Enter total number of other organizations                            |    |

Mid America Assistance Coalition  
Form 990 - Schedule I, Part 1  
Grants and Other Assistance to Governments and Organizations in the U S  
Fiscal Year Ending June 30, 2010

| Name of Agency                                   | Address of Agency                                   | EIN        | Amount of Grants | Purpose of grants |
|--------------------------------------------------|-----------------------------------------------------|------------|------------------|-------------------|
| Greater KC LINC, Inc                             | 3100 Broadway, Ste 1100, Kansas City, MO 64111      | 43-1676730 | 41,370 35        | Client Assistance |
| Bishop Sullivan Center, Inc                      | 6435 Truman Road, Kansas City, MO 64126             | 43-1750848 | 68,736 54        | Client Assistance |
| County of Johnson (Kansas)                       | 111 S Cherry St, Ste 2400, Olathe, KS 66061         | 48-6034760 | 11,026 28        | Client Assistance |
| Catholic Charities of Kansas City-St Joseph, Inc | 1112 Broadway, Kansas City, MO 64105                | 43-0887779 | 124,960 28       | Client Assistance |
| Catholic Charities of Northeast Kansas           | 9740 West 87th St, Overland Park, KS 66212          | 48-1181305 | 75,514 90        | Client Assistance |
| Citizen's Civic Relief Commission                | 11232 Chicago, Sugar Creek, MO 64054                | 18-1317172 | 5,873 60         | Client Assistance |
| Community Action Partnership                     | 817 Monterey St, St Joseph, MO 64503                | 43-0829262 | 4,476 00         | Client Assistance |
| City Union Mission                               | 1100 East 11th St, Kansas City, MO 64106            | 44-6005481 | 14,781 38        | Client Assistance |
| Community Assistance Council                     | 10901 Blue Ridge Blvd, Kansas City, MO 64134        | 23-7439079 | 66,250 69        | Client Assistance |
| Community Services League                        | P O Box 4178, Independence, MO 64051                | 43-0976396 | 20,234 48        | Client Assistance |
| Crosslines Cooperative Council                   | 736 Shawnee Ave, Kansas City, KS 66105              | 48-0697177 | 15,292 04        | Client Assistance |
| Della Lamb Community Services                    | 500 Woodland Ave, Kansas City, MO 64106             | 44-0549931 | 18,555 62        | Client Assistance |
| Don Bosco Community Center                       | 531 Garfield Ave, Kansas City, MO 64124-1513        | 44-0558260 | 51,817 29        | Client Assistance |
| Economic Opportunity Foundation, Inc             | 1542 Minnesota Ave, Kansas City, KS 66102-4312      | 48-6120518 | 32,682 00        | Client Assistance |
| El Centro, Inc                                   | 650 Minnesota Ave, Kansas City, KS 66101            | 36-2904073 | 12,878 59        | Client Assistance |
| Forest Avenue Family Shelter                     | 4300 Forest Avenue, Kansas City, MO 64110           | 44-6001156 | 2,380 55         | Client Assistance |
| Good Samaritan Center of Excelsior Springs       | 108 S Thompson, Excelsior Springs, MO 64024         | 43-1526962 | 21,674 12        | Client Assistance |
| Grace United Community Ministries                | 801 Benton Blvd, Kansas City, MO 64124              | 66-0645519 | 37,839 58        | Client Assistance |
| Grandview Assistance Program                     | 1121 Main Street, Grandview, MO 64030               | 43-1607813 | 7,435 45         | Client Assistance |
| Green Hills Community Action Agency              | 1506 Oklahoma Ave, Trenton, MO 64683                | 43-0828205 | 461 64           | Client Assistance |
| Greenwood Families Helping Families, Inc         | 401 Copeland Dr, Greenwood, MO 64034                | 03-0506565 | 629 90           | Client Assistance |
| Guadalupe Centers, Inc                           | 1015 Avenida Cesar E Chavez, Kansas City, MO 64108  | 44-0610781 | 16,986 63        | Client Assistance |
| Hillcrest Ministries                             | 214 S Jewell St, Liberty, MO 64068                  | 32-0073248 | 5,457 41         | Client Assistance |
| Hope House                                       | P O Box 520409, Independence, MO 64052              | 43-1265685 | 1,250 00         | Client Assistance |
| Hope Network of Raytown                          | 10500 East 350 Highway, Raytown, MO 64138           | 26-0240331 | 1,040 00         | Client Assistance |
| Housing Information Center                       | 6285 Paseo Blvd, Kansas City, MO 64110              | 43-1427341 | 175,091 33       | Client Assistance |
| Jewish Family Services                           | 5801 W 115th St, Suite 103, Overland Park, KS 66211 | 44-0545829 | 69,650 24        | Client Assistance |
| Jewish Vocational Service                        | 1608 Baltimore Ave, Kansas City, MO 64108           | 44-0545994 | 27,467 91        | Client Assistance |
| Kansas City Rescue Mission                       | 1520 Cherry Street, Kansas City, MO 64108           | 43-1287029 | 855 00           | Client Assistance |
| Lee's Summit Social Services                     | 108 SE 4th Street, Lee's Summit, MO 64063           | 43-1604974 | 30,739 17        | Client Assistance |
| Love Inc of Clay County                          | 2050 Plumbers Way, Suite 160, Liberty, MO 64068     | 43-1570983 | 5,542 55         | Client Assistance |
| Lutheran Mission of the Good Shepherd            | 715 Cesar Chavez, Kansas City, MO 64108             | 43-0953816 | 14,355 33        | Client Assistance |
| Metropolitan Lutheran Ministry                   | 3031 Holmes, Kansas City, MO 64109                  | 43-0970991 | 89,778 22        | Client Assistance |
| Missouri Valley Community Action Agency          | 1415 S Odell, Marshall, MO 65340                    | 43-0837257 | 8,335 24         | Client Assistance |
| Mound City United Methodist Church               | PO Box 176, Mound City, KS 66056                    | 48-0932985 | 4,572 64         | Client Assistance |
| Mt Carmel Redevelopment Corporation              | 1220 Troup Ave, Kansas City, KS 66104               | 48-1160735 | 14,456 86        | Client Assistance |
| Northland Assistance Center                      | 2018 Gentry St, N Kansas City, MO 64116             | 43-1351983 | 6,730 53         | Client Assistance |
| Operation Breakthrough, Inc                      | 3039 Troost Ave, Kansas City, MO 64109-1540         | 43-0971560 | 12,169 83        | Client Assistance |
| Phoenix Family Housing Corporation               | 2838 Warwick Trafficway, Kansas City, MO 64108      | 68-0101133 | 37,749 08        | Client Assistance |
| Raytown Emergency Assistance Program             | 6132 Blue Ridge Blvd, Raytown, MO 64133             | 43-1294275 | 17,374 05        | Client Assistance |
| Reconciliation Services                          | 2071 Troost Ave, Kansas City, MO 64109              | 36-4580402 | 108,510 60       | Client Assistance |
| Redemptorist Center                              | 307 W Linwood Blvd, Kansas City, MO 64111           | 26-0054325 | 42,089 45        | Client Assistance |
| ReStart                                          | 918 E 9th St, Kansas City, MO 64106                 | 43-1349378 | 7,668 90         | Client Assistance |
| The Salvation Army                               | 3637 Broadway Street, Kansas City, MO 64111         | 44-0545998 | 129,378 00       | Client Assistance |
| Seton Center                                     | 2816 E 23rd St, Kansas City, MO 64127               | 43-0926003 | 15,699 27        | Client Assistance |
| Sheffield Place                                  | 6604 E 12th Street, Kansas City, MO 64126           | 43-1532267 | 395 61           | Client Assistance |
| Southern Baptist Ministries                      | 2548 S 42nd Street, Kansas City, KS 66106           | 48-1178832 | 177 00           | Client Assistance |
| St Therese Catholic Church                       | 5814 Euclid Ave, Kansas City, MO 64130              | 44-0610001 | 12,768 19        | Client Assistance |
| True Light Family Resource Center                | 712 E 31st St, Kansas City, MO 64109                | 02-0783393 | 25,482 46        | Client Assistance |
| United Services Community Action Agency          | 6323 Manchester Ave, Kansas City, MO 64133          | 43-1197168 | 20,282 80        | Client Assistance |
| Vaughn-Trent Community Services, Inc             | 246 Shady Side St, Bonner Springs, KS 66012         | 48-1065385 | 2,128 67         | Client Assistance |
| West Central Missouri Community Action Agency    | 106 W 4th St, Appleton City, MO 64724               | 43-0838410 | 5,315 90         | Client Assistance |
|                                                  |                                                     |            | 1,544,370 15     |                   |

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                      |                                        |
|                                 |                          |                          |                                   |                                                      |                                        |
|                                 |                          |                          |                                   |                                                      |                                        |
|                                 |                          |                          |                                   |                                                      |                                        |
|                                 |                          |                          |                                   |                                                      |                                        |
|                                 |                          |                          |                                   |                                                      |                                        |
|                                 |                          |                          |                                   |                                                      |                                        |

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

MID AMERICA ASSISTANCE COALITION (MAAC) ONLY GRANTS FUNDS TO OTHER SOCIAL SERVICE AGENCIES. ALL AGENCIES THAT RECEIVE FUNDS MUST PARTICIPATE IN THE DATABASE MAINTAINED BY MAAC. FUNDS GRANTED TO AGENCIES ARE ALLOCATED TO ANY AGENCY'S ACCOUNT IN THE MAACLINK DATABASE. AGENCIES MUST USE GRANT FUNDS TO HELP ELIGIBLE LOW INCOME AND HOMELESS CLIENTS, AND ALL SERVICES MUST BE ENTERED INTO THE DATABASE. CHECKS ARE WRITTEN TO VENDORS BY MAAC STAFF TO PAY FOR SERVICES PROVIDED TO CLIENTS OF OTHER AGENCIES. THE MAACLINK DATABASE CAPTURES ALL DATA PERTINENT TO THE TRANSACTIONS AND PROVIDES REPORTS OF FUND USE

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**MID AMERICA ASSISTANCE COALITION**

Employer identification number

**43 1186173**

**PART III - LINE 4D - OTHER PROGRAM SERVICES**

THE ORGANIZATION ACCOUNTS SEPARATELY FOR COSTS ASSOCIATED WITH A COMMUNITY OUTREACH PROGRAM.

EXPENSES FOR THIS PROGRAM CONSIST MAINLY OF PARTICIPATION IN LOW INCOME ASSISTANCE PLANNING

GROUPS SUCH AS THE COMMITTEE TO KEEP MISSOURIANS WARM, THE NATIONAL FUEL FUNDS NETWORK, AND

THE LOW INCOME UTILITY NETWORK OF KANSAS.

**PART VI - LINE 2**

THE EXECUTIVE DIRECTOR, JOHN RICH, IS RELATED TO A BOARD MEMBER, KEVIN SWEENEY, BY MARRIAGE. MR.

SWEENEY IS MARRIED TO MR. RICH'S DAUGHTER. THIS RELATIONSHIP HAS BEEN DISCLOSED TO THE BOARD.

**PART VI - LINE 11A**

THE 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE AND THE AUDIT COMMITTEE OF THE BOARD

PRIOR TO FINAL SUBMISSION. IT IS SIGNED BY THE PRESIDENT OF THE BOARD. COPIES OF THE 990 ARE PROVIDED

TO ALL BOARD MEMBERS PRIOR TO FINAL SUBMISSION TO THE IRS.

**PART VI - LINE 12c**

THE CONFLICT OF INTEREST POLICY REQUIRES THAT THE EXISTENCE OF ANY CONFLICTS OF INTEREST (AS

DESCRIBED IN THE POLICY) BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMATED. FURTHER, BOARD

MEMBERS, AND MANAGEMENT EMPLOYEES ARE REQUIRED TO CONTINUALLY SCRUTINIZE THEIR TRANSACTIONS

AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY

MAKE SUCH DISCLOSURES. IN ADDITION, BOARD MEMBERS ARE REQUIRED TO COMPLETE A WRITTEN FORM

ANNUALLY THAT ASSURES COMPLIANCE WITH THE POLICY. THE POLICY STATES THAT DISCLOSURE OF CONFLICTS

SHOULD BE MADE TO THE CEO WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD. DISCLOSURE

INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR WHO SHALL BRING THESE MATTERS TO THE

BOARD. THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS, AND IF SO, WHETHER THE CONTEMPLATED

TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE FOR THE WELFARE OF THE ORGANIZATION.

Name of the organization

**MID AMERICA ASSISTANCE COALITION**

Employer identification number

**43 1186173****PART VI - LINE 15a AND 15b**

THE EXECUTIVE DIRECTOR IS HIRED BY THE BOARD OF DIRECTOR'S AND PERFORMANCE IS EVALUATED ANNUALLY. THE CURRENT EXECUTIVE DIRECTOR WAS HIRED IN OCTOBER, 2006 AFTER A FORMAL SEARCH BY A THIRD PARTY SEARCH FIRM. NO BOARD MEMBERS WERE AFFILIATED WITH THE SEARCH FIRM. THE COMPENSATION WAS DETERMINED BY COMPARABILITY WITH SIMILARLY QUALIFIED PERSONS FUNCTIONING IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE EXECUTIVE DIRECTOR AND ALL EMPLOYEES RECEIVE WRITTEN PERFORMANCE EVALUATIONS ANNUALLY. COMPENSATION IS DETERMINED USING COMPARABILITY DATA DEVELOPED SEVERAL YEARS AGO BY A DELEGATED BOARD COMPENSATION COMMITTEE. PAY SCALES ARE UPDATED ANNUALLY TO REFLECT CHANGES IN THE ECONOMY AND THE INDUSTRY. COMPENSATION IS BASED ON COMPARABILITY DATA, WORK PERFORMANCE, AND LENGTH OF SERVICE WITH THE ORGANIZATION.

**PART VI - LINE 19**

THE ORGANIZATION POLICY IS TO MAKE COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.