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# Form **990**

Department of the Treasury

Internal Revenue Service

**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

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

Open to Public Inspection

<u>A</u>	For the	$=$ 2011 calendar year, or tax year beginning $\_JUL$ 1, $2011$ and $=$	ending J	UN 30, 2012	
В	Check if applicable	C Name of organization		D Employer identific	ation number
	Addre	ss MDC, INC.			
	Name			56-08	394222
	]Initial return		Room/suite	E Telephone number	
	Termii	307 WEST MAIN STREET		919-3	381-5802
	Amen	City or town, state or country, and ZiP + 4		G Gross receipts \$	3,519,184.
	Application	DURNAM, NC 2//U1-3213		H(a) Is this a group ref	
	pendii	F Name and address of principal officer DAVID DODSON		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
		empt status X 501(c)(3) 501(c)( )◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a l	ist (see instructions)
		te: > WWW.MDCINC.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1967 M	State of legal domicile: NC
Р	art I	Summary			
<u> </u>		Briefly describe the organization's mission or most significant activities TO HE			
Governance	1	COMMUNITIES CLOSE THE GAPS THAT SEPARATE			
eri	1	Check this box  if the organization discontinued its operations or dispos	ed of more	1 1	
ģ	1	Number of voting members of the governing body (Part VI, line 1a)		3	14
	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
të L	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	35
	6	Total number of volunteers (estimate if necessary)		6	0.
ĪŠ	/ a	Total unrelated business revenue from Part VIII, column (C) 178 [2 EIVED]  Net unrelated business taxable income from Form 990 II tree-34	1	7a	0.
Revenue, ANN Activities &	D	The difference becomes takens mooning from the property and out the	6	7b	
Z		Contributions and grants (Part VIII, line 1h)   NOV 9 1 2012	S   -	Prior Year 6, 230, 996.	Current Year 1,041,145.
چ	1	2016 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	` f —	3,341,963.	2,396,828.
Š	10	Investment income (Part VIII, selumn (A) lines 2, 4 and 730 D. T.	2   <u> </u>	88,388.	55,945.
æ	10	Investment income (Part VIII, column (A), lines 3, 4 and (d)CDCALLIT	1 -	0.	<60,430.>
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	! ├	9,661,347.	3,433,488.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,740,260.	3,383,110.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line 25)  182,10	)5.	•	
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<del>/</del>	7,408,493.	7,869,767.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		10,148,753.	11,252,877.
	i	Revenue less expenses Subtract line 18 from line 12		<487,406.	
20,0	3	Total loop on portion and the front line is a	Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		19,345,472.	7,153,645.
ASS	21	Total liabilities (Part X, line 26)		5,166,547.	774,811.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20		14,178,925.	6,378,834.
P	art II	Signature Block			
Und	ler pena	lities of perjury beclare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
true	, correc	it, and complete. Declaration of preparer (ot/let/man officer) is based on all information of whi	ich preparer	has any knowledge.	/
		Livy and		11/15/	2012
Sig	n	Signature of officer		Date /	
Не	re	TERRI SMITH, CHIEF FINANCIAL OFFICER			
		Type or print name and title	~		
		Print/Type preparer's name Preparer's signature	2/2	Date Check	T PTIN
Pai	d	H. LOWELL OAKLEY JR. X. Journey	ex A	CPA 11/14 Jen emproyer	
Pre	parer	Firm's name KOONCE, WOOTEN & HAYWOOD, LLP	V	Firm's EIN	56-0517823
Use	Only	Firm's address P. O. BOX 17806			
		RALEIGH, NC 27619-7806		Phone no 91	<u> 19-782-9265</u>
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)	<del></del>		X Yes No
132	001 01-2	3-12 LHA For Paperwork Reduction Act Notice, see the separate instructio	ns.		Form <b>990</b> (2011)

THE EARNED INCOME TAX CREDIT. MDC ALSO PRODUCED THE STATE OF THE SOUTH

2010 AND 2011, THE LATEST IN A SERIES OF REPORTS THAT EXAMINE DATA

ABOUT THE REGION TO SUGGEST POLICY DIRECTIONS WITH THE BEST

4d Other program services (Describe in Schedule O)

(Expenses \$ 569,780. including grants of \$ ) (Revenue \$ 127,694.)

4e Total program service expenses \$ 9,794,734.

COMMUNITIES, TO PROVIDE FREE TAX PREPARATION AND EDUCATE FAMILIES ABOUT

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		İ	
	If "Yes," complete Schedule A	1_	X	·
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ĺ	
	public office? If "Yes," complete Schedule C, Part I	3_	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		İ	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		•	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ.—	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		3,5
_	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			v
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<del></del>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		v
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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	11c		х
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3,-
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	40		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990 (	2011\

Form 990 (2011) MDC , INC .

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
240	Schedule J  Did the organization have a tax exempt hand insure with an outstanding principal amount of more than \$100,000 on of the	_23_	<u>X</u>	
∠+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, 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.5
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	100		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	00		v
34	Was the organization related to any tax-exempt or taxable entity?	33		<u> X</u>
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		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		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	2044)
		Form 9	マンし (2	2011)

		5-0894222	<u> Р</u>	age :
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
`	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	87		
b	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	ng		
	(gambling) winnings to prize winners?	1c	X	
2a	a Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return	35		
b	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	o If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	a		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	b If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	T	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	solicit		
	any contributions that were not tax deductible?	6a		X
þ	o If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	a 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? 7a		Х
b	o If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	d If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		l
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec	quired? 7g		
h	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C? <b>7h</b>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during t	he year? 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	a Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	a Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 b Enter the number of voting members included in line 1a, above, who are independent **1**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? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization TERRI SMITH -919-381-5802

WEST MAIN STREET,

27701-3215

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

Check if Schedule O contains a response to any question in this Part VII

#### 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.
- 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, if any. 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average	(do		Pos		1 than	one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JANET H. BROWN	0.50								0	^
DIRECTOR	0.50	X			<b>-</b>	1	<del> </del>	0.	0.	0.
(2) JOHN F. BURNESS DIRECTOR	0.50	x						0.	о.	0.
(3) BARBARA L. GOODMON										
DIRECTOR	0.50	X						0.	0.	0.
(4) OTIS S. JOHNSON										
DIRECTOR	0.50	X						0.	0.	0.
(5) DONALD MUNRO										
DIRECTOR	0.50	X						0.	0.	0.
(6) CAMMIE HAUPTFUHRER										
DIRECTOR	0.50	Х						0.	0.	0.
(7) JUSTIN D. MAXSON										
DIRECTOR	0.50	X						0.	0.	<u> </u>
(8) J. HAYWOOD DAVIS										
DIRECTOR	0.50	X		X	_			0.	0.	0.
(9) WILLIAM R. ZIGLAR										
SECRETARY/TREASURER	1.50	X				L		0.	0.	0.
(10) MINOR M. SHAW									_	
VICE CHAIR	0.50	Х		X				0.	0.	0.
(11) ANITA BROWN-GRAHAM									_	
VICE CHAIR	0.50	Х		X		<u> </u>		0.	0.	0.
(12) JAMES A. JOSEPH CHAIR	1.00	x		х				0.	0.	0.
(13) MARK V. BENSEN		-							0.	
EXECUTIVE VICE PRESIDENT	40.00	х		х				170,045.	0.	29,357.
(14) DAVID L. DODSON										25,00.0
PRESIDENT	40.00	x		х				207,703.	0.	20,172.
(15) TERRI SMITH	-									
CHIEF FINANCIAL OFFICER	40.00			х				108,201.	0.	18,202.
(16) RICHARD HART										
DIRECTOR OF COMMUNICATIONS	40.00			x				99,456.	0.	6,903.
(17) BONNIE GORDON										············
SENIOR PROGRAM DIRECTOR	40.00					Х		132,628.	0.	15,135.

D 130 ZOTT	·									444	<u> </u>	age o
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)	,	_	
` (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos				Reportable	Reportable	E:	stimati	ed
	hours per					than is bot		compensation	compensation	aı	mount	of
	week	offic	cer an	dad	lirecto	or/trus	tee)	from	from related		other	
	(describe	ctor						the	organizations	con	npensa	ation
	hours for	dire				g		organization	(W-2/1099-MISC)	1	rom th	
	related	tee o	trustee			35		(W-2/1099-MISC)		org	ganızat	iion
	organizations	trus	E		1 25	Ē				an	d relat	ed
	ın Schedule	individual trustee or director	Institutional	<sub>25</sub>	кеу етрюуее	oyee	   <u>=</u>			org	anızatı	ons
	O)	ind	last E	Officer	Key	Highest compensated employee	Former					
(18) MARGARET A. SHELTON									<del></del>			
SENIOR PROGRAM DIRECTOR	40.00					X		121,769.	0.	1	6,7	70.
(19) JOSEPH HORNE												
VICE PRESIDENT FOR STRATEGIC PARTNER	40.00					X		113,789.	0.	2	8,2	10.
						T		1				
						$\vdash$						
						_						
					<u> </u>	<b> </b>						
						<u></u>			· · · · · · · · · · · · · · · · · · ·			
	<u></u>					L						
1b Sub-total								953,591.	0.	13	4,7	49.
c Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
d Total (add lines 1b and 1c)	•					•		953,591.	0.	13	4,7	
2 Total number of individuals (including but n	ot limited to the	ose	liste	d al	oove	e) wh	o re					
compensation from the organization						-,			,000 01 10 00 110 110			6
Composition non-time organization									· · · · · · · ·		Yes	No
3 Did the organization list any former officer.	director or to	stor	. ka		nnla		۰. ۱	highoot components of an	nalawaa an			<del></del>
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		SIE	-, KE	y en	npio	yee,	or r	nighest compensated er	nployee on			v
•					. <b>.</b> . –					_3_		<u>X</u>
4 For any individual listed on line 1a, is the su								•	ne organization		,.	
and related organizations greater than \$150										4	X	<u> </u>
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	plete Schedule	J fo	or st	ich i	pers	on				5		X

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ACHIEVING THE DREAM, INC, 8455 COLLESVILLE		<del> </del>
RD, #900, SILVER SPRING, MD 20910	CONSULTING SERVICES	991,030.
SOLUTIONS FOR PROGRESS, INC.	INFORMATION	
728 S. BROAD STREET, PHILADELPHIA, PA 19146	TECHNOLOGY	907,364.
JOBS FOR THE FUTURE, 88 BROAD STREET, 8TH		
FLOOR, BOSTON, MA 02110	CONSULTING SERVICES	785,910.
AMERICAN ASSOC OF COMMUNITY COLLEGES, ONE		
DUPONT CIRCLE, NW STE 410, WASHINGTON, DC	CONSULTING SERVICES	594,175.
THE UNIVERSITY OF TEXAS AT AUSTIN		•
1 INNER CAMPUS DRIVE, AUSTIN, TX 78712	CONSULTING SERVICES	452,144.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization > 5		

					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a		]			
S a	Ь	Membership dues	1b		_			
A, C	c	Fundraising events	1c					
直	d	Related organizations	1đ					
S.E	е	Government grants (contribution	ns) 1e	184,978.				
호하	f	All other contributions, gifts, grants,	and					
ĕ₹		similar amounts not included above	1f	856,167.				
g	g	Noncash contributions included in lines 1a-	-11 S					
<u>0 p</u>	h	Total. Add lines 1a-1f		▶	1,041,145.			
				Business Code				
Se	2 a	RESEARCH CONTRAC	TS	900099	2,396,828.	2,396,828.		
e <u>Z</u>	þ	<u></u>						
Program Service Revenue	С	*						
e a	d							
roc	е							
Δ.	f	All other program service revenu	ie	<u> </u>				
	g	Total. Add lines 2a-2f		<u> </u>	<u>2,396,828.</u>			
	3	Investment income (including div	vidends, inter	est, and		}		
		other similar amounts)		<b>&gt;</b>	61,386.			61,386.
	4	Income from investment of tax-e	xempt bond p	oroceeds >			<del> </del>	
	5	Royalties						
			(i) Real	(ii) Personal				
			<u>19,825.</u>					
			80,255.					
			60,430.	<u> </u>				
	d	Net rental income or (loss)		<u> </u>	<60, <u>430</u> .	>		<60,430.>
	7 a		(i) Securities	(II) Other				
		assets other than inventory				l l		
	b	Less cost or other basis						
		and sales expenses		5,441.				
		Gain or (loss)		<5,441.				
		Net gain or (loss)		<b>&gt;</b> _	<5,441.	<5,441.	<u> </u>	
ě	8 a	•	•					
enne/		including \$						
Other Rev		contributions reported on line 1c	:) See					
ē		Part IV, line 18	а					
₹		Less direct expenses	b					
		Net income or (loss) from fundral	_	<u> </u>				<u> </u>
	9 a	Gross income from gaming activ	ities. See					
		Part IV, line 19	а					
		Less direct expenses	ь	L				
İ		Net income or (loss) from gaming	•					
	10 a	Gross sales of inventory, less ret	urns					
		and allowances	а					
İ		Less cost of goods sold	b					
ŀ	с	Net income or (loss) from sales o	f inventory					
ļ		Miscellaneous Revenue		Business Code				1
	11 a							<del> </del>
ł	b					ļ		
ļ	С							
	đ	All other revenue		L				ļ
	е	Total. Add lines 11a 11d		<b>&gt;</b>				
1	12	Total revenue See instructions.			3,433,488.	<u>2,391,387.</u>	0.	956.

# Form 990 (2011) MDC , INC . 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)

	olete columns (B), (C), and (D)  Check if Schedule O contains a respon	ise to any question in th	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		0	gonoral onportos	
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				<del></del>
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				_
	trustees, and key employees	675,312.	325,948.	327,532.	21,832
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	2,073,980.	1,679,492.	282,699.	111,789
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	174,785.	140,447.	24,411.	9,927
9	Other employee benefits	153,513.	125,405.	19,545.	8,563
10	Payroll taxes	305,520.	226,725.	62,911.	15,884
11	Fees for services (non-employees)				
а				·	
b	Legal				
С	Accounting	38,395.		38,395.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	6,442,371.	6,412,108.	29,763.	500
12	Advertising and promotion				
13	Office expenses	163,665.	29,439.	134,226.	
14	Information technology				
15	Royalties				
16	Occupancy	299,405.		299,405.	
17	Travel	308,797.	283,549.	22,552.	2,696
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	286,697.	286,697.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,599.		34,599.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а		284,924.	284,924.		
b	OTHER COSTS	10,914.			10,914
С					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	11,252,877.	9,794,734.	1,276,038.	182,105
26	Joint costs. Complete this line only if the organization				<del>-</del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			i	

Part X | Balance Sheet (A) (B) Beginning of year End of year 12,583. 15,893. Cash - non-interest-bearing 1 10,795,860. 3,329,323. 2 Savings and temporary cash investments 2 7,207,044. 2,025,572. 3 Pledges and grants receivable, net 3 8,174. 46,902. 4 4 Accounts receivable, net 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 8 11,372. 18,308. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other 415,683. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 95,626 41,206. 10c 320,057. 1,312,204. 1,227,195. Investments - publicly traded securities 11 127,424. 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 19,345,472. 7,153,645. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 999,867. 774,811. Accounts payable and accrued expenses 17 17 4,166,680. 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 5,166,547. 774,811. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here \( \sum \big| \text{ X} \) and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,885,233. 2,810,864. Unrestricted net assets 27 27 11,260,217. 3,534,495. Temporarily restricted net assets 28 28 33,475. 33,475. Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 14,178,925. 6,378,834. Total net assets or fund balances

> 7,153,645. Form 990 (2011)

33

34

19,345,472.

33

Total liabilities and net assets/fund balances

Form 990 (2011)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**ZUII**Open to Public

Name of the organization

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

Inspection Employer identification number

		MDC, I	NC.						5 (	<u>5-0894222</u>	}		
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.					
he organ	nization is not a	a private foundation	n because it is: (For lines	1 through	11, check	only one b	ox)						
1 🖳	A church, co	nvention of church	es, or association of chur	rches desc	ribed in se	ction 170	(b)(1)(A)(i)	).					
2 🖳	A school des	cribed in section 1	1 <b>70(b)(1)(A)(</b> (i), (Attach So	chedule E)									
з 🖳	A hospital or	a cooperative hosp	oital service organization	described	n section	170(b)(1)	(A)(iii).						
4 🗔	A medical re	search organization	operated in conjunction	with a hos	pital desc	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(i	ii). Enter t	he hospital's nar	ne,		
	city, and stat	te											
5 🗀	An organizat	ion operated for the	e benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	it describe	ed in			
	section 170	(b)(1)(A)(iv). (Comp	olete Part II)										
6 🗀	A federal, sta	ate, or local governr	ment or governmental uni	it describe	d in sectio	n 170(b)(	1)(A)(v).						
7 X	An organizat	n 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)(vı).	(Complete	Part II)								
9 📖	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from												
	activities rela	ited to its exempt fo	unctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33 1	1/3% of its	support	from gross inves	tment		
	income and i	unrelated business	taxable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	after June 30, 19	75.		
	See section	509(a)(2). (Comple	te Part III)										
10 🖳	An organizat	ion organized and o	operated exclusively to te	st for publ	ic safety S	See sectio	on 509(a)(4	<b>4)</b> .					
11 📖	-	-	operated exclusively for the		•				-		or		
	more publicly	y supported organiz	zations described in secti	ion 509(a)(	1) or section	on 509(a)(2	2) See <b>se</b> o	ction 509(	a)(3). Che	eck the box that			
			g organization and compl		•					•			
	a L Type		,,		e III - Fund	•	•		d∟	Type III - Other			
e	-	=	at the organization is not		-	-	-				an		
		=	than one or more publicl		_				9(a)(1) or :	section 509(a)(2)			
f			itten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			_		
		rganization, check		_					_				
g	_		organization accepted a			•		• •		<u></u>	Γ		
		<u>-</u>	directly controls, either a	lone or tog	ether with	persons o	described	ın (II) and (	(III) below,	Yes	No		
	_		supported organization?							11g(i)	-		
		· ·	on described in (i) above?		•					11g(ii)	-		
		-	a person described in (i)							11g(iii)			
h	Provide the f	ollowing information	n about the supported or	ganization	(s)								
	<del> </del>	1	(iii) Type of	k: 1 - 45		( ) D.d		(vi) Is	tho				
• •	of supported	(ii) EIN	organization		organization sted in your		on in col.	organizati	on in col.	(vii) Amount o	of		
org	anization		(described on lines 1-9		document?		r support?	(i) organiz U.S		support			
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
			(**************************************										
				İ									
				ļ									
								}					
<del></del> -				<u> </u>					-	<del> </del>			
			<del> </del>			ļ	<del> </del>			· · · · · · · · · · · · · · · · · · ·			
				1	1		1	ł	1				

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 MDC , INC . 56-0894222 Page 2

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	tion A. Public Support						<b>_</b>
ale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5665621.	7018163.	12692105.	6230996.	1041145.	32648030.
2	Tax revenues levied for the organ- ization'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	Total. Add lines 1 through 3	5665621.	7018163.	12692105.	6230996.	1041145.	32648030.
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)						17513507.
	Public support. Subtract line 5 from line 4						<u> 15134523.</u>
Sec	tion B. Total Support					····	
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
-	Amounts from line 4	5665621.	7018163.	12692105.	6230996.	1041145.	32648030.
8	Gross income from interest,						-
	dividends, payments received on						
	securities loans, rents, royalties	100 001	04 000	00 201	00 054	01 011	420 070
	and income from similar sources	108,091.	81,202.	80,321.	88,254.	81,211.	439,079.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)	<16,430.	<b>85.</b>	20.			<16,325.
11	Total support. Add lines 7 through 10	<u> </u>	05.	20.			33070784
	Gross receipts from related activities,	etc. (see instructi	nns)	<u> </u>	<u></u>	12 7	,614,141.
	First five years. If the Form 990 is for	•	·	rd, fourth, or fifth ta	ax vear as a sectio		<u> </u>
	organization, check this box and stor	•	,,	, , , o a , , , , , , , , , , , , , , ,	, ,	.,	ightharpoons
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (I			column (f))		14	45.76 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	49.49 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			$\triangleright X$
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and <b>stop</b> h	<b>ere.</b> Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶∟_
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how th	e
	organization meets the "facts-and-circ		•	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17t			
					Sche	edule A (Form 996	or 990-EZ) 2011

# Schedule A,(Form 990 or 990-EZ) 2011 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 or if the organization failed to qualify under Part II If the organization fails to

ection A. Public Support			r		·	
alendar year (or fiscal year beginning in) 🕨 🔼	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and			İ			
membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions,	-					
merchandise sold or services per-						
formed, or facilities furnished in					1	
any activity that is related to the						
organization's tax-exempt purpose					<del></del> -	
Gross receipts from activities that						
are not an unrelated trade or bus						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to			Į			
the organization without charge						
Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		1				
b Amounts included on lines 2 and 3 received					_	
from other than disqualified persons that						ļ
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
				-		
B Public support (Subtract line 7c from line 6)     ection B. Total Support		<u> </u>	·	<u> </u>	<u> </u>	L
lendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Amounts from line 6			,			
a Gross income from interest,	<u></u>					
dividends, payments received on						
securities loans, rents, royalties and income from similar sources					]	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·					<del> </del>	
c Add lines 10a and 10b  Net income from unrelated business		<u> </u>				
activities not included in line 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.)						
3 Total support (Add lines 9, 10c, 11, and 12)		<u></u>				
4 First five years. If the Form 990 is for the	he organization	s first, second, thii	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
ection C. Computation of Public	Support Pe	ercentage				
5 Public support percentage for 2011 (lin	e 8, column (f) c	divided by line 13,	column (f))		15	
6 Public support percentage from 2010 S	. ,,				16	
ection D. Computation of Invest					· ·	
7 Investment income percentage for 201					17	
3 Investment income percentage from 20	-	•			18	
9a 33 1/3% support tests - 2011. If the o			on line 14, and line	e 15 is more than		17 is not
• •	•					5 ,10t <b>L</b> [
more than 33 1/3%, check this box and	•	-		_		<b>₽</b> L
b 33 1/3% support tests - 2010. If the o						`
line 18 is not more than 33 1/3%, check		•	· ·		=	▶⊨
Drivate foundation If the organization	did not chack a	hay on line 14, 10	a or 10h chack t	hic hay and can in	etructions	<b>•</b>

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization Employer identification number 56-0894222 MDC. INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 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, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat t or end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	· · · · · · · · · · · · · · · · · · ·			
(G)				
(H)		-	<del></del>	<u></u> ,
(I)				
it (Col (b) must equal Form 990, Part X, col (B) line 12.) art VIII Investments - Program Related.		13		
(a) Description of investment type	(b) Book value		(c) Method of valuat t or end-of-year mark	
(1)				··········
(2)			-	
(3)				, - , · · · ·
(4)				
(5)				
(6)				
(7)	·			
(8)				
(9)				
10)				
al. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
art IX Other Assets. See Form 990, Part X, III	ne 15			
	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)	<u></u>			
(9)				
10)				
al. (Column (b) must equal Form 990, Part X, col (B) lart X Other Liabilities. See Form 990, Part	<i>ne 15 )</i> X, line 25	<u></u>	<b>&gt;</b>	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				
11)				
	ne 25)	oments that reports the woods	ation's liability for uncertain	lay positions under

	rt XI Reconciliation of Change in Net Assets from Form 990	to Audited Eine	ncial Sta		0034222
1	Total revenue (Form 990, Part VIII, column (A), line 12)	to Addited Fills		remen	3,433,488.
2	Total expenses (Form 990, Part VIII, column (A), line 12)		2		11,252,877.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	<u>-</u>	<7,819,389.
4	Net unrealized gains (losses) on investments		4		19,298.
5	Donated services and use of facilities		5		10,200
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		19,298.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9	10		<7,800,091.
	t XII Reconciliation of Revenue per Audited Financial Stater		<u> </u>	Retur	
1	Total revenue, gains, and other support per audited financial statements			1	3,538,482.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains on investments	2a	19,298	3.	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	85,696	5.	,
е	Add lines 2a through 2d	•		2e	104,994.
3	Subtract line 2e from line 1			3	3,433,488.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		_	
С	Add lines 4a and 4b			4c	0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,433,488.
Pa	t XIII Reconciliation of Expenses per Audited Financial State	ments With Exp	penses p	er Retu	
1	Total expenses and losses per audited financial statements			1	11,338,573.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
þ	Prior year adjustments	2b			
C	Other losses	2c	<u>5,441</u>		
d	Other (Describe in Part XIV.)	2d	80,25	5.	
е	Add lines 2a through 2d			2e	85,696.
3	Subtract line 2e from line 1			3_	11,252,877.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
	Other (Describe in Part XIV)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	11,252,877.
	t XIV Supplemental Information		D + D/ -	41 1	0. 0. 17 1
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pare 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also co				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
LOS	SS ON FIXED ASSETS				5,441.
REI	NTAL EXPENSES NETTED AGAINST RENTAL INCOM	E ON FORM	990		
<u>ST1</u>	IT OF REVENUE			<del> </del>	80,255.
TOT	TAL TO SCHEDULE D, PART XII, LINE 2D				85,696.
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:				
132054 01-23-				Sched	lule D (Form 990) 2011

### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV. line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

**Employer identification number** 

56-0894222 MDC. INC. Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity based compensation arrangement? 4c\_ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. a The organization? Х 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

not described in lines 5 and 6? If "Yes," describe in Part III

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2011

7

8

Х

Х

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	<u> </u>	(E)	(F)
(A) Name		(ı) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i) (D)	Compensation reported as deferred in prior Form 990
1 MARK V. BENSEN	€ 3	166,604.	0	3,441.	11,989.	17,368.	199,402.	176,534.
	Ξ	185,703.	0	22,000.	13,760.	6,412.	227,875.	193,252.
2 DAVID L. DODSON	Ξ		0	0	0	0.	0.	0
	(3)							
3	▣							
	Ξ							
4	⊞							
	Ξ							
5	3							
	Ξ							
. 9	3							
	ε							
7	Ξ							
	Ξ							
8	Ξ							
	Ξ							
6	<u> </u>							
	Ξ							
10	∄							
	Ξ							•
11	Ξ							
	Ξ							
12	∄							
	Ξ							
13	Ξ							
-	Ξ							
14	3							
	Ξ							
15	₿							
	Ξ							
16	▤							

Schedule J (Form 990) 2011

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

MDC, INC.

Employer identification number 56-0894222

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
REMEDIAL EDUCATION STRATEGIES AND TAKING THEM TO SCALE. MDC CREATED AND
MANAGES "PARTNERS FOR POSTSECONDARY SUCCESS," A DEMONSTRATION PROJECT
IN FOUR SOUTHERN CITIES TO SIGNIFICANTLY INCREASE THE NUMBER OF
LOW-INCOME YOUTH WHO COMPLETE POSTSECONDARY CREDENTIALS. IN 2011-2012,
MDC ORGANIZED A SYSTEM OF COACHING AND SUPPORT FOR 13 CITIES AROUND THE
COUNTRY PARTICIPATING IN THE "LATINO STUDENT SUCCESS" INITIATIVE.
WORKING WITH ACHIEVING THE DREAM, A NATIONAL COMMUNITY COLLEGE REFORM
INITIATIVE THAT MDC INCUBATED AND SPUN OFF, MDC IS EXPLORING STRATEGIES
THAT LINK FINANCIAL CAPABILITY WITH STUDENT SUCCESS. MDC IS WORKING
WITH LEADERS ACROSS THE COMMUNITY IN OUR NEW HEADQUARTERS HOMETOWN OF
DURHAM, N.C., TO BUILD AN EDUCATION-TO-CAREER SYSTEM.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
OPPORTUNITIES FOR INCLUSIVE ECONOMIC GROWTH.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
STRATEGIC PHILANTHROPY: MDC WORKS WITH PLACED-BASED COMMUNITY
FOUNDATIONS TO HELP THEM REFOCUS THEIR PHILANTHROPIC PROGRAM SERVICES
TO ADDRESS THE ROOT CAUSES OF SOCIAL INEQUITIES AND PERFORMANCE GAPS IN
EDUCATION, EMPLOYMENT, ASSET LEVELS, AND HEALTH. TO DATE, MDC HAS
HELPED FOUNDATIONS REFOCUS NEARLY \$1 BILLION IN PHILANTHROPIC ASSETS IN
FLORIDA, VIRGINIA, SOUTH CAROLINA AND THE MIDWEST.
STRATEGIC PHILANTHROPY EXPENSES \$70,582, REVENUE \$0
EXPENSES \$ 569.780. INCLUDING GRANTS OF \$ 0. REVENUE \$ 127.694.

MDC, INC.

Employer identification number 56-0894222

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 TAX RETURN WILL BE
PROVIDED TO ALL MEMBERS OF THE MDC BOARD OF DIRECTORS AND WILL BE REVIEWED
IN DETAIL BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15: AN INDEPENDENT CONSULTANT IS HIRED EACH YEAR TO PROVIDE BENCHMARKING DATA FOR EMPLOYEE COMPENSATION AND TO ASSIST THE PRESIDENT AND EXECUTIVE VICE PRESIDENT IN THEIR ANNUAL INTERNAL EQUITY ASSESSMENT OF THE ORGANIZATION'S SALARY STRUCTURE. THE CONSULTANT IS ASKED TO PROVIDE BENCHMARK DATA WHICH INCLUDES OTHER NON-PROFITS THAT ARE COMPARABLE TO MDC. THE CONSULTANT USES DATA FROM THE CHRONICLE OF PHILANTHROPY, DISCUSSIONS WITH ORGANIZATIONS IN THE SAME FIELD OF WORK THAT MDC IS ENGAGED, VARIOUS NON-PROFIT SURVEYS FROM MULTIPLE SOURCES, ETC.

DATA FROM THE OUTSIDE CONSULTANT IS SHARED WITH THE CEO, EXECUTIVE VICE PRESIDENT, AND CFO. THE CFO ASSISTS WITH TREND DATA AND RECOMMENDATIONS FOR BUDGETED SALARY INCREASES AND THRESHOLDS.

REGARDING SALARY COMPENSATION FOR THE PRESIDENT AND EXECUTIVE VICE

PRESIDENT, THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE REVIEWS AND

RECOMMENDS ANNUAL INCREASES ONCE A YEAR AT THE SPRING BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 18: MDC MAKES ITS 990 AVAILABLE TO THE

PUBLIC BY MAKING THE FOLLOWING STATEMENTS ON ITS MDCINC.ORG WEBSITE:

"MDC'S MOST RECENT IRS FORM 990 IS AVAILABLE ON GUIDESTAR. MDC'S 990 IS

ALSO AVAILABLE UPON REQUEST BY CONTACTING TERRI SMITH, MDC'S CHIEF

FINANCIAL OFFICER."

FORM 990, PART VI, SECTION C, LINE 19: MDC'S AUDITED FINANCIAL STATEMENTS

ARE AVAILABLE TO INDIVIDUAL DONORS, CORPORATIONS, FOUNDATIONS, AND OTHERS

132212
Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization MDC , INC .	Employer identification number 56-0894222
CONSIDERING A GIFT OR GRANT TO MDC. MDC'S CONFLICT OF IN	TEREST POLICY AND
GOVERNING DOCUMENTS ARE AVAILABLE TO ANYONE UPON REQUEST	OF ITS CFO, TERRI
SMITH.	
FORM 990, PART VI, LINE 9	
OFFICER ADDRESS	
MARK BENSON, THE EXECUTIVE VICE PRESIDENT FOR THE FISCAL	YEAR ENDED
6/30/2012, CAN BE REACHED AT 3801 HOLLY LANE, RALEIGH, NC	27612
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	19,298.
MET ONIMITED OF THE ON THE DETERMINE.	17,250.
FORM 990, PART XII, LINE 2C:	
THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR	R YEAR.

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property)

➤ See separate instructions.

➤ Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 179

ldentifying number

MDC, I	NC.			FOR	м 990 і	PAGE 10		56-0894222
Part I E	ection To Expense Certain Property	Under Section 1	79 Note: If yo	ou have any lis	ted property,	complete Part	V before yo	ou complete Part I
1 Maximur	m amount (see instructions)						1	500,000.
2 Total cos	st of section 179 property place	d in service (see	instructions	)			2	
3 Threshold cost of section 179 property before reduction in limitation						3	2,000,000.	
4 Reduction	on in limitation. Subtract line 3 fro	om line 2 If zero	or less, ente	er -0-			4	
5 Dollar limita	ation for tax year Subtract line 4 from line 1	If zero or less, enter	-0- If married fil	ing separately, see	instructions		5	
6	(a) Description of prop	erty		(b) Cost (busin	ess use only)	(c) Electe	d cost	
7 Listed pi	roperty. Enter the amount from I	ne 29			7			
8 Total ele	cted cost of section 179 proper	y Add amounts	ın column (	c), lines 6 and	7		8	
9 Tentative	e deduction. Enter the smaller o	f line 5 or line 8					9	
10 Carryove	er of disallowed deduction from l	ine 13 of your 2	010 Form 45	62			10	
11 Business	sincome limitation. Enter the sm	aller of business	s income (no	t less than zer	o) or line 5		11	
12 Section	179 expense deduction. Add line	es 9 and 10, but	do not ente	r more than lir	ne 11		12	
13 Carryove	er of disallowed deduction to 20	12. Add lines 9 a	and 10, less l	ine 12	▶ 13			
	t use Part II or Part III below for i	isted property I	nstead, use l	Part V				
Part II	Special Depreciation Allowan	ce and Other D	epreciation	(Do not include	de listed prop	erty.)		
14 Special of	depreciation allowance for qualif	ed property (oth	ner than liste	d property) pl	aced in servic	e during		
the tax y	ear						14	
15 Property	subject to section 168(f)(1) elec	tion					15	
16 Other de	preciation (including ACRS)						16	5,084.
Part III	MACRS Depreciation (Do not	ınclude listed pr	operty.) (See	e instructions.	)			
			Se	ction A				
17 MACRS	deductions for assets placed in	service in tax ye	ars beginnir	ig before 2011			17	<u>5,690.</u>
18 If you are el	ecting to group any assets placed in service	e during the tax year	into one or more	general asset acco	ounts, check here	▶ □	]	
	Section B - Assets P	laced in Servic	e During 20	11 Tax Year l	Jsing the Ge	neral Deprecia	tion Syste	em
(8	a) Classification of property	(b) Month and year placed in service	(business/ii	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-yea	ar property	·						
<b>b</b> 5-yea	ar property		1	57,603.	5.0	HY	S/L	15,760.
c 7-yea	ar property							
<b>d</b> 10-ye	ear property		1	61,288.	10.0	HY	S/L	8,065.
<b>e</b> 15⋅ye	ear property							
f 20-ye	ear property							
g 25-ye	ear property			-	25 yrs		S/L	
		/			27.5 yrs.	MM	S/L	
h Resi	dential rental property	/			27.5 yrs	ММ	S/L	
		/	-		39 yrs	MM	S/L	
i Nonr	esidential real property	/	-			MM	S/L	
	Section C - Assets Pla	ced in Service	During 201	1 Tax Year Us	ing the Alter	rnative Depre	iation Sys	tem
20a Clas	s life						S/L	
<b>b</b> 12 ye	ear				12 yrs		S/L	
с 40-ус	ear	/			40 yrs.	MM	S/L	
	Summary (See instructions.)				· <del></del> · · · ·		<u> </u>	
21 Listed pr	operty. Enter amount from line 2	28	•	<del></del>			21	
	dd amounts from line 12, lines 14		es 19 and 20	) in column (a)	, and line 21.			
	re and on the appropriate lines o						22	34,59 <u>9</u> .
	ts shown above and placed in s						· ·	
	of the hasis attributable to section	-	•		22		Į	

44

44 Total. Add amounts in column (f). See the instructions for where to report