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### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements 2010 For the 2009 calendar year, or tax year beginning Jul 1 2009, and ending Jun D Employer Identification Number C Name of organization Check of applicable ALLENDALE COUNTY ALIVE, INC Address change or print or type. See Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change specific Instruc-PO BOX 252 (803)Initial return 584-3600 ZIP code + 4 City, town or country Termination ALLENDALE SC 29810 Amended return G Gross receipts \$ 646,684 H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer Yes Νo H(b) Are all affiliates included? Wilbur Cave P.O. Box 252 Allenalde SC 29810 Yes If No,' attach a list (see instructions) Tax-exempt status X 501(c) (3 ) ◀ (insert no ) 4947(a)(1) or 527 Website: ► H(c) Group exemption number L Year of Formation 1998 Form of organization Trust Other > M State of legal domicile SC Corporation Association Part I Summarv Briefly describe the organization's mission or most significant activities: Allendale County ALIVE, Inc. is dedicated to the revitalization of Allendale County, South Carolina. Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI.)

Total number of employees (Part V, line 2a) 4 5 5 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Hart VIII 7 a 0. Q b Net unrelated business taxable income from Form 7 b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 835,043. 606,590. OGDEN, UT 22,311. 40,034. Program service revenue (Part VIII, line 2q) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 60. 1,363. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 858,717. 646,684. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 249,947 191,150. 16a Professional fundraising fees (Part IX, column (A), line 11e) 4 8 4 1 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 624,012 273,222. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 873,959. 464,372. 19 Revenue less expenses Subtract line 18 from line 12 -15,242182,312. **End of Year Beginning of Year** 20 Total assets (Part X, line 16) 734,937 920,853. 21 Total liabilities (Part X, line 26) 254,584 108,188. 22 Net assets or fund balances Subtract line 21 from line 20 480,353 812,665. Part II Signature Block return, including accompanying schedules and statements, and to the best of my Şign Here Wilbur Cave Type or print name and title Preparer s identifying numbe (see instructions) Check if Paid employed ► Preparer's signature Preparer's Will Denise A. Firm's name (or Use yours if self-employed), 112 Sikkema lane EIN Only م address, and ZIP + 4 Leesville 29070 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2009) ALLENDALE COUNTY ALIVE, INC.		P	age 2
	rtill Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission			
	Allendale County ALIVE, Inc. is			
	dedicated to the revitalization of Allendale County, South Carolina.			
2,	Did the organization undertake any significant program services during the year which were not listed on the prior		_	
	Form 990 or 990-EZ?	Yes [	X	No
	If 'Yes,' describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [	X	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 1.	ion 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 othe expenses, and revenue, if any, for each program service reported	rs, the t	otal	
	and the state of the state program out the reported			
4 8	a (Code) (Expenses \$ 100,000. including grants of \$ 0.) (Revenue \$			
	The Organization accomplished 5 Housing Trust Fund Rehabilitations for			
	low income persons in Allendale County.			
	,			
41	b (Code) (Expenses \$ 149,577. including grants of \$ 0.) (Revenue \$	149	<u>, 57</u>	<u>7.</u> )
	The Organization completed rehabilitation of 6 houses in the Fairfax area			
	to provide affordable housing for low income residents of Allendale County.			
	<u></u>			<del>-</del>
			_	
40	(Code) (Expenses \$ 46,000. including grants of \$ 0.) (Revenue \$	46	<u>,00</u>	<u>0.</u> )
	Assisted 4 individuals with down payment and closing cost assitance	<del>-</del>		
	through the South Carolina State Housing Finance & Development Authority			
	HOME program. This program provides housing opportunities for low-			
	income persons.			
			- <b>-</b>	
			- <b>-</b>	
			- <b>-</b>	
A .	1 Other program services (Describe in Schedule O.)			
40	d Other program services (Describe in Schedule O.)			
	(Expenses \$ 44,182. including grants of \$ 0.) (Revenue \$ 45,0	100.)		
46	e Total program service expenses ► 339,759.			

# Form 990 (2009) ALLENDALE COUNTY ALIVE, INC. 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_	Х_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4_		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		X
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		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11_	X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			, 1
•	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	4		
•	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	<i>(</i>	4	er#en S
	• 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		1 (1887) 1 (1887) 1 (1887) 1 (1887)	
	• 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	3	egangan College	. /
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12/				,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	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		х
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		<u>x</u>
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		Х
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		x_
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		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X_

Form 990 (2009) ALLENDALE COUNTY ALIVE, INC.

Part IV Checklist of Required Schedules (continued)

		1	163	140
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u> _
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u> _
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
,	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			 
;	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
I	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		_X
BAA		Form	990 (	2009)

outcoments regarding exist into I mings and Tax compliance			7	
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.	IΙΓ		Yes	No
Information Returns Enter -0- if not applicable	1a 0			
<b>b</b> Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	<b>1b</b>   0			
b Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 5		,	
2b If at least one is reported on line 2a, did the organization file all required federal employment	F	2b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	T I		_	-
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		Х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a nancial account)?	<b>4</b> a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country.		ŀ		*
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	oreign Bank and			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year <sup>?</sup>	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?	ity Regarding Prohibited	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	nd did the organization	6a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such condeductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and paprovided to the payor?	artly for goods and services	7a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b	—	Λ_
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	ich it was required to file			
Form 8282?	, ,	7с		Х
<ul> <li>d If 'Yes,' indicate the number of Forms 8282 filed during the year</li> <li>e Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?</li> </ul>	s on a personal	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	ofit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as re	_	7 g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form		7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			**	
supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	ive excess business	8	*	
9 Sponsoring organizations maintaining donor advised funds.		_		
a Did the organization make any taxable distributions under section 4966?		9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?		9ь		
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		,	
11 Section 501(c)(12) organizations. Enter	, ,		Š.	
a Gross income from other members or shareholders	11 a			
<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 )	11ь		-	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

Form **990** (2009)

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

Sec	tion A. Governing Body and Management				r
		1 1		Yes	No
1	Enter the number of voting members of the governing body	1a 12	_		
	b Enter the number of voting members that are independent	1b 12			·
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	ationship with any other	2		X
3	Did the organization delegate control over management duties customarily performed by or ui	nder the direct supervision	3		v
	of officers, directors or trustees, or key employees to a management company or other person	1'	4		X
4	Did the organization make any significant changes to its organizational documents		4		
_	since the prior Form 990 was filed?	'a acasta?	_		v
5	Did the organization become aware during the year of a material diversion of the organization boes the organization have members or stockholders?	S assets?	6		X
-	3		-		_^_
	a Does the organization have members, stockholders, or other persons who may elect one or m governing body?		7a		х
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	taken during the year by			
	a The governing body?		8a	Х	
	b Each committee with authority to act on behalf of the governing body?		8b	Х	
	Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who can	not be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		
	ction B. Policies (This Section B requests information about policies not	required by the Interna	I		
Rev	enue Code )	<del></del>			
				Yes	No
10	a Does the organization have local chapters, branches, or affiliates?		10a		X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the form?	11	Х	
11.	A Describe in Schedule O the process, if any, used by the organization to review this Form 990			mš	*
12	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х	
	b Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12b	Х	
	Does the organization regularly and consistently monitor and enforce compliance with the poli Schedule O how this is done	cy? If 'Yes,' describe in	12c	х	
13	Does the organization have a written whistleblower policy?		13		Х
14	Does the organization have a written document retention and destruction policy?		14		Х
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and dec	pproval by independent			
	a The organization's CEO, Executive Director, or top management official	31011	15a		X
	Other officers of key employees of the organization		15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		135		<u> </u>
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	arrangement with a taxable			
10.	entity during the year?	arrangement with a taxable	16a		Х
	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	tion C. Disclosures				
17	List the states with which a copy of this Form 990 is required to be filed ► South Caro	lina			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar inspection. Indicate how you make these available. Check all that apply	d 990-T (501(c)(3)s only) ava	ailable	for pu	blic
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docum- statements available to the public	ents, conflict of interest policy	, and	financ	ıal
	State the name, physical address, and telephone number of the person who possesses the bo				
	►Wilbur Cave611 Mulberry St., Bldg B Allendale S	C _ 29810 (8	03)_5	84-3	3600

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Form 990 (2009)

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

### Section A. Officer's, 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	t compens	ate ar	у с	urrei	nt of	ficer,	dired	ctor, or trustee		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours			·	k all f	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el fruscee or director	mshluhonal kustee	Offi 🖭	yet embhate	High est conn-e-isated employee	구이시마	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Wilbur Cave					_					
Executive Director	40.00				х	Х		45,145.	0.	0.
Mark Lott							_			
Chariperson	2.00			Х				0.	0.	0.
Henri Mae Grant										
Vice Chairperson	2.00			х				0.	0.	0.
Mary Ann Moses										
Treasurer	2.00			Х				0.	0.	0.
Willard Branch										
Board Member	2.00	Х						0.	0.	0.
Willie Elmore										
Board Member	2.00	Х						0.	0.	0.
Lee Kearse										
Board Member	2.00	Х						0.	0.	0.
Gwendolyn Walker										
Board Member	2.00	Χ						0.	0.	0.
Louise Pinkney										
Board Member	2.00	X						0.	0.	0.
Robin Brunner										
Board Member	2.00	Х						0.	0.	0.
Catherine Russell										
Board Member	2.00	Х						0.	0.	0.
John A. Chaney										
Board Member	2.00	Х		:				0.	0.	0.
Joe Mole, III										
Board Member	2.00	Х						0.	0.	0.
					_					
										·

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Part VII   Section A. Officers, Directors, Trust	tees, k	<b>(ey</b>	En	ıplo	oye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)	1			c)			(D)	(E)	(F)
Name and Title	Average hours per week			Check Officer	_			Reportable compensation from the organization	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the
	nours per week	vidual tr	Institutional trustee	er	employee	Highest compensated employee	ner	(W 2/1099 MISC)	(W 2/1099-MISC)	organization and related organizations
		ustee	trustee		ee	npensate				
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1h Takai					<u> </u>	<u> </u>		45 145	0.	0
Total       Total number of individuals (including but not limited	to thos	e lis	ted :	abov	/e) v	who	rece	45,145.		le compensation
from the organization									, , , , , , , , , , , , , , , , , , ,	
Did the organization list any former officer, director of the control of the	or truste	e. k	ev e	mpl	ove	e. oi	r hia	hest compensated	l employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such inc.  4 For any individual listed on line 1a, is the sum of rep	<i>dıvıdual</i> oortable	com	pen	satio	on a	and o	othei	r compensation fro	om	3 X
the organization and related organizations greater the individual	an \$150	0,000	)? <i>I</i> 1	f 'Ye	s' c	omp	lete	Schedule J for su	ch	4 X
5 Did any person listed on line 1a receive or accrue corendered to the organization? If 'Yes,' complete School	mpensa edule J	ation for s	froi uch	m ar per:	ny u s <i>on</i>	nrel	ated	organization for s	services	5 X
Section B. Independent Contractors									4100.000	
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent o	contr	ract	ors t	that	received more tha	n \$100,000 of	
(A) Name and business address	s							(B Description o	) of Services	(C) Compensation
										·
										<del>.</del>
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ▶	out not I	ımıte	ed to	tho	se l	ıste	d ab	ove) who received	more than	

Pa	<u>rt VIII</u>	Statement of Re	evenue					
The state of the s	· /*,			. ^ -	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
FS, GRANTS AMOUNTS	b M c F	ederated campaigns Membership dues undraising events	1a 1b 1c		***	\$ ** \	***	ť
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	<b>e</b> G	Related organizations lovernment grants (contribution all other contributions, gifts, good imilar amounts not included	·	555,843.	- %		***	~. !
	l	loncash contribns included in Total. Add lines 1a-1f	Ins 1a-1f \$	46,500.	606,590.	*		,
PROGRAM SERVICE REVENUE	2a <u>F</u> b _ c	Fairfax Rental	Housing	531100	36,671.	36,671.	0.	0.
RAM SER	d_ e_							
PROG		All other program service otal. Add lines 2a-2f	e revenue	<u> </u>	3,363. 40,034.		0.	0.
	0	nvestment income (incl other similar amounts) ncome from investment		•	60.	60.	0.	0.
		Royalties	(ı) Real	(ii) Personal	· · · · · · · · · · · · · · · · · · ·		,	** ** * *
	b L	Gross Rents Less rental expenses Lental Income or (loss) Let rental Income or (lo	cc)		) · · · · · · · · · · · · · · · · · · ·		÷ • • • • • • • • • • • • • • • • • • •	
	<b>7 a</b> Gr	ross amount from sales of ssets other than inventory	(i) Securities	(II) Other	, %.	/v (%)		, ,
	ar <b>c</b> G	ess cost or other basis nd sales expenses Gain or (loss) let gain or (loss)			•		- M - M - M - M - M - M - M - M - M - M	
ENUE	<b>8a</b> G (r	Gross income from fund			** \$ *			*
OTHER REVENUE	S <b>b</b> Le	f contributions reported See Part IV, line 18 ess direct expenses	,	a b	7 5 A S S S S S S S S S S S S S S S S S S			* * * * _ * _ * _ * _ * _
J		let income or (loss) fro Gross income from gam See Part IV, line 19	-	events •	* *			\$
	c N	ess direct expenses let income or (loss) fro	-	titles •		AA A AW A	an another an an another an an an an	
		Gross sales of inventory nd allowances ess <sup>,</sup> cost of goods sold		a b	·			
		let income or (loss) from	ue	ntory Business Code			- 10 34	
	c _ p _							
	e To	ill other revenue otal. Add lines 11a-11d otal revenue. See instr		<u> </u>	646,684.	40,094.	0.	0.
	<u> </u>				0.07003.	10,004.		

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).

Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			*/	· «
5	Compensation of current officers, directors, trustees, and key employees	45,145.	22,437.	22,708.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	86,237.	42,860.	43,377.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	49,717.	24,771.	24,946.	0.
10	Payroll taxes	10,051.	4,995.	5,056.	Q.
11	Fees for services (non-employees)				
á	a Management				
ı	Legal				
(	Accounting	12,000.	3,000.	9,000.	0.
(	Lobbying				
•	Prof fundraising svcs See Part IV, In 17	<del></del>	7 7	, , , , , , , , , , , , , , , , , , , ,	
1	Investment management fees				
Ç	) Other				
12	Advertising and promotion	274.	168.	106.	0.
13	Office expenses	368.	283.	85.	0.
14	Information technology	***			
15	Royalties				
16	Occupancy	9,714.	4,447.	5,267.	0.
17	Travel	5,691.	4,490.	1,201.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,468.	680.	788.	0.
20	Interest				
21	Payments to affiliates	····			
22	Depreciation, depletion, and amortization	13,789.	11,782.	2,007.	0.
23	Insurance	6,561.	3,194.	3,367.	0.
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)	· · · · · · · · · · · · · · · · · · ·		`	
=	Community Revitalization	210,794.	210,794.	0.	0.
	Equipment Lease & Maintenance	5,604.	0.	5,604.	0.
	Dues & Subscriptions	461.	330.	131.	0.
	Repairs & Maintenacne	4,187.	4,187.	0.	0.
	Bank Service Charges	40.	40.	0.	0.
	All other expenses	2,271.	1,301.	970.	0.
25	·	464,372.	339,759.	124,613.	0.
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation				Form <b>990</b> (2009)

			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash – non-interest-bearing	50,799.	1	83,033
	2	Savings and temporary cash investments		2	
	<b>,</b> 3	Pledges and grants receivable, net	24,013.	3	
	4	Accounts receivable, net	3,403.	4	3,502
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> 1251</u>	,,,,
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	_
S	7	Notes and loans receivable, net	128,153.	7	146,783
ASSETS	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges	1,803.	9	8,645
	10 a	Land, buildings, and equipment cost or other basis 10a 713, 809	) . · · · · · · · · · · · · · · · · · ·		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 34, 919	526,766.	10 c	678,890
	11	Investments – publicly-traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	734,937.	16	920,853
	17	Accounts payable and accrued expenses	30,546.	17	1,330
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
1		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	150,000.	24	
	25	Other liabilities Complete Part X of Schedule D	74,038.	25	106,858
	26	Total liabilities. Add lines 17 through 25	254,584.	26	108,188
N E T		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	469,946.	27	622,607
A S E	28	Temporarily restricted net assets	10,407.	28	190,058
Š	29	Permanently restricted net assets	10/401.	29	130,030
Q R		Organizations that do not follow SFAS 117, check here ▶ □ and complete		1960	** 6 * * *
		lines 30 through 34.		1	
F U N D	30	Capital stock or trust principal, or current funds		ుగుము 30	2. 1848 3
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	480,353.	33	812,665.
Ĕ	34	Total liabilities and net assets/fund balances	734,937.	34	920,853.
3A		Total nationals and net assetsmand balances	134,331.	<u> </u>	Form <b>990</b> (2009

Page	12

Form 990 (2009) ALLENDALE COUNTY ALIVE, INC.

Part XI:   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	- T	, ;	
If the organization changed, its method of accounting from a prior year or checked 'Other,' explain in Schedule O	· <u>·                                  </u>	· · · · · · · · · · · · · · · · · · ·	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2b	Х	<u></u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	et, 2c	x	
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:	1	11/1/1	,
X 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?	3a		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıdıt 3b		

BAA

Form **990** (2009)

## SCHEDULE 'A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Open to Public Inspection

lame o	ame of the organization Employer identification number											
ALĿ	LLENDALE COUNTY ALIVE, INC.											
Part	t     Reason for Public Charity Status (All organizations must complete this part ) See instructions											
he o	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1		A church, convention	on of churches or asse	ociation of churches desci	ribed in	section	1 <b>70(b)</b> (1	)(A)(i).				
2	П	A school described	in section 170(b)(1)(	A)(ii). (Attach Schedule E	.)							
3	П			e organization described i	•	n 1 <b>70</b> (b)	(1)(A)(ii	i).				
4	П	A medical research	organization operate	ed in conjunction with a ho	spital de	escribed	ın secti	on 170	(b)(1)(A)	(iii) Ente	er the hospit	tal's
	_	name, city, and sta	ite.	•	•						•	
5			erated for the benefit	of a college or university	owned o	or operat	ed by a	governi	mental u	ınıt descr	ribed in sec	tion
6	Ш			governmental unit describ								
7	X	in section 170(b)(1)	<b>)(A)(vi).</b> (Complete P				ernment	al unit	or from t	the gener	ral public de	escribed
8	$\sqcup$	A community trust of	described in <b>section</b> 1	170(b)(1)(A)(vi). (Complete	e Part II	)						
9		from activities relate investment income	ed to its exempt funct	(1) more than 33-1/3 % of tions — subject to certain ss taxable income (less s complete Part III)	exception	ons, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support from	om gross
10		An organization org	ganized and operated	exclusively to test for pub	olic safet	ty See s	ection 5	5 <mark>09(a)(</mark> 4	l).			
11		more publicly support	orted organizations d	exclusively for the benefit lescribed in section 509(a cation and complete lines	)(1) or s	ection 5	0 <del>9</del> (a)(2)	ions of, See <b>s</b>	or carry <b>ection 5</b>	out the <b>09(a)(3).</b>	purposes of Check the	f one or box that
		a Type I	<b>b</b> ∏Type II	c Type II	I – Fund	ctionally	integrate	ed		d□	Type III-	Other
е		By checking this bo	ox, I certify that the or inagers and other that	ganization is not controlle n one or more publicly su	ed directl	lv or indi	rectly by	one o	r more d I in secti	isqualifie on 509(a	ed persons	other
f		If the organization r check this box	received a written det	ermination from the IRS ti	hat is a	Type I, 7	Type II o	r Type	III suppo	orting org	anızatıon,	
g		Since August 17, 20	006, has the organiza	tion accepted any gift or	contribu	ition fron	n any of	the foll	lowing p	ersons?		
			_				-					Yes No
		(i) a person who below, the gov	directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with pers	sons des	cribed	ın (ıı) an	ıd (ııı)	11 g (i)	
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)	
		(iii) a 35% control	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	
h		Provide the following	ng information about t	he supported organization	าร							
	(1)	Name of Supported Organization	(ii) EiN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning iment?	(v) Did y the organ col ( your st	iization ín (i) of	organizat	is the ion in col zed in the S ?	(vii) Amoun	t of Support
					Yes	No	Yes	No	Yes	No		
		!										
					ļ				<u> </u>			
					·		**.			•		
otal			,,,,, · * , , ; , , , , , , , , , , , , , , , ,	[8] [8] [8] [8] [8] [8] [8] [8] [8] [8]	44 X.	J '* '	, ^			۲ ».		

	dule <b>A</b> (Form 990 or 990-EZ) 2009		E COUNTY AI	LIVE, INC.			Page 2
Par	t II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A	)(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	)			
Sec	tion A. Public Support	<u> </u>	<del></del>		1		
begi	ndar year (or fiscal year nning in). ►	· (a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	968,049.	1,037,724.	1,136,333.	853,043.	606,590	4,601,739.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	:					
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge		,				
4	Total. Add lines 1-through 3	968,049.	1,037,724.	1,136,333.	853,043.	606,590	4,601,739.
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)						
6	Public support. Subtract line 5 from line 4				* ***		4,601,739.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	968,049.	1,037,724.	1,136,333.	853,043.	606,590	4,601,739.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	937.	2,897.	1,696.	23,674.	40,094	. 69,298.
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						4,671,037.
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, second	d, third, fourth, or	r fifth tax year as a	a section 501(c)(	3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14		•	· · ·	e 11, column (f)		14	<del></del>
15	Public support percentage from 2	2008 Schedule A, I	Part II, line 14			15	<u> </u>
16a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a 10%-facts-and-circumstances test — 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
t	<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.						
18	Private foundation. If the organiz	zation did not ched	ck a box on line, 1	3, 16a, 16b, 17a,			
BAA					Sc	chedule A (Form	990 or 990-EZ) 2009

#### 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 (a) 2005 Calendar year (or fiscal yr beginning in) **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 4 / A Y " Z 25 7c from line 6) Section B. Total Support (c) 2007 Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) X. ... 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 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 II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions
•

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions OMB No 1545-0047

Open to Public Inspection

Employer Identification number

AL)	LENDALE COUNTY ALIVE, INC.			.		
	t.la Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Funds or	Accounts	s Complete	e If
	the organization answered 'Yes' t	o Form 990, Part IV, line	e 6.		<u> </u>	
		(a) Donor advised	funds	(b) Funds	and other acc	counts
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 dor funds are the organization's property, subject	or advisors in writing that the a to the organization's exclusive	essets held in donor advi legal control?	sed	Yes	☐ No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.	he benefit of the donor or dono	g that grant funds may b or advisor or for any othe	e r	Yes	∏No
Pai	t-II Conservation Easements Compl		swered 'Yes' to For	m 990. P	art IV. line	7.
1	Purpose(s) of conservation easements held by			111 330, 1	<u> </u>	
•	Preservation of land for public use (e.g., re	· · · · · · · · · · · · · · · · · · ·	Preservation of an hi	storically im	portant land	area
	Protection of natural habitat	cordation or picusure)	Preservation of certif	=		u, ou
	Preservation of open space			100 111010110 1	ou dottar o	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the form	of a conser	vation easem	ent on the
			Ţ.	Held	at the End o	f the Year
á	Total number of conservation easements		2	2a		
1	Total acreage restricted by conservation easer	nents	- 2	2b		
	Number of conservation easements on a certif	ied historic structure included i	n (a)	2c		
	Number of conservation easements included in	(c) acquired after 8/17/06	• •	2d		
3	Number of conservation easements modified,	transferred, released, extinguis	hed, or terminated by the	e organizatio	on during the	tax
	year ►	, , ,	,	3	3	
4	Number of states where property subject to co	nservation easement is located	<b>  ►</b>			
5	Does the organization have a written policy reand enforcement of the conservation easemen	garding the periodic monitoring	, inspection, handling of	violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitorin during the year •	g, inspecting, and enforcing co				
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conser	vation easements	\$		
8	Does each conservation easement reported or $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	line 2(d) above satisfy the req	juirements of section		Yes	☐ No
9	In Part XIV, describe how the organization rep include, if applicable, the text of the footnote to conservation easements	orts conservation easements in the organization's financial st	n its revenue and expens atements that describes	e statement the organiza	, and balance ation's accoui	e sheet, and nting for
Pai	Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Othe , Part IV, line 8.	r Similar	Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	ic exhibition, education, or rese	revenue statement and bearch in furtherance of pi	palance shee ublic service	et works of ar , provide, in	t, historical Part XIV,
ŀ	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, to report in its reve ic exhibition, education, or rese	enue statement and balar earch in furtherance of pi	nce sheet we ublic service	orks of art, hi , provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1			<b>▶</b> \$	
	(ii) Assets included in Form 990, Part X				►\$ ►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS 1	t, historical treasures, or other 16 relating to these items	similar assets for financ	ıal gaın, pro	vide the follo	wing
á	Revenues included in Form 990, Part VIII, line	1			<b>&gt;</b> \$	
ŧ	Assets included in Form 990, Part X				►\$ ►\$	

Schedule D (Form 990) 2009 ALLEI				<del></del>	Page 2		
Part III Organizations Mainta	ining Collectio	ns of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)		
3 Using the organization's acquisitivities (check all that apply)	on accession and o	other records, check	k any of the following tha	t are a significant use o	of its collection		
<del>==</del>	a Public exhibition d Loan or exchange programs						
<b>b</b> Scholarly research	·   -   -   -   -   -   -   -   -   -						
c Preservation for future general			Al &		_		
4 Provide a description of the organ Part XIV	nization's collection	is and explain now	they further the organiza	tion's exempt purpose i	n		
5 During the year, did the organizar assets to be sold to raise funds re					Yes No		
Part IV: Escrow and Custodia 9, or reported an amo	Arrangement unt on Form 99	<b>s</b> Complete if o 90, Part X, line	rganization answere 21.	ed 'Yes' to Form 99	90, Part IV, line —————		
	1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?						
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	mplete the following	g table <sup>.</sup>	<u></u>			
• Decrease halance				<del></del>	Amount		
c Beginning balance				1c			
<b>d</b> Additions during the year				1d			
<ul><li>e Distributions during the year</li><li>f Ending balance</li></ul>				1e   1f			
2a Did the organization include an a	mount on Form 99	0 Part X line 21?			Yes No		
<b>b</b> If 'Yes,' explain the arrangement		o, r are / , mio E ·		ι			
Part V Endowment Funds Co		nization answer	ed 'Yes' to Form 990	O, Part IV, line 10.			
	(a) Current year	(b) Prior year	r (c) Two years back	(d) Three years back	(e) Four years back		
1 a Beginning of year balance				å .√\$``.	1 2 3 2		
<b>b</b> Contributions			- , 4		1		
c Net Investment earnings, gains, and losses			, , , , , , , , , , , , , , , , , , ,	****			
d Grants or scholarships				<i>i</i> .*;			
<ul> <li>Other expenditures for facilities and programs</li> </ul>			**. ** ***				
f Administrative expenses					*		
<b>g</b> End of year balance					<u>'</u>		
2 Provide the estimated percentage	<del>-</del>	alance held as					
a Board designated or quasi-endow	<del></del>						
<b>b</b> Permanent endowment ►							
c Term endowment ►	<del>8</del>						
3a Are there endowment funds not in organization by	n the possession o	f the organization th	nat are held and administ	tered for the	Yes No		
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related o	rganizations listed	as required on Sch	nedule R?		3b		
4 Describe in Part XIV the intended	-	•					
Part VI Investments-Land, B				line 10.			
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value		
<b>1 a</b> Land			_	* *			
<b>b</b> Buildings			702,772.	23,882.	678,890.		
c Leasehold improvements							
<b>d</b> Equipment			11,037.	11,037.	0.		
e Other							
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X, co	lumn (B), line 10(c))	<u> </u>	678,890.		
BAA				Sched	ule <b>D</b> (Form 990) 2009		

Schedule D (Form 990) 2009 ALLENDALE COUNTY	ALIVE, INC.	·	Page 3
Part VII Investments—Other Securities See F	orm 990, Part X, line	: 12.	
(a) Description of security or category '(including name of security)	(b) Book value	(c) Method of va Cost or end-of-year m	luation
Financial derivatives	+	Cost or end-or-year in	larket value
Closely-held equity interests			
Other			
• • • • • • • • • • • • • • • • • • • •			
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		s	·
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	luation
	<del>  -</del>	Cost of end-of-year fi	iaiket value
	<del>                                     </del>		
	<del>                                     </del>		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		* * * * * * * * * * * * * * * * * * * *	•
Part IX Other Assets (See Form 990, Part X	, line 15)		
(a) D	escription escription		(b) Book value
···			
	·		
			-
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B), I	ine 15)		<b>&gt;</b>
Part X Other Liabilities (See Form 990, Par			
(a) Description of Liability	(b) Amount		, ·
Federal Income Taxes	, ,		· · · · · · · · · · · · · · · · · · ·
Accrued Compensated Absences	8,813	J	`
Accrued Payroll Expenses	98,045		
			*
		_	* * *
			×
		<b>—</b>	
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	106,858		•
2. FIN 48 Footnote In Part XIV, provide the text of the footi	note to the organization's f	nancial statements that reports the	organization's liability

	D (Form 990) 2009 ALLENDALE COUNTY ALIVE, INC.			Page <b>4</b>			
Part XI	Reconciliation of Change in Net Assets from Form 990 to	Financial Statements					
	il revenue (Form 990, Part VIII,column (A), line 12)			646,684.			
2 Tota	ll expenses (Form 990, Part IX, column (A), line 25)			464,372.			
3 Exc							
4 Net							
<b>5</b> Don	ated services and use of facilities						
6 Inve	6 Investment expenses						
<b>7</b> Prio	r period adjustments			150,000.			
	er (Describe in Part XIV)						
	I adjustments (net) Add lines 4 through 8			150,000.			
	ess or (deficit) for the year per audited financial statements. Combine lines 3	and 9		332,312.			
	Reconciliation of Revenue per Audited Financial Statemer		eturn				
	I revenue, gains, and other support per audited financial statements		1	646,633.			
	ounts included on line 1 but not on Form 990, Part VIII, line 12		148.28	010,0001			
	unrealized gains on investments	2a					
	ated services and use of facilities	2b					
	overies of prior year grants	2c	· `* ` \				
	er (Describe in Part XIV)	2d	-				
		Zu	1				
	lines 2a through 2d		2e	CAC C22			
	tract line 2e from line 1	1 1	3	646,633.			
	ounts included on Form 990, Part VIII, line 12, but not on line 1						
	stments expenses not included on Form 990, Part VIII, line 7b	4a					
	er (Describe in Part XIV)	4b	3-104				
	lines 4a and 4b		4c				
	I revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	646,633.			
Part XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return				
1 Tota	I expenses and losses per audited financial statements		1	464,326.			
<b>2</b> Amo	ounts included on line 1 but not on Form 990, Part IX, line 25						
<b>a</b> Don	ated services and use of facilities	2a					
<b>b</b> Prio	r year adjustments	2b					
<b>c</b> Othe	er losses	2c					
<b>d</b> Othe	er (Describe in Part XIV)	2d					
<b>e</b> Add	lines 2a through 2d		2e				
	tract line 2e from line 1		3	464,326.			
4 Amo	ounts included on Form 990, Part IX, line 25, but not on line 1:						
	stments expenses not included on Form 990, Part VIII, line 7b	4a	1 m				
	er (Describe in Part XIV)	4b					
	lines 4a and 4b	40	4c				
	I expenses Add lines <b>3</b> and <b>4c</b> (This must equal Form 990, Part I, line 18)		5	464,326.			
	Supplemental Information			404,520.			
	rt X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and						
BAA	TEEA3304 02/02/10		Schedule <b>D</b>	(Form 990) 2009			

Schedule D (Form 990) 2009 ALLENDALE COUNTY ALIVE, INC.	Page <b>5</b>
Part XIV Supplemental Information (continued)	
r ·	
~	

# SCHEDULE M (Form 990)

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

ୁଦ୍ର Open To Public Inspection

Employer identification number

	ENDALE COUNTY ALIVE, INC.							
Par	t I Types of Property		<u></u>		<del></del>			
		(a) Check if applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	nod of	<b>d)</b> determir nues	ııng
1	Art-Works of art							
2	Art-Historical treasures							
3	Art—Fractional interests					_		
4	Books and publications		1 2. %	, , , , , , , , , , , , , , , , , , , ,	-			
5	Clothing and household goods		Y \$ 55					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded				<u> </u>			
10	Securities—Closely held stock		·					
11	Securities—Partnership, LLC, or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation contribution— Historic structures				ļ			
14	Qualified conservation contribution—Other							
15	Real estate-Residential	Х	3	46,500.	Apprais	ed va	lue of	nouses
16	Real estate—Commercial	<u> </u>						
17	Real estate—Other							
18	Collectibles							
19	Food inventory							,·
20	Drugs and medical supplies							
21	Taxidermy							
	Historical artifacts			· · · · · · · · · · · · · · · · · · ·	ļ			
23	Scientific specimens	<u>-</u> .			ļ			
24	Archeological artifacts							
25	Other ► ()				<u> </u>			
26	Other ► ()							
27	Other ► ()							
28	Other ► (			<u> </u>				
29	Number of Forms 8283 received by the organizatio organization completed Form 8283, Part IV, Donee	n during the Acknowledg	tax year for contribution ement	ns for which the	29			
							Yes	No
30a	During the year, did the organization receive by colloid for at least three years from the date of the in purposes for the entire holding period?	ntribution any itial contribut	y property reported in F lion, and which is not re	Part I, lines 1-28 that it equired to be used for o	must exempt	30 a	, ,	X
b	If 'Yes,' describe the arrangement in Part II							
	Does the organization have a gift acceptance policy		-		ıs <sup>7</sup>	31		X
	<del> </del>						X	
	If 'Yes,' describe in Part II					-		***
33	If the organization did not report revenues in colum	in (c) for a ty	pe of property for which	n column (a) is checke	ea,	·	* \ , \	1
3ΔΔ	describe in Part II  For Privacy Act and Paperwork Reduction Act No	tice see the	Instructions for Form (	aan	Schod	I M (	Form 99	0) 2000

Scheaule	M (Form 990) 2009	ALLENDALE	COUNTY	ALIVE,	INC	Page 2
Part II	Supplemental I	nformation. C	omplete t	his part to	provide the information required by Part I, lines 30b, il information.	32b,
	and 33. Also co	mplete this pa	art for any	additiona	Il information.	
	•					
•	•					
				. – – – – -		
				. <b></b> .		
	. <b></b>					
<b>-</b>						
<del>-</del>				<del></del>		
				. <b>.</b>		

## SCHEDULE\*O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

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

► Attach to Form 990. Department of the Treasury Internal Revenue Service

talle of the organization	Linployer identification fidinger
ALLENDALE COUNTY ALIVE, INC.	
Pt VI-B, Line 12c The board goes over the policy at least once a	year and throughout the year
monitors board member dealings with the orga	anization.
Pt_VI-C, Line 19 The Organization makes available upon resuest	t_its_governing_documents_&
conflict of interest policy	
Pt VI-B, Line 11A Each board member receives a copy to review	and ask guestions.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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

Code Description
Expenses 44,182.
Grants Of 0.
Revenue 45,000.

Description:
44,182. The Organization continued to promote community
revitalization. It provided a new start up business with
a wokring capital loan through its revolving loan
45,000. It also continued the operation of a home
ownership center in Allendale County to promote housing
opportunites to low-income persons.

llendale County ALIVE	ook Depreciation Listing
Alle	<b>B</b> 00

Asset	D  -  -  -  -		Date	Disp		Book	Depr	Book		CY Book Depreciation	preciation	ų	Net Book
No	Function	Description	Acquired	Date	Salvage	Cost	Method	LıfeYrs	Calc	Round	TTD	Accum Depr	Valu
1	MGT	Gateway Computer Printer	11/29/2000		00 0	1,613.32	ST	3	•		•	1,613 32	4.
7	MGT	Gateway Computer	6/1/2003		000	1,440 00	SF	ю	•	•	•	1,440 00	, '
ю	MGT	Dell Computer	2/13/2004		000	1,391 03	SF	٣	•	•	•	1,391.03	•
4	MGT	Dell Computer	9/27/2005		00.0	1,001.56	Sľ	m	•	•	•	1,001 56	•
s	PRG	Dell Computer	10/25/2005		0.00	1,441.86	SF	٣				1,441 86	•
9	MGT	Dell Computer	7/1/2005		000	2,985 31	ST	٣	•	•	•	2,985.31	ı
7	MGT	House Hwy 301 for Office	10/12/2007		000	41,241 77	ST	40	1,031.04	•	1,031 04	2,835.36	38,406 41
<b>∞</b>	MGT	Trailer for Office	10/31/2007		000	14,167 48	ST	20	708 37	•	708 37	1,888.99	12,278 49
6	MGT	Computer	7/9/2007		000	1,164 15	Sľ	s	232 83	•	232 83	698 49	465.66
10	PRG	709 Aiken Ave	11/2/2007		000	56,138.37	ST	40	1,403.46	,	1,403 46	3,742 56	52,395 81
11	PRG	711Aıken Ave	3/1/2008		000	56,138 37	SF	40	1,403 46	•	1,403 46	3,274 74	52,863.63
12	PRG	707 Aiken Ave	4/1/2008		00'0	56,138 37	SF	40	1,403 46	•	1,403 46	3,157 78	52,980.59
13	PRG	712 Laurens Ave	8/8/2008		0.00	35,473.43	SF	40	886.84	•	886 84	1,699 77	33,773 66
14	PRG	714 Laurens Ave	8/8/2008		00 0	35,473 43	SF	40	886 84		886 84	1,699 77	33,773.66
15	PRG	705 Aiken Ave	3/17/2009		0.00	17,339.42	SF	40	433 49	ı	433 49	541 86	16,797 56
91	PRG	706 Laurens Ave	5/18/2009		0.00	25,834 01	SF	40	645.85	•	645 85	<i>L</i> 9 669	25,134 34
17	PRG	710 Laurens Ave	5/18/2009		000	25,834 01	SF	40	645 85	•	645 85	<i>L</i> 9 669	25,134 34
18	PRG	703 Laurens Ave	12/14/2009		000	38,342 85	SF	40	559 17	•	559 17	559.17	37,783 68
61	PRG	713 Laurens Ave	12/16/2009		000	38,342 86	SF	40	559 17	•	559.17	559 17	37,783.69
20	PRG	701 Aiken Ave	1/27/2010		000	48,282.63	SF	40	502 94	,	502 94	502.94	47,779 69
21	PRG	704 Laurens Ave	2/1/2010		000	49,878 26	SF	40	519 57	•	519 57	519.57	49,358 69
22	PRG	702 Laurens Ave	2/22/2010		000	49,878.25	SF	40	415 65	,	415 65	415 65	49,462.60
23	PRG	708 Laurens Ave	3/19/2010		00'0	62,629.83	Sľ	40	391.44	1	391 44	391 44	62,238.39
24	PRG	1545 Augusta Hwy	7/11/2009 4/30/2010	1/30/2010	000	5,000 00	SF	40	•	•	•	•	5,000 00
25	PRG	355 Myers street	7/11/2009		000	15,000 00	SF	40	375 00		375 00	375 00	14,625.00
56	PRG	963 Miner Drive	7/11/2009		000	26,500 00	SF	40	662 50	,	662 50	662 50	25,837.50
27	PRG	701 HVAC	11/25/2009		0.00	2,000.00	SF	40	29 17		29.17	29 17	1,970.83
28	PRG	702 HVAC	11/25/2009		0.00	2,000 00	SF	40	29.17	,	29 17	29.17	1,970 83
29	PRG	704 HVAC	11/25/2009		0.00	2,000 00	SF	40	29.17	•	29 17	29 17	1,970.83
30	MGT	Heat Pump	5/12/2010		0.00	4,139.00	SL	70	34.49	•	34 49	34 49	4,104 51
								ļ					
						718,809.57			13,788.93	•	13,788 93	34,919.18	683,890.39
		Assets no longer owned			1	(5,000.00)		j	(104.17)	•			(2,000 00)
		Owned as of the end of the year			Į.	713,809.57			13,684.76	•	13,788 93	34,919 18	678,890 39