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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

Open to Public Inspection

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Total change   Tota				C Name of organization	05 01 2015 , 2015, and en	ilig 0+ 3	0 2014	D Emplo	yer iden	ntification number
Double Health   Double Accessed   Double Acces			•					31-09	900246	<u>,                                     </u>
Second Process   Seco	┌ Nar	ne chan	nge						300210	,
Terminated	┌ Inıt	ıal returi	'n	Number and street (or P O box if ma	ul is not delivered to street address)	Room/su	ıte	F Tolomb	ono numb	har
Application possible Sees, KY 40403  F Name and address of principal officer Justin Maxon 433 Chestroit Street Benes, KY 40403  I have occempt datate. F solico(s) So	┌ Ter	mınated	i							
Some and address of principal officer   Justin Maxson   43 Chestrut Street	┌ Am	ended re	eturn		ry, and ZIP or foreign postal code			(859)	986-2	373
Fig. Name and address of principal efficer   Justin Maskson   433 Chestrius Street   Berea, KY   40403   What	┌ App	lication	pending	Berea, KY 40403				<b>G</b> Gross	receipts \$	8.045.668
Justin Maxson  ### day3 Chestnut Street Beras, KY 40403    Tax-exempt status   ▼ Strig(z)   Strig(z)   ▼ (meet no.)   €992(n)(1) or   577   Tax-exempt status   ▼ Strig(z)   Strig(z)   ▼ (meet no.)   €992(n)(1) or   577   Tax-exempt status   ▼ Strig(z)   Strig(z)   ▼ (meet no.)   €992(n)(1) or   577   Websites   ▼ www maced org      KFrom of organization   ▼ Corporation   Trust   Association   Other   ■				<b>F</b> Name and address of princ	ipal officer		<b>H(a)</b> Is th		• •	
Note   Serea   KY   40403				Justin Maxson						
If Tanzensempt status							H(b) Ara	all cubord	ınatoc	□ Ves □ No
Website: ► www maced org									mates	1 1631 110
Part	I Ta	x-exem <sub>l</sub>	pt status	▼ 501(c)(3)	sert no )	527	If"N	lo," attach	nalist (	(see instructions)
	J W	ebsite	: ► www	v maced org			H(c) Gro	up exemp	tion num	nber ►
	K Forn	n of org	anızatıon	Corporation Trust Association	Other 🕨		L Year of f	ormation 19	976 <b>M</b>	State of legal domicile KY
2 Check this box     if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)										
2 Check this box ▶   if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)		<b>1</b> B	Briefly de	escribe the organization's mission	n or most significant activities	5				
3 Number of voting members of the governing body (Part VI, line 1a) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•	<u> </u>	<del>-</del>		nstrations an	d research	1	
3 Number of voting members of the governing body (Part VI, line 1a) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	፠	_								
3 Number of voting members of the governing body (Part VI, line 1a) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ě	-								
3 Number of voting members of the governing body (Part VI, line 1a) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E E	2 0	heck th	is box 🕶 if the organization disc	continued its operations or di	sposed o	of more than	25% of its	net as	sets
3 Number of voting members of the governing body (Part VI, line 1a) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ි ජී									
TaTotal unrelated business revenue from Part VIII, column (C), line 12		3 N	Number	of voting members of the governir	ng body (Part VI, line 1a) .			•	3	10
TaTotal unrelated business revenue from Part VIII, column (C), line 12	Ees	<b>4</b> N	Number	of independent voting members of	f the governing body (Part VI	, lıne 1b)			4	g
TaTotal unrelated business revenue from Part VIII, column (C), line 12	፮	1							H -	40
B Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	् ब	1							<u> </u>	17
Prior Year   Current Year   Surprise   Prior Year   Current Year   Surprise		l							$\vdash$	C
8		<b>b</b> N	vet unre	ated business taxable income fro	om Form 990-1, line 34 .	• • •			/b   	C
9    Program service revenue (Part VIII, line 2g)   598,041   10    Investment income (Part VIII, column (A), lines 3, 4, and 7d)   -617   25,691   11    Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   0   (10   12   12   12   13   14   15   15   15   15   15   15   15			C + 1	outline and supplied (Doub VIII line	- 1 h \		Pri		120	
10   Other revenue   add lines 8 through 11 (must equal Part VIII, column (A), line   12)	9	٥		- · · · · · · · · · · · · · · · · · · ·	•					
10 Other evenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	že Pa	1								
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	2	1								0
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3 )		12				-	e			
14 Benefits paid to or for members (Part IX, column (A), line 4)										
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   1,925,480   2,184,464   164   Professional fundraising fees (Part IX, column (A), line 11e)		1						667,		
16a Professional fundraising fees (Part IX, column (A), line 11e)							- 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\$	15			e denents (Part IX, Column (A	), iines		1,925,	480	2,184,464
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>8</u>	16a	Profes	sional fundraising fees (Part IX, c	column (A), line 11e)		•		0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ੜੇ	ь	Total fur	ndraising expenses (Part IX, column (D),	line 25) ▶ 122,426					
19   Revenue less expenses Subtract line 18 from line 12	_	17	Other	expenses (Part IX, column (A), li	nes 11a-11d, 11f-24e) .			945,	028	1,122,304
Total assets (Part X, line 16)		18						3,538,	208	3,909,967
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    Year   Ye		19	Reveni	ue less expenses Subtract line 1	8 from line 12					4,135,701
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    Year   Ye	ල් ජ කිරීම								nt	<b>End of Year</b>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    Year   Ye	tege Segre	20	Totala	ssets (Part X. line 16)					601	23.193.447
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    Year   Ye	2 B	1								5,463,612
Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    Yes a signature of officer   Date	žÏ	1								17,729,835
with the preparer is any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Sign	Par	t II						•	•	
Sign Here    Signature of officer   Date	my kr	nowled	ge and b	pelief, it is true, correct, and comp						
Sign Here  Justin Maxson President Type or print name and title  Print/Type preparer's name Rick Shields CPA CFF  Preparer's signature  Preparer's signature  Date Check if PTIN P00852717			****	**				2014-08-25		
Justin Maxson President Type or print name and title  Print/Type preparer's name Rick Shields CPA CFF  Preparer's signature  Date Check   f PTIN PO0852717	Sign		I <b>B.</b>							
Print/Type preparer's name Preparer's signature Date Check if PTIN  Rick Shields CPA CFF 2014-08-25 P46 P00852717										
Rick Shields CPA CFE 2014-08-25   Click Shields CPA CFE   2014-08-25   Click Shields CPA CFE   P00852717			<u> </u>	•						
					Preparer's signature		014 00 35   611			717

Firm's address ► 250 West Main Street Suite 2900

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name 🕨 Blue & Co LLC

Paid

Preparer

**Use Only** 

Firm's EIN 🕨 35-1178661

Phone no (859) 253-1100

✓ Yes ☐ No

FOIIII	990 (2	013)					Page
Part			_	ervice Accomplishr response or note to any		II	٦
1		describe the org		· · ·			
MACI	ED work	_	eastern Kentuc		nia to create econ	omic opportunity, streng	then democracy and support
2		organization und or Form 990 or 9		nıfıcant program service	s during the year	which were not listed on	
	If"Yes	," describe these	new services o	on Schedule O			
3	service	es?		, or make significant cha	_	nducts, any program	
	If "Yes	," describe these	changes on So	chedule O			
4	expens	es Section 501	(c)(3) and 501(		required to report	ree largest program serv the amount of grants an	
4a	(Code		) (Expenses \$	1,162,009 ınclu	ding grants of \$	7 ) (Revenue	\$ 532,475)
	ımporta entrepr \$11,16	ant community service reneurs At fiscal yea	es We provide ac r end, the combine 2014 we closed 50	cess to capital and combine o ed portfolio of MACED and its a	ur investment capital affiliated nonprofit Ap	with training and technical as: palachian Investment Corpora	rough strong businesses that provide sistance to increase the capacity of tion included 190 loans totaling staff and contractors provided 3,258
4b	(Code		) (Expenses \$	331,422 inclu	ding grants of \$	112,552 ) (Revenue	\$ 1,811)
	carbon 20 land	offsets to incent sus lowners representing	taınable forest mar 17,170 acres were	nagement At the close of fisc	al year 2014, a total		uties, and new income options such a 1 28,739 acres were enrolled Another ave been paid \$197,659 and
	(Code		) (Expenses \$	468,164 ınclu	ding grants of \$	371,400 ) (Revenue	\$ )
	CAN's g engagi	goals include strengthing in policy change t	nening Central Appa hat supports sustai	alachıa's healthy food sector t	hrough value chain d Appalachia In fiscal	evelopment, increasing the ca year 2014, CAN built local foo	evelopment in Central Appalachia pacity of CAN and CAN partners, and d value chains primarily through
	(Code		) (Expenses \$	1,127,775 ınclu	ding grants of \$	119,240 ) (Revenue	\$ 63,761)
	strateg for Eco modera minimu effort a separai progran utility b save 4i busines retrofits were ir	ies and to make gov nomic Policy (KCEP) ate-income Kentucki, im wage, re-entry fo is well as a KCEP blo te media stories, incl m is a demonstration pills, in effect paying 66 MMBtu, resulting isses and enterprises is, resulting in an esti	ernment more effers a provider of so ans. In fiscal year 2 for ex-offenders, and any get that produced a uding appearances of a flexible investor the retrofit out in a savings of over a savings of over a savings of sour mated 11,402 MMI 50,585 was investigated.	ective in promoting developmended information and grounded 2014, we produced research of Appalachian planning and destream of analysis and common and state-wide public affairs timent structure that allows ut of the savings it produces. In the savings of the savings it produces in the saving of t	ent that works for per analysis about state to in immigration, Kentu velopment fund and itentary on pressing is show and 10 opinion illity customers to pay fiscal year 2014, 23 r Energy Efficient En circeased energy effici in the first twelve ming in an estimated \$	ople and places in need in Cer fiscal and economic policy issu- ucky's tax system and state bu- other issues. We operated an issues facing the state and region in pieces in Kentucky newspaphy for a portion of an efficiency homes received retrofits. On a terprisesThe Energy Efficient E- iency. In fiscal year 2014 we foonths following these retrofits is515,383 saved. General Comi	ers How\$martKYThe How\$martKY upgrade each time they pay their overage, those homes are projected to Enterprises project helps small
	with M	ACED's Currently MA	CED provides thes				tion organization working to secure
	with Ma funds t	ACED <sup>i</sup> s Currently M <i>A</i> o protect natural land	CED provides thes ds and provide for	e services to Kentucky Natura their long-term stewardship			
4d	with Ma funds t	ACED's Currently MA	CED provides thes ds and provide for s (Describe in	e services to Kentucky Natura their long-term stewardship	al Lands Trust (KNLT)		

Form **990** (2013)

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 $A^{2}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$	3		Νo
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b		No
C	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	Yes	
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2013)

αI	Check if Schedule O contains a response or note to any line in this Part V			г
	Check if Schedule O contains a response of note to any fine in this part v	<del></del>	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   35			
)	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	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			
	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		N
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?	L		IN
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
	were not tax deductible?	ОВ		
	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		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	Ļ		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b		
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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	]		
	Enter the amount of reserves on hand	ļ		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule O	14h	ı	

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

	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal F	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
L.				
D	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		
			Yes	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	
11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	11a		
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a	Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	11a 12a 12b	Yes	
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
11a b 12a b c 13	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)

- 19 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 ►The Organization 433 Chestnut Street Berea, KY 40403 (859) 986-2373

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ♦ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	offic	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Vonda Poynter	2 00	,,		,					0	
Board Treasurer	1 00	X		Х				0	0	0
(2) David Cooke	2 00									
Board Secretary	1 00	X		Х				0	0	0
(3) Nancy Adams	2 00									
		х						0	0	0
Board Member (4) Justin Maxson	40 00									
	40 00	х		х				136,517	0	14,491
President and Board Member	1 00									
(5) Katie Dollarhide	2 00	×						0	0	0
Board Member	1 00							Š	ŭ	
(6) Ron Eller	2 00	] ,,								
Board Chair	1 00	X		Х				0	0	0
(7) Steve Meng	2 00									
Board Member	1.00	Х						0	0	0
(8) Corey Craig	1 00									
	2 00	Х						0	0	0
Board Member										
(9) Haley McCoy	2 00	l x		l x				0	0	0
Board Vice-Chair										
(10) Nathan Hall	2 00	x						0	0	0
Board Member		^							0	0
(11) Jodi Stacy	2 00									
Board Member		X						0	0	0
(12) Carol Lamm	40 00									
				Х				73,484	0	11,294
Corporate Treasurer (13) Peter Hille	1 00									
				х				103,269	0	13,265
Corporate Vice-President	1 00									
(14) Kristin Stratton	40 00			x				48,100	0	10,009
Corporate Secretary	1 00			<u> </u>				,		, 1-
				$\vdash$	$\vdash$		$\vdash$			

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any velocity	more t	than o	ne l both	not check box, unless n an officer or/trustee)			(D) Reporta compens from t organizati	able ation he on (W-	(E) Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ated fother sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1	MISC)	2/1099-MISC)		rganizat relat organiza	ed
											_		
1b Sub-Total			•	•			•						
<ul><li>c Total from continuation shee</li><li>d Total (add lines 1b and 1c) .</li></ul>	•	ection /	Α.	•	•	•	•		361,370		0		49,059
2 Total number of individuals (ii	ncluding but not					d abov	e) w	l ⁄ho received		l .			•
\$100,000 of reportable comp	ensation from th	e organ	nizatio	on <b>⊫</b> 2	2								
										г		Yes	No
3 Did the organization list any f on line 1a? If "Yes," complete.						emplo	yee.	, or highest	compen • •	sated employee	3		No
For any individual listed on lir organization and related organization and related organization.												V	110
5 Did any person listed on line :	1a receive or acc	rue co	 mpen	• satı	• on fr	om an	y uni	related orga	nızatıon	or individual for	4	Yes	_
services rendered to the orga											5		No
Section B. Independent Co	ontractors												
Complete this table for your fi compensation from the organi												tax year	-
	(A) Name and business							Ī		(B) cription of services		(C Compe	:)
											1		
											$\downarrow$		
								I					

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part \	/III	Statement of Revenue Check if Schedule O contains a response or not	te to any lin	a in this Part VIII			Г
		Check if Schedule O contains a response of no		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 512-514
	1a	Federated campaigns 1a					
ants	ь	Membership dues 1b					
Gra mo	c	Fundraising events 1c					
ffs, ≓A	d	Related organizations 1d					
niii Gi	l e	Government grants (contributions) <b>1e</b>	2,072,779				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and <b>1f</b>	5,349,150				 
outi her	•	similar amounts not included above					
Ē	g	Noncash contributions included in lines 1a-1f \$					
ē Č	h	Total. Add lines 1a-1f	▶	7,421,929			
<u> </u>		Busine	ss Code				
ven	2a	Interest on program lo	900099	527,373	527,373		
<u>æ</u>	b	Project income	900099	41,089	41,089		
Ž,	d	Fee income for loans  Miscellaneous	900099	23,264	23,264		
) J	e e	Miscellatieous	900099	6,321	6,321		
E	f	All other program service revenue					
Program Serwce Revenue				500.047			
	3	Investment income (including dividends, intere		598,047			
		and other similar amounts)	. ` . ▶	16,784			16,7
	5	Income from investment of tax-exempt bond proceeds  Royalties					
		·	ersonal				
	6a	Gross rents					
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities (ii) (Gross amount	Other				
		from sales of assets other than inventory	8,908				
	b	Less cost or other basis and	0				
	c	sales expenses Gain or (loss)	8,908				
	d	Net gain or (loss)		8,908			8,9
e e	8a	Gross income from fundraising events (not including					
Other Revenue		s of contributions reported on line 1c) See Part IV, line 18					
ē	Ь	Less direct expenses b					
₹	c	Net income or (loss) from fundraising events .	- ▶				
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses b  Net income or (loss) from gaming activities .					
		Gross sales of inventory, less returns and allowances .	-				
	b	Less cost of goods sold b					
	-c	Net income or (loss) from sales of inventory .  Miscellaneous Revenue Busine	ss Code				
	11a	Dusine					
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
	12	Total revenue. See Instructions	· •	8,045,668	598,047	0	25,6

## Part IX Statement of Functional Expenses

	section 501(c)(3) and 501(c)(4) o	rganizations must complete all columns	All other organizations must complete column (A	()
--	-----------------------------------	--	---	----

	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>	<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</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 United States See Part IV, line 21	603,199	603,199		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, 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	443,034	201,657	185,519	55,858
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,325,857	1,015,396	273,620	36,841
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,476	49,378	13,306	1,792
9	Other employee benefits	218,041	159,183	51,357	7,501
10	Payroll taxes	133,056	92,467	33,974	6,615
11	Fees for services (non-employees)				
а	Management				
b	Legal	38,099	37,799	300	
c	Accounting	41,027		41,027	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	210,304	199,379	10,925	
12	Advertising and promotion	4,461	4,461	10,523	
13	Office expenses	61,731	45,445	14,438	1,848
14	Information technology	69,784	40,784	27,115	1,885
15	Royalties	03,701	10,701	27,113	1,003
16	Occupancy	93,889	69,612	20,272	4,005
17	Travel	74,441	66,970	4,227	3,244
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	74,111	30,370	1,227	3,211
19	Conferences, conventions, and meetings	33,637	25,796	7,353	488
20	Interest	79,451	79,451	, i	
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	29,053	23,604	4,548	901
23	Insurance	12,302	8,495	3,739	68
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 O)	·		·	
а	Bad debts	307,972	307,972		
b	Tax, licenses, filing f	17,039	15,081	1,691	267
c	Carbon Offsets Expense	13,276	13,276		
d	Repairs and maintenance	10,714	10,282	370	62
е	All other expenses	25,124	19,683	4,390	1,051
25	Total functional expenses. Add lines 1 through 24e	3,909,967	3,089,370	698,171	122,426
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
			1	<u> </u>	

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the	hıs Par	t X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments			10,891,521	2	9,776,641
	3	Pledges and grants receivable, net			764,529	3	3,586,699
	4	Accounts receivable, net			86,941	4	58,519
Assets	5	Loans and other receivables from current and former officers, diemployees, and highest compensated employees Complete Pa Schedule L	rt II of			5	
	6	Loans and other receivables from other disqualified persons (as section 4958 (f)(1)), persons described in section 4958 (c)(3)(1) employers and sponsoring organizations of section $501(c)(9)$ v beneficiary organizations (see instructions) Complete Part II or	contributing y employees'		6		
	7	Notes and loans receivable, net			8,159,380		8,912,271
	8	Notes and loans receivable, net			0, 100,000	8	0,012,271
	9	Inventories for sale or use		14,100		17,837	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	209,503	·		17,007
	ь	Less accumulated depreciation	10b	151.777	59,099	10c	57,726
	11	Investments—publicly traded securities	<u>'</u>	55,555	11	5.,.25	
	12	Investments—other securities See Part IV, line 11	447,481	12	440,204		
	13	Investments—program-related See Part IV, line 11	243,550		343,550		
	14	Intangible assets			210,000	14	3.3,555
	15	Other assets See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	20,666,601	16	23,193,447		
	17	Accounts payable and accrued expenses			214,008		366,093
	18	Grants payable	214,000	18	300,000		
	19				1,689,989		141,111
	20	Deferred revenue			1,000,000	20	141,111
	21	Escrow or custodial account liability Complete Part IV of Sche				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	rs, trus			21	
Liabilit		persons Complete Part II of Schedule L				22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			5,168,470	24	4,956,408
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Par	ed third	d parties,		25	
	26	Total liabilities. Add lines 17 through 25		•	7,072,467	26	5,463,612
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 5			7,072,407	20	0,400,012
n D		lines 27 through 29, and lines 33 and 34.	/ and c	ompiece			
2 5	27	Unrestricted net assets			9,795,596	27	11,420,335
- 5	28	Temporarily restricted net assets			2,621,042	28	6,309,500
2	29	Permanently restricted net assets			1,177,496	29	0
oi Fuiki Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► 「	and			
⊃ ڥ	30	Capital stock or trust principal, or current funds				30	
HSSE(S	31	Paid-in or capital surplus, or land, building or equipment fund				31	
í	32	Retained earnings, endowment, accumulated income, or other fu				32	
ď	33	Total net assets or fund balances			13,594,134	33	17,729,835
Ż	34	Total liabilities and net assets/fund balances			20,666,601	34	23.193.447

Par	t XI Re	econcilliation of Net Assets				<del></del>
		neck if Schedule O contains a response or note to any line in this Part XI	<u></u>			<u> </u>
1	Total reve	enue (must equal Part VIII, column (A), line 12)	1		8,0	045,668
2	Total exp	penses (must equal Part IX, column (A), line 25)	2		3,9	909,967
3	Revenue	less expenses Subtract line 2 from line 1	3		4,:	135,701
4	Net asset	ts or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,!	594,134
5	Net unrea	alized gains (losses) on investments	5			
6	Donated s	services and use of facilities	6			
7	Investme	ent expenses	7			
8	Prior peri	od adjustments	8			
9	O ther cha	anges in net assets or fund balances (explain in Schedule O)	9			0
10	Net asset column (E	ts or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 3))	10		17,	729,835
Par	t XII F	inancial Statements and Reporting				
	С	heck if Schedule O contains a response or note to any line in this Part XII				. Г
					Yes	No
1		ng method used to prepare the Form 990				
2a	Were the	organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		heck a box below to indicate whether the financial statements for the year were compiled or revi te basis, consolidated basis, or both	ewed or	1		
	┌ Sepa	rate basis				
ь	Were the	organization's financial statements audited by an independent accountant?		2b	Yes	
		heck a box below to indicate whether the financial statements for the year were audited on a sep nsolidated basis, or both	arate			
	┌ Sepa	rate basis 🔽 Consolidated basis 🗆 Both consolidated and separate basis				
C		to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigner, or compilation of its financial statements and selection of an independent accountant?	ght of th	e <b>2c</b>	Yes	
	If the orga	anization changed either its oversight process or selection process during the tax year, explain O	ın			
За		ılt of a federal award, was the organızatıon required to undergo an audit or audits as set forth in t ıdıt Act and OMB Cırcular A-133?	he	За	Yes	
b		did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493237008594

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

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

Department of the Treasury Internal Revenue Service 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization
Mountain Association for Community
Economic Development Inc

**Employer identification number** 

31-0900246

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All ord	anızatıons	must com	olete this p	art.) See ir	structions.	
				e foundation becaus							
1	Г	A chur	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in <b>s</b> e	ection 170(b	o)(1)(A)(i).		
2			•	in <b>section 170(b)(1</b>				·			
3				perative hospital se			· ·	n 170(b)(1)	(A)(iii).		
4	Ĺ.			n organization operat	_					1)(A)(iii). E	nter the
	•			ty, and state						_,(-,(,-	
5	Γ	Anorga	anızatıon op	erated for the benefi	t of a college	or universit	ty owned or o	perated by a	a government	al unit desc	rıbed ın
	section 170(b)(1)(A)(iv). (Complete Part II )										
6	6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	<u>~</u>	An orga	anızatıon tha	at normally receives	a substantia	l part of its	support from	a governme	ntal unit or fr	om the gene	eral public
_	_			n 170(b)(1)(A)(vi).							
8	<u> </u>		•	described in <b>section</b>			•	•			
9	ı	_		at normally receives					*		=
				ities related to its ex	•	-			` '		
				oss investment inco						tax) from bu	sinesses
	_	•	-	janization after June	•			•	•		
10	<u> </u>			ganized and operated							
11	ı	one or the box	more publici that descri	ganized and operated y supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ibed in secti ization and c	on 509(a)(1) complete line	) or section s 11e throu	509(a)(2) So gh 11h	ee section 50	<b>09(a)(3).</b> Check
e	Γ	other tl	nan foundatı	ox, I certify that the on managers and otl	-		•			•	•
f		If the o	1509(a)(2) rganization this box	received a written de	etermination	from the IRS	S that it is a <sup>-</sup>	Туре І, Тур	e II, or Type	III supportı	ng organization,
g		Since A	ugust 17, 2	2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the		
			ig persons?								
		., .		rectly or indirectly o	•		-	persons des	scribed in (II)		Yes No
		•		governing body of th		_	17			11g	<del></del>
		` '	•	er of a person descri	` ,					11g(	<del></del>
				lled entity of a perso						11g(	
h		Provide	tne followir	ng information about	tne supporte	ed organizati	ion(s)				
(i) Name of supported organization		rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is to organization col (i) listo your gove docume	on in ted in rning	(v) Did you the organiz in col (i) o suppor	zation f your	(vi) Is to organizate col (i) organizate col (i) organizate	on in anized	(vii) A mount of monetary support
				instructions))	Yes	No	Yes	No	Yes	No	1
Takal	1										1

Schedule A (Form 990 or 990-EZ) 2013 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.) Section A. Public Support

_	ection A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,362,947	4,845,475	5,696,591	3,495,139	7,421,929	25,822,081
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	4,200	2,450				6,650
4	Total. Add lines 1 through 3	4,367,147	4,847,925	5,696,591	3,495,139	7,421,929	25,828,731
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						7,735,321
6	(f)  Public support. Subtract line 5 from line 4						18,093,410
_	ection B. Total Support	ı			I		
	cction b. rotal support						
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> 2013	(f) Total
	endar year (or fiscal year	(a) 2009 4,367,147	<b>(b)</b> 2010 4,847,925	(c) 2011 5,696,591	( <b>d</b> ) 2012	(e) 2013 7,421,929	<b>(f)</b> Total 25,828,731
Cal	endar year (or fiscal year beginning in) 🏲						
Cal	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on	4,367,147	4,847,925	5,696,591	3,495,139	7,421,929	25,828,731
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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)	4,367,147	4,847,925	5,696,591	3,495,139	7,421,929	25,828,731
7 8 9 10	endar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support (Add lines 7 through 10)	4,367,147 57,713	4,847,925 59,927	5,696,591	3,495,139	7,421,929 25,692	25,828,731
7 8 9	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support (Add lines 7 through 10) Gross receipts from related activities	4,367,147 57,713 es, etc (see instr	4,847,925 59,927	5,696,591	3,495,139 26,555	7,421,929 25,692	25,828,731 214,818 26,043,549 2,800,728
7 8 9 10	endar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support (Add lines 7 through 10) Gross receipts from related activities First five years. If the Form 990 is the second of the second	4,367,147 57,713 es, etc (see instr	4,847,925 59,927 ructions)	5,696,591 44,931 third, fourth, or f	3,495,139 26,555	7,421,929 25,692 12 501(c)(3) organ	25,828,731 214,818 26,043,549 2,800,728 Ization, check
7 8 9 10 11 12 13	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, 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) Total support (Add lines 7 through 10) Gross receipts from related activities	4,367,147 57,713 es, etc (see instr	4,847,925 59,927 cuctions) on's first, second,	5,696,591 44,931 third, fourth, or f	3,495,139 26,555	7,421,929 25,692 12 501(c)(3) organ	25,828,731 214,818 26,043,549 2,800,728 Ization, check

Public support percentage for 2012 Schedule A, Part II, line 14 66 800 %

16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and 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—2012. 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 - 2013. 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

b 10%-facts-and-circumstances test - 2012. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013 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 qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	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						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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 ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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 ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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 ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 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 ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Part IV		<b>formation.</b> Provide the explanations required by Part II, line 10; Part II, ne 12. Also complete this part for any additional information. (See instru					
	Facts And Circumstances Test						
Retu	ırn Reference	Explanation					
		Schodulo A / Form 0	000 er 000 E7) 201				

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493237008594

### OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.

f the	, ,, ,	hat have NOT filed Form 5768 (elections" to Form 990, Part IV, Line 5 (Proentzations, Complete Part III			•	
N a Mou	Name of the organization  Mountain Association for Community Economic Development Inc  Employer identification in the state of the stat					
Par	t I-A Complete if the or	ganization is exempt under	section 501(		organization.	
1		ganızatıon's dırect and ındırect politic				
2	Political expenditures	gamzations ander and mander points	ar campaign acc	h-	<b>.</b>	
3	Volunteer hours			•	<b>&gt;</b>	
		ganization is exempt under				
1	·	e tax incurred by the organization und			\$	
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 🕨	\$	
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No	
4a	Was a correction made?				☐ Yes ☐ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(	c), except section 50	1(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$	
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to ot	her organizations	s for section 527 ►	\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	¢	
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			⊤ Yes	
5	organization made payments famount of political contribution	nd employer identification number (E) For each organization listed, enter the ns received that were promptly and d political action committee (PAC) If:	e amount paid fro irectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nızatıon, such as a	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	

section 4911 tax for this year?

┌ Yes ┌ No

#### Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b> □	if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,	,
		expenses, and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	6,968	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1i	o)	6,968	
d	Other exempt purpose expenditures		3,902,996	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	3,909,964	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	345,498	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	86,375	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	reporting	

#### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expe	nditures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	<b>(e)</b> Total
2a	Lobbying nontaxable amount	324,801	354,295	326,910	345,498	1,351,504
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,027,256
c	Total lobbying expenditures	9,659	3,466	1,595	6,968	21,688
_d	Grassroots nontaxable amount	81,200	88,574	81,728	86,375	337,877
e 	Grassroots ceiling amount (150% of line 2d, column (e))					506,816
f	Grassroots lobbying expenditures				6,968	6,968

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201124416 3 (1 31111 333 31 333 12) 2313	i age <del>-i</del>	
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	
l		

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493237008594

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

### **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. ► Information about Schedule D (Form 990)

Open to Public

al Revenue Service and its in	istructions is at <u>www.irs.gov/10/11/990</u> .	Inspection
ame of the organization puntain Association for Community		Employer identification number
onomic Development Inc	Additional England College Charles	31-0900246
art I Organizations Maintaining Dono organization answered "Yes" to Forn	or Advised Funds or Other Similar F m 990 Part IV line 6	-unds or Accounts. Complete if the
organization anowered feet to rom	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to	<del>-</del>	nor advised <b>Yes No</b>
Did the organization inform all grantees, donors, used only for charitable purposes and not for the		
conferring impermissible private benefit?  rt II	lete if the organization answered "Ves"	, ,
•		to rollin 990, Fart IV, line 7.
Purpose(s) of conservation easements held by t  Preservation of land for public use (e.g., recr		in historically important land area
Protection of natural habitat		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 Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem	nents	2b
Number of conservation easements on a certifie	d historic structure included in (a)	2c
Number of conservation easements included in ( historic structure listed in the National Register		2d
Number of conservation easements modified, tra	ansferred, released, extinguished, or terminat	ted by the organization during
the tax year 🛌		
Number of states where property subject to cons	servation easement is located 🛌	
Does the organization have a written policy rega enforcement of the conservation easements it he		ndling of violations, and <b>Yes No</b>
Staff and volunteer hours devoted to monitoring,	, inspecting, and enforcing conservation ease	ements during the year
Amount of expenses incurred in monitoring, insp	pecting, and enforcing conservation easemen	ts during the year
Does each conservation easement reported on I and section 170(h)(4)(B)(II)?	ine 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	t of the footnote to the organization's financia	nd expense statement, and
rt IIII Organizations Maintaining Colle	ctions of Art, Historical Treasures, red "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its revo ir assets held for public exhibition, education	, or research in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating t	SFAS 116 (ASC 958), to report in its revenue ir assets held for public exhibition, education	e statement and balance sheet
(i) Revenues included in Form 990, Part VIII, li	ine 1	<b>►</b> \$
(ii) Assets included in Form 990, Part X		<u></u>
If the organization received or held works of art, following amounts required to be reported under		for financial gain, provide the
Revenues included in Form 990, Part VIII, line	1	<b>►</b> \$
Assets included in Form 990, Part X		<b>▶</b> \$

Part 1	<b>III</b> Organizations Maintaining Co	illections of Art,	, His	<u>torı</u>	cal Treas	sures, or (	<u>)the</u>	r Similar As	sset	<b>S</b> (co.	ntınued)
	Jsing the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	eck	any of the fo	ollowing that	are a	significant us	e of it	s	
аГ	Public exhibition		d	Γ	Loan or ex	change prog	rams				
ьΓ	Scholarly research		e	Γ	Other						
сΓ	Preservation for future generations										
	Provide a description of the organization's co Part XIII	ollections and explai	ın how	v the	y further the	e organizatio	n's ex	empt purpose	ın		
5 [	During the year, did the organization solicit	or receive donations	ofart	t, hıs	torical trea	sures or othe	ersım	ılar			
	assets to be sold to raise funds rather than t								<u> </u>	es	┌ No
Part	IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answere	ed "Y	es" to Form	990, ——		
	s the organization an agent, trustee, custoo ncluded on Form 990, Part X?	lian or other interme	diary	for c	ontributions	s or other as	sets r	not	<b>┌ Y</b>	es	┌ No
<b>b</b> I	f "Yes," explain the arrangement in Part XI	II and complete the	follow	ıng t	able	,					
								Aı	moun	t	
C	Beginning balance						1c				
d,	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
<b>2a</b> [	Old the organization include an amount on Fo	orm 990, Part X, line	21?						<b>┌ Y</b>	es	┌ No
ь <sub>I</sub>	f "Yes," explain the arrangement in Part XI	II Check here if the	expla	nati	on has beer	n provided in	Part :	XIII			Г
Part						-					
		(a)Current year		Prior y				Three years back	(e)F	our ye	ars back
<b>1a</b> E	Beginning of year balance	1,177,496		1,	186,676	1,189,3	57	863,089			756,309
<b>b</b> (	Contributions							230,000			91,689
	Net investment earnings, gains, and losses				13,012	15,9	57	118,126	5		21,298
	Grants or scholarships						-		<del>                                     </del>		
ā	Other expenditures for facilities and programs	1,177,496			22,192	18,63	88	21,858	3		6,207
	Administrative expenses				177 105				<u> </u>		
g E	End of year balance			1,	177,496	1,186,67	6	1,189,357	1		863,089
<b>2</b> F	Provide the estimated percentage of the cur	rent year end balanc	e (lın	e 1 g	, column (a)	) held as					
a E	Board designated or quasi-endowment ►										
<b>b</b> F	Permanent endowment 🕨										
	「emporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
3a /	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat	are held and	ladmınıstere	d for	the	_		
	organization by							_	-	Yes	No
	(i) unrelated organizations			•			•	3a			No_
•	(ii) related organizations							<u>3a</u>	<del></del>		No_
	reseto 3a(ii), are the related organization. Describe in Part XIII the intended uses of the	•					•	🗀	b		
Part						swarad 'Va	s' to	Form 990 D	art I'	/ lin	10
rait	11a. See Form 990, Part X, line		ile oi	gai	ization an	Swered re	3 (0	101111 330, F	artı	v , III	ic
	Description of property			(;	) Cost or othe	er <b>(b)</b> Cost o		(c) Accumulat	ed		
	Description of property			ba	sis (investmer	nt) basis (of	her)	depreciation		( <b>d)</b> Bo	ok value
	and			ba	sis (investmer	nt) basis (of	her)	depreciation		( <b>d)</b> Bo	ook value
	and			ba	sis (investmer	nt) basis (of	her)	depreciation		( <b>d)</b> Bo	ook value
<b>b</b> Bu	and		· ·	ba	sis (investmer	nt) basis (of	her)	depreciation		( <b>d)</b> Bo	ook value
<b>b</b> Bu	and			ba	sis (investmer					( <b>d)</b> Bo	
<b>b</b> Bu <b>c</b> Le <b>d</b> Ed	and		· · ·	ba	sis (investmer		her) 09,503		.777	(d) Bo	57,726

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

A djustments

100,608

Part		evenue per Audited Financial Statements With Revenue page 14 wered 'Yes' to Form 990, Part IV, line 12a.	er R	<b>Return</b> Complete If
1		er support per audited financial statements	1	8,151,598
2	· -	ut not on Form 990, Part VIII, line 12	_	0,131,330
a		tments		
b	•	acılıtıes 2b		
c		s 2c		
d		)		
e	Add lines <b>2a</b> through <b>2d</b> .		2e	105,930
3	_		3	8,045,668
4		O, Part VIII, line 12, but not on line <b>1</b>		0,043,000
a		luded on Form 990, Part VIII, line 7b . 4a		
a b	·	4b		
_			40	
с 5		d <b>4c.</b> (This must equal Form 990, Part I, line 12)	4c 5	8,045,668
		xpenses per Audited Financial Statements With Expenses		<u> </u>
rait		iswered 'Yes' to Form 990, Part IV, line 12a.	, pci	Return: Complete
1	-	r audited financial statements	1	3,911,397
2	Amounts included on line 1 bu	it not on Form 990, Part IX, line 25		
а	Donated services and use of f	acılıtıes		
b	Prior year adjustments	2b		
c	Otherlosses			
d	Other (Describe in Part XIII )		1	
e	Add lines <b>2a</b> through <b>2d</b>		2e	1,430
3	Subtract line <b>2e</b> from line <b>1</b> .		3	3,909,967
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIII )	4b	1	
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 a	nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	3,909,967
Part	XIII Supplemental In	formation		
Part		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b.		de any additional
	Return Reference	Explanation		
Part V	, Line 4	Prior years endowment funds were restricted for loan programs. Pursuant	to cu	rrent industry
		standards, these amounts have been reclassified to temporarily restricte year and not considered endowment	d net	assets in the current
Part X	, Line 2	Accounting principles generally accepted in the United States of America evaluate tax positions taken by MACED and recognize a tax liability if Maposition that more likely than not would not be sustained upon examinated state taxing authorities. Management has analyzed the tax positions take concluded that as of April 30, 2014 and 2013 there are no uncertain positions taken that would require recognition of a liability or disclosure in the a statements.	ACED on by en by sitions	has taken an uncertain various federal and MACED, and has staken or expected to
Part X Adjust	I, Line 2d - Other ments	Revenues included on separate tax returns 199,261 Revenues eliminate	ed in c	consolidation -93,331
Part X	II, Line 2d - Other	Expenses included on separate tax returns 102,038 Expenses eliminate	ed in c	consolidation -

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

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

► Attach to Form 990 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493237008594

Open to Public **Inspection** 

**Employer identification number** 

conomic Development Inc						31-0900246	
Part I General Information	n on Grants and	Assistance				•	
<ol> <li>Does the organization maintain r the selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or as:	sistance?					Г Yes  Г I
Part II Grants and Other As Form 990, Part IV, line	ssistance to Gove 21, for any recip	vernments and O pient that received i	r <b>ganizations in the</b> more than \$5,000. Pa	<b>United States.</b> Con rt II can be duplicate	nplete if the orgai d if additional spa	nization answered "Y ice is needed.	es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 50		=	ed in the line 1 table .			<b>.</b> _	
3 Enter total number of other organ	nizations listed in th	e line 1 table					

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.									
(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance				

Part IV	Supplemental Informa	tion. Provide the info	ormation required in Pa	rt I, line 2, Part III, c	olumn (b), and any other a	ddıtıonal ınformatıon.

Return Reference Explanation

Schedule I (Form 990) 2013

Software ID:

**Software Version:** 

**EIN:** 31-0900246

Name: Mountain Association for Community

Economic Development Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of page (f) Method of (g) Description

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Economic Options Inc 910 Quarrier Street Suite 206 Charleston, WV 25301	55-0609959	501(c)(3)	59,000				Central Appalachian Network participation and project work
Appalachian Sustainable Development 310 West Valley Street Abingdon, VA 24210	31-1445533	501(c)(3)	129,000				Central Appalachian Network participation and project work, and USFE project work
Rural Action PO Box 157 Trimble,OH 45782	31-1124220	501(c)(3)	91,500				Central Appalachian Network participation and project work, and USFE project work
Natural Capital Investment Fund Inc 1098 Turner Road Shepherdstown, WV 25443	54-2058754	501(c)(3)	59,000				Central Appalachian Network participation and project work
ACE Net 94 Columbus Road Athens,OH 45701	31-1129632	501(c)(3)	66,900				Central Appalachian Network participation and project work
Jackson Energy Cooperative 115 Jackson Energy Lane McKee,KY 40447	61-0236351		13,682				Energy efficient retrofits
Grayson Rural Electric 109 Bagby Park Grayson,KY 41143	61-0447602		19,558				Energy efficient retrofits
Community Farm Alliance 614 Shelby Street Frankfort, KY 40601	61-1092058	501(c)(3)	27,500				Central Appalachian Network project work
Center for Forest & Wood Certification Dept of Forestry TP Cooper Building University of Kentucky Lexington, KY 40546	61-6033693	501(c)(3)	25,000				Forest & wood certification project work
Unlimited Future Inc 1650 Eigth Avenue Huntington, WV 25703	55-0711154	501(c)(3)	8,000				Central Appalachian Network project work

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Sustain Floyd PO Box 745 Floyd, VA 24091	24-4706023	501(c)(3)	9,000				Central Appalachian Network project work	
Coalfield Development Corporation PO Box 1133 Wayne, WV 25570	26-3836207	501(c)(3)	9,500			I .	Central Appalachıan Network project work	
COAPInc PO Box 1617 Harlan, KY 40831	31-1095116	501(c)(3)	9,730				Energy efficient retrofits	
Ginger Watkins Studio LLC dba ORB Technologies 523 West Third Street Lexington, KY 40508	45-4294617		23,750				Energy efficient low- income housing	
WV Community Development Hub 103 Adams Street Suite 200 Fairmont, WV 26554	20-0022399	501(c)(3)	15,000			I .	Central Appalachian Network project work	

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DLN: 93493237008594

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Name of the organization Mountain Association for Community

**Employer identification number** 

Ecor	omic Development Inc 31-0900246			
Pa	rt 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    Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification 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 in 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	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, but explain in Part III			
	✓ Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

#### 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)(1)-(111) 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

(A) Name and Title		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
	(i) (ii)	136,417 0	100	0 0	6,852 0	7,639 0	151,008	0

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2013

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DLN: 93493237008594

OMB No 1545-0047

2013

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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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

31-0900246

Name of the organization Mountain Association for Community Economic Development Inc

990 Schedule O, Supplemental Information

Return Reference	· ·									
Form 990, Part VI, Section B, line 11	The first level of review of the Form 990 is by MACED's finance director, who provides the preparer with the information for the return and works closely with the preparer to ensure its accuracy and completeness. The MACED president reviews the form before signing it. The board's finance committee also reviews the Form 990. Following the finance committee review, the Form 990 is distributed to the board electronically before it is submitted to the IRS.									
Form 990, Part VI, Section B, Iine 12c	The MACED bylaws include a conflict of interest policy that specifies conflicts of interest to be avoided. The board of directors may make exceptions to the policy in specific cases when the situation is fully disclosed to them. A provision of the conflict of interest policy is that that each director, officer and employee must receive, sign and return a copy of a summary of the conflict of interest policy. Annually, MACED board members and employees sign the summary anew, affirming that they have read and understand the policy. As part of the annual audit process, board members and other related parties fill out a related party questionnaire on which they report any interests and transactions that could give risk to conflicts of interest. Any conflicts of interest are disclosed as part of the audited financial statements.									
Form 990, Part VI, Section B, Iine 15	Annually, the MACED president is evaluated through a process guided by the board executive committee, composed of the board officers (chair, vice-chair, board treasurer and board secretary). The executive committee reports its findings to the board in closed session. After considering the committee's report, the board sets the president's compensation for the following year. The board takes into account compensation levels reported on Forms 990 for the CEOs of three to five comparable organizations as well as its knowledge of compensation of positions in the private and nonprofit sectors with comparable levels of responsibility, qualifications and achievement. The president does not participate in or vote on the decision on the president's compensation. The board's decision on compensation is recorded in minutes which are presented and approved at the following board meeting. This process last took place in December 2013. The president determines the compensation of other staff, including those who serve as corporate officers, following an annual performance review of each staff member. Along with considerations of equity among staff, the president takes into account compensation levels reported on Forms 990 for officer positions in three to five comparable organizations and his knowledge of compensation of positions in the private and nonprofit sectors with comparable levels of responsibility, qualifications and achievement. Every change in a staff salary is documented in a letter to the staff member.									
Form 990, Part VI, Section C, line 18	MACED, its subsidiary Ridgecrest Enterprises, and its sister nonprofit Appalachian Investment Corporation are audited each year. The corresponding audit report is on the consolidated financial statements of MACED and its affiliates. This report is available at www maced org. A separate audit on MACED's stand-alone financial statements is not issued.									
Form 990, Part VI, Section C, line 19	MACED's Articles of Incorporation, summary conflict of interest policy and audited financial statements for the past five years are available on the MACED web site, www maced org									

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DLN: 93493237008594

2013

OMB No 1545-0047

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# SCHEDULE R (Form 990)

### Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► See separate instructions.

(c)

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b)

Name of the organization Mountain Association for Community Economic Development Inc

Department of the Treasury

Internal Revenue Service

Employer identification number 31-0900246

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income I	End-of-year assets	D	rect controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations Complete If the tax year.	the organization ar	nswered "Yes" o	on Form 990, P	art IV,	line 34 because it	: had or	ne
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	on Public charity (if section 501	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	<b>g)</b> n 512(l ontrolle tity?
(1) Appalachian Investment Corporation	Lending and technical	KY	501(c)(4)				<b>Yes</b> Yes	No
431 Chestnut Street	assistance							
Berea, KY 40403 61-1254830								
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat No 501	35Y	1		Schedule R (For	m 990) 2	2013

(a)		(b) Primary activity	(c)	(d)	(e)		(f)	(g)	(h	1)	(	(i)	l (i	i)	(k)	
(a)  Name, address, and EIN of related organization			Legal domicile (state or foreign country)	Direc controll entity	ling income(re y unrelat excluded tax un sections	elated, ted, from der 512-	Share of	Share of e end-of-year assets	Disproprtiona		amoun 20 Sched	Code V-UBI nount in box 20 of chedule K-1 Form 1065)		ral or aging ner?	Percentage ownership	)
					514)	)			Yes	No			Yes	No		-
																_
																_
																-
	i Organizations Taxable	as a Corpo	ration	or Tru	<b>ıst</b> Complet	e if the	e organ	ization ans	wered	d "Yes	" on F	-orm ነ	990.	Parti	L V .	
Identification of Related line 34 because it had one  (a)  Name, address, and EIN of related organization	d Organizations Taxable or more related organization (b) Primary activity		s a cor I ile oreign	poratioi		Type of (C corp			Share	(g) of end- year assets		(h) Percent	age	Se	(i) ection 512 (b)(13) controlled entity?	_
(a) Name, address, and EIN of related organization	or more related organization (b) Primary activity	ons treated a  (c) Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type c (C corp or t	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	age ship	Se	(i) ection 512 (b)(13) controlled entity? Yes No	
Ine 34 because it had one  (a)  Name, address, and EIN of related organization  Ridgecrest Enterprises Inc  Chestnut Street ea, KY 40403	or more related organizatio	ons treated a  (c)  Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type of (C corp	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent	age ship	Se	(i) ection 512 (b)(13) controlled entity?	
Ine 34 because it had one  (a)  Name, address, and EIN of related organization  Ridgecrest Enterprises Inc  Chestnut Street ea, KY 40403	or more related organization (b) Primary activity	ons treated a  (c) Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type c (C corp or t	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	age ship	Se	(i) ection 512 (b)(13) controlled entity? Yes No	
Name, address, and EIN of related organization  Ridgecrest Enterprises Inc  Chestnut Street ea, KY 40403	or more related organization (b) Primary activity	ons treated a  (c) Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type c (C corp or t	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	age ship	Se	(i) ection 512 (b)(13) controlled entity? Yes No	
Name, address, and EIN of related organization  Ridgecrest Enterprises Inc  Chestnut Street ea, KY 40403	or more related organization (b) Primary activity	ons treated a  (c) Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type c (C corp or t	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	age ship	Se	(i) ection 512 (b)(13) controlled entity? Yes No	
Name, address, and EIN of related organization  Ridgecrest Enterprises Inc  Chestnut Street ea, KY 40403	or more related organization (b) Primary activity	ons treated a  (c) Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type c (C corp or t	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	age ship	Se	(i) ection 512 (b)(13) controlled entity? Yes No	
Name, address, and EIN of related organization  Ridgecrest Enterprises Inc  Chestnut Street ea, KY 40403	or more related organization (b) Primary activity	ons treated a  (c) Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type c (C corp or t	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	age ship	Se	(i) ection 512 (b)(13) controlled entity? Yes No	
line 34 because it had one  (a)  Name, address, and EIN of	or more related organization (b) Primary activity	ons treated a  (c) Lega domic (state or f	s a cor I ile oreign	poratioi	n or trust du (d) Direct controlling	Type c (C corp or t	he tax y (e) of entity o, S corp,	(f) Share of total	Share	(g) of end- year		(h) Percent owners	age ship	Se	(i) ection 512 (b)(13) controlled entity? Yes No	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b		No
c	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
	Exchange of assets with related organization(s)				<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)							
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes	
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
	Sharing of paid employees with related organization(s)				10	Yes	
р	Reimbursement paid to related organization(s) for expenses				1р		No
q	Reimbursement paid by related organization(s) for expenses				1q	Yes	
r	Other transfer of cash or property to related organization(s)				1r		No
	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ii	nvolved	İ
<b>1)</b> R	dgecrest Enterprises Inc	К	79,200	Cash paid			

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations <sup>7</sup>	_	(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013