990 Form

Return of Organization Exempt From Income Tax

2016

| Departn | ent of t | he Tr | easury |
|----------|----------|-------|--------|
| Internal | Revenu | se Se | 60IV3 |

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. Information about Form 990 and its instructions is at www.irs.gov/form990 | | 1 | / |
|---|---|-----|----------|---|
| > | Information about Form 990 and its instructions is at www.irs.gov/form990 | . \ | <i>)</i> | Ü |

Open to Public

| Intern | al Revenu | e Service | Information about Form 990 and its instructions is at www.irs.go | v/form99Q. 👢 🖔 | <u>/ </u> | Inspection |
|-------------------------|---------------|------------------|--|---------------------------|--|--------------------------|
| <u>A</u> _ | For the | 2016 calend | ar year, or tax year beginning 10-01 , 2016, and en | ding | 09-30 | , 20 1 7 |
| В | Check if ap | pplicable | C Name of organization Area Committee to Improve Opportunities No | w, Inc. | D Em | ployer identification no |
| | Address d | hange | Doing business as A.C.T.I.O.N. Inc. | | 58- | 0961506 |
| | Name cha | nge | Number and street (or PO box if mail is not delivered to street address) | Room/suite | E Tel | ephone number |
| \Box | Initial retur | n | 2440 West Broad Street - Suite 9 |] | (70 | 6) 546-8293 |
| Ħ | Final retur | n/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | 3,294,023 |
| П | Amended i | return | Athens, GA 30605 | | | oss receipts \$ |
| ≍ | Application | | F Name and address of principal officer Tommy Lyon | H(a) is this a group n | | 5.7 |
| _ | т фринация. | . por amy | Same as C above | H(b) Are all subor | | |
| _ | Tax-exemp | w etature X | 501(c)(3) | / | | |
| | | ► N/A | 301(c)(3) [301(c)(| _ | | ee instructions) |
| | | | Corporation ☐ Trust ☐ Association ☐ Other ► | H(c) Group exen | | |
| _ | rt i | Summar | | 965 M State | of legal domic | ale GA |
| | - | | | | | |
| | ł | * | be the organization's mission or most significant activities. To help individu | als and fam | ılıes | break the |
| Se | | cycle of | poverty and achieve their greatest potential. | | | |
| Activities & Governance | İ | | | | | |
| ě | ١. | Ob 1- 4b b | INTERNAL REVENUE | | | |
| ő | 1 | | ox > if the organization discontinued its operations or dispose of more than 25 S | | - 1 | |
| ∘8 | | | oting members of the governing body (Part VI, line 1a) ATLANTA TULANE, | GA 30341 | 3 | 27 |
| ies | | | dependent voting members of the governing body (Part VI, line 1b) | | 4 | 27 |
| ξ | 1 | | r of individuals employed in calendar year 2016 (Part V, line 2a) AUG 1.5 201 | 8 | 5 | 71 |
| Ą | - 1 | | r of volunteers (estimate if necessary) | | 6 | 90 |
| | - 1 | | ed business revenue from Part VIII, column (C), line 12 RECEIVE | : D····· | 7a | 0 |
| | b_ | Net unrelated | 2 Dubinoso taxable moonto nom rom root i, mic ou | ····· | 7b | 0 |
| | ŀ | | 22404 | Prior Year | | Current Year |
| _ | 4 | | s and grants (Part VIII, line 1h) | 2,518 | 134 | 2,497,439 |
| 2 | 9 | Program ser | vice revenue (Part VIII, line 2g) | 62 | .279 | 46,636 |
| All Chue | 10 | Investment in | ncome (Part VIII, column (A), lines 3, 4, and 7d) | | 87 | 749,622 |
| SE | 11 | Other revenu | ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 36 | 760 | 326 |
| ٠,٠ | 12 | Total revenue | e - add innes 8 through 11 (must equal Part VIII, column (A), line 12) | 2,617 | 260 | 3,294,023 |
| ۵ | 13 | Grants and s | similar amounts paid (Part IX, column (A), lines 1-3) | 125 | .083 | 110,415 |
| _ | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | | 0 |
| چ | 15 | Salaries, oth | er compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,536 | .577 | 1,513,647 |
| <u></u> <u>8</u> | 16a | Professional | fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| Expenses OCT | Ь | Total fundras | sing expenses (Part IX, column (D), line 25) ► 0 | | | |
| N X | 17 | Other expen | ses (Part IX, column (A), lines 11a-11d, 11f-24e) | 965 | ,235 | 1,015,703 |
| | 18 | Total expens | es Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,626 | | 2,639,765 |
| چ چ | 19 | Revenue les | s expenses Subtract line 18 from line 12 | | 635) | 654,258 |
| 7 T | 8 | | ! | Beginning of Current | | End of Year |
| . g | <u> </u> | Total assets | (Part X, line 16) | | 342 | 815,216 |
| Ass | 21 | Total liabilitie | s (Part X, line 26) | | 535 | 513,152 |
| Not Assets or | 5 22 | Net assets o | r fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · · | | 193) | 302,064 |
| | rt II | | re Block | | <u> </u> | |
| | | | clare that I have examined this return, including accompanying schedules and statements, and to the best of my known | owledge and belief, it is | | |
| true | , correct, a | ind complete De | daration of preparer (other than officer) is based on all information of which preparer has any knowledge | | | |
| | [| トノ | Richany Nestell | | 8 | 15/18 |
| Sig | n [| Signatu | re of officer | | Date | |
| He | re | Step | hanie Nesbitt, CFO | | | |
| | | | print name and title | | | |
| _ | | Print/Type pre | pparer's name Preparer's signaturer Date | Check | if PTIN | |
| Pai | d | Tom Bai | 1 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | self-employe | i | |
| | parer | | Thomas Bailey CPA | Firm's EIN | - 1,,,, ,, | |
| | e Only | | | Phone no | | |
| | • | | McDonough GA 30253 | 1 | /A895- | 3105 |
| Mav | the IRS | discuss this | return with the preparer shown above? (see instructions) | | <u> 10-885-</u> | · X Yes No |
| _ | | | on Act Notice, see the separate instructions. | | | _ = |
| EEA | -P4111 | | restraction out the expensive mentactions. | | $2 \cdot 20$ | Form 990 (2016) |
| | | | | • | | ~ 14 |

| | rt III Statement of Program Service Accomplishments |
|----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission |
| • | To help individuals and families break the cycle of poverty and achieve their greatest |
| | potential. |
| | POCENCIAL. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| _ | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? · · · · · · · · · · · · · · · · · · · |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| • | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported |
| | the total expenses, and revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$ 940,405 including grants of \$ 50,375) (Revenue \$ 940,405) |
| | |
| | Through the CSBG program, families received general counseling, were enrolled into a case |
| | management plan and received an array of individualized services needed to achieve both short |
| | term and long term goals leading to greater self-sufficiency. |
| | |
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| | |
| | |
| 4b | (Code) (Expenses \$760,569 including grants of \$) (Revenue \$760,569) |
| | The Weatherization/Housing Repair Program provided energy savings measures and repairs that |
| | increased the safety, energy efficiency, and affordability of housing, primarily targeting |
| | senior citizens. |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| 4c | (Code) (Expenses \$388,602 including grants of \$60,040) (Revenue \$453,363) |
| | Provided education and employment training opportunities for high-risk youth and young adults |
| | who might not otherwise complete high-school or job-readiness programs. All other program |
| | services |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O) |
| | (Expenses \$ 227,215 including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 2,316,791 |
| | |

Page 3

| | | $\neg \neg$ | | |
|-----|---|--------------|-----|------------|
| _ | in the second | | Yes | No_ |
| | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | ا ا | ., | |
| | complete Schedule A · · · · · · · · · · · · · · · · · · | 1 | X | |
| | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | Ì | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | j | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u>X</u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | ł | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | İ | |
| | Part III | 5 | 1 | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | ļ | 1 | |
| | "Yes," complete Schedule D, Part I | 6 | ł | Х |
| 7 | | - | | - 21 |
| | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | ŀ | Х |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | | |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | _ | ĺ | ., |
| | complete Schedule D, Part III · · · · · · · · · · · · · · · · · | 8 | | X |
| | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | İ | | |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | ł | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | _ X_ |
| 11 | if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | |
| 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 | Х | |
| | Did the organization report an amount for investments - other secunties 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 | | Х |
| 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 | 110 | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | -10 | | |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| _ | | 11e | X | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 110 | _^_ | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | ., | |
| | | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Χ | |
| þ | 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investmer as valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | <u> </u> | | † <u>"</u> |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 47 | | L 10 | | 1^ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | ۱,, |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| | · | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |

Part IV Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 23 Χ 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 Х through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Χ 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 "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b 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 Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Χ 31 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 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 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, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2016)

Area Committee to Improve Opportunities Now, Inc.

Part V | Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|-----|--|------|----------|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | ļ | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | - 1 | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | Х | l |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 71 | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X_ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | <u> </u> |
| | and services provided to the payor? | 7a | | X_ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X_ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7е | | X_ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | ' |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | L | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | 1 |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter | | 1 | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | ļ ' |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities · · · · · · · 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | } |
| а | Gross income from members or shareholders | | 1 | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them) | | ļ | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | 1 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | <u> </u> |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | } | |
| C | Enter the amount of reserves on hand | | <u> </u> | <u> </u> |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | <u> </u> | X |
| _b_ | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | <u> </u> | <u> </u> |
| EEA | | Forn | 990 | (2016) |

| | 990 (2016) Area Committee to Improve Opportunities Now, Inc. 58-09615 | | P | age 6 |
|----------|---|------------------|----------|----------|
| Pai | TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a | "No" | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part VI | • • • | | · X |
| Sec | tion A. Governing Body and Management | | | |
| | ı | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 27 | - 1 | - 1 | |
| | If there are material differences in voting rights among members of the governing body, or | ļ | ł | |
| | If the governing body delegated broad authority to an executive committee or similar | Į | ļ | |
| | committee, explain in Schedule O. | ł | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | į | |
| 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 | - | <u>X</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | v |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | <u>X</u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u>X</u> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 7- | Did the organization have members or stockholders? | 6 | | <u>X</u> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | - - | - 1 | v |
| L | one or more members of the governing body? | 7a | | <u>X</u> |
| ь | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | -'' - | | |
| Ū | the year by the following | į | | |
| a | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 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 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | l |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Χ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Χ | L |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Χ | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | Χ | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Χ | <u> </u> |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | <u>X</u> | <u> </u> |
| 15 | 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? | | | } |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | L |
| b | Other officers or key employees of the organization | 15b | X | <u> </u> |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | } |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | ļ | <u>X</u> |
| Ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | l |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| <u> </u> | organization's exempt status with respect to such arrangements? | 16b | L | L |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Georgia | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| 40 | 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 | | | |
| 20 | financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | Stephanie Nesbitt (706)546-8293, 2440 West Broad Street - Suite 9, Athens, GA 30605 | | | |

| Cartian A | Officer Directors Touches Vey Employees and Highest Companyated Employees | |
|----------------|---|-----------|
| | Check if Schedule O contains a response or note to any line in this Part VII | |
| | Independent Contractors | _ |
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emplo | yees, and |
| Form 990 (2016 | | Page |
| | | |

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

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

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

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) Average hours per week (list any hours for | box, offic | unles er and | Pos eck m ss per d a du | son is | han one s both ar /trustee) | · · | (D) Reportable compensation from the | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation | |
|------------------------------|---|-----------------------------------|-----------------------|----------------------------------|--------------|-----------------------------------|--------|---------------------------------------|--|--|--|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | | from the organization and related organizations | |
| (1) Donald Harris Member | 1.00 | х | | | | | | | 0 | 0 | |
| (2) Yelde Hardy Member | 1.00 | Х | | | | | | C | 0 | 00 | |
| (3) Sylvia Milling Member | 1.00 | Х | | | | | | C | 0 | 0 | |
| (4) Billy Pittard Member | 1.00 | Х | | | | | | | 0 | 00 | |
| (5) Kirklyn Dixon Member | 1.00 | Х | | | | | | | 0 | 0 | |
| (6) Dena Huff Member | 1.00 | х | | | | | | | 0 | 0 | |
| (7) Kirrena Gallagher Member | 1.00 | Х | | | | | | | 0 | 0 | |
| (8) Isaiah Berry Member | 1.00 | Х | | | | | | | 0 | 0 | |
| (9) C.J. Johnson Member | 1.00 | Х | | | | | | | 0 | 0 | |
| (10)Eugene Thomas Member | 1.00 | Х | | | | | | | 0 | 0 | |
| (11)Kim Mattox Member | 1.00 | х | | | | | | | 0 | 0 | |
| (12)Trevor Jones Member | 1.00 | х | | | | | | | 0_ | 0 | |
| (13)John Hubbard | 1.00 | Х | | | | | | | 0 | `• 0 | |
| (14)Mary Clark Member | 1.00 | х | | | | | | | 0 | , 0 | |

| Form 990 (201 | | 58-0961506 | Page 7 |
|---------------|---|----------------|------------------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe | nsated Employe | es, and |
| | Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | · · <u>· · □</u> |
| 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 withi | n the | |

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 rela | aled organization | compe | nsai | | | urrent | Onic | er, director, or trus | lee | |
|---|---|----------|-------|--------------|--------|------------------------------|----------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos eck m | son is | Highest compensated employee |) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) Gary Usry | 1.00_ | Х | | | | | | | | |
| Member (2) Ricky Cosby | 1.00_ | | | | | | | 0 | 0 | 0 |
| Member | | Х | | | | | | 0 | 0 | 0 |
| (3) Leroy Crawford Member | 1_00_ | Х | | | | | | 0 | 0 | 0 |
| (4) Kevin Poe Member | 1.00_ | Х | | | | | | 0 | 0 | 0 |
| (5) Lila Mason Member | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (6) Mark Weaver Member | 1.00_ | Х | | | | | | 0 | | 0 |
| (7) John Scarborough Member | 1.00_ | X | | | | | | 0 | | 0 |
| (8) Sherrie Gibney-Sherman Member | 1.00_ | X | | | _ | - | <u> </u> | 0 | | 0 |
| (9) John Daniell | 1.00_ | X | | - | - | | | 0 | | 0 |
| Member (10)Stephanie Nesbitt | 40.00_ | ^ | | x | | | - | | | 0 |
| CFO (11)Lisa Ransom-Gautreaux | 40.00 | | - | | - | | | 71,680 | | |
| CEO/Executive Director (12)Tommay Lyon | 1.00 | | | X | - | | | 82,518 | | |
| Board Chair (13)Lynn Flanagan | 1.00 | | - | X | | | - | 0 | 0 | <u> </u> |
| Secretary (14) Harry Sims | | | - | X | | | - | 0 | 00 | |
| Treasurer | | <u> </u> | | X | | | | 0 | 0 | Form 990 (201 |

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (do no | ot cheo | (C Posit ck mo | ion re tha | | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | com fr org | (F) bimated count of other censation om the anization direlated anizations | |
|--|---|----------|---------|----------------------|---------------|--------|-------------|---|--|------------------|--|----------|
| (15)Melvin Davis Vice Chair | 1.00 | | | X | | | | | 0 | | | 0 |
| (16) | | | | | | | | | , <u>v</u> | | | <u> </u> |
| (17) | | | | | 1 | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | _ | | ······································ | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | <u> </u> | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | - | _, | |
| (25) | | | | | 7 | | | | | | | |
| 1b Sub-total · · · · · · · · · · · · · · · · · · · | | | ••• | 1 | | | . | | | | | |
| c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c) | | | | | | | > | 154,19 | 3 0 | + | | 0 |
| Total number of individuals (including but not limited | | | | | | | | | 51 | .) | | |
| reportable compensation from the organization | · | | | | | | | | 0 | | Yes | No |
| 3 Did the organization list any former officer, director | | • | | | | - | | • | | | 100 | |
| employee on line 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is the sum of rep | | | | | | | | on from the | | 3 | | X |
| organization and related organizations greater tha | | | | | | • | | | | | | |
| individual · · · · · · · · · · · · · · · · · · · | | | | | | | | | | 4 | | <u>X</u> |
| 5 Did any person listed on line 1a receive or accrue or | | | - | | | - | | | | 1_ | | 3.7 |
| for services rendered to the organization? If "Yes, Section B. Independent Contractors | complete Sc | neaule | JIC | or su | cn p | ersor | | | | 5 | Il | X |
| Complete this table for your five highest compensate | ed independer | nt contr | racto | ors th | nat re | eceive | d m | ore than \$100,000 | of | | | |
| compensation from the organization Report compe year. | nsation for the | calen | dar y | /ear | endıı | ng wit | h or | within the organiz | ation's tax | | | |
| (A) Name and business address | | | | | • | | | Description o | 1 | | (C) ensation | |
| Georgia Energy Homes LLC, 1205 Arnold | | ad, | GA | 30 | 683 | | | Construct | | 0,0,1,4 | 154 | |
| Green Source Homes, 4035-C Danielsvil | | | | | | | _ | Construc | | | 246 | |
| | | | | | | | | | | | | |
| Total number of independent contractors (including received more than \$100,000 of compensation from | | | se lis | sted | abov | e) wh | 10 | | 2 | | | |

| | | Check if Schedule O contains a response or no | ote to any line in this | | | | |
|---|-----|--|-------------------------|----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| श ह | 1a | Federated campaigns · · · · · · 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues 1b | ļ | | | | |
| ě. F | 1 | Fundraising events 1c | | | | | |
| iji gi | 1 | Related organizations 1d | ļ | | Ì | Î | |
| Si ji | | Government grants (contributions) · · 1e | 2,366,789 | | Ì | } | |
| ig et i | f | All other contributions, gifts, grants, |) | | 1 | | |
| 출절 | Ì | and similar amounts not included above | 130,650 | | } | | |
| ၌ 🖁 | 9 | | | | | | |
| | n | Total. Add lines 1a-1f | | 2,497,439 | | | |
| 9 | 2- | | Business Code | | | } | |
| Ž. | 1 . | Program Income | 611600 | 46,636 | 46,636 | | |
| 2 | b | | | | | | |
| ٤ | d | | | | | | |
| Š | e | | | | | | |
| Program Service Revenue | | All other program service revenue · · · · · · | | | | | |
| P. | 1 | Total. Add lines 2a-2f | | 46,636 | | | |
| | | Investment income (including dividends, interest, | | 40,030 | | | |
| | | and other similar amounts) | | 394 | 394 | | |
| | 4 | Income from investment of tax-exempt bond proce | | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | 1 | | | |
| | b | Less rental expenses · · · · | | | | i | |
| | C | Rental income or (loss) · · · | | 1 | } | | ' |
| | d | Net rental income or (loss) · · · · · · · · · · · · · · · · · · | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (II) Other | | | | |
| | | assets other than inventory | 749,228 | | | : | |
| | b | Less cost or other basis | | | | | |
| | | and sales expenses · · · · | | ļ | ļ | | |
| | 1 | Gain or (loss) | 749,228 | 1 - | | | |
| æ | | Net gain or (loss) | | 749,228 | 749,228 | | |
| venue | 8a | Gross income from fundraising | { | l | | | · · · · · · · · · · · · · · · · · · · |
| Ó | | events (not including \$ | [| | | | |
| Ĕ | | of contributions reported on line 1c) | | | | | |
| Other R |] _ | See Part IV, line 18 · · · · · · a | <u> </u> | | | | |
| 0 | 1 | Less direct expenses b | 1 | 1 | | | - |
| | 1 | · · · · · · · · · · · · · · · · · · · | | | | | |
| | 30 | Gross income from garning activities See Part IV, line 19 · · · · · · · · a | | | | | |
| | h | Less direct expenses b | \ | <u> </u> | | | |
| | 1 | • | | 1 | | i | |
| | } | | | | | · | |
| | Tua | Gross sales of inventory, less returns and allowances | | \ | į | | |
| | ь | Less cost of goods sold b | ļ | | | | |
| | 1 | Net income or (loss) from sales of inventory · · | | | ļ | | - |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | Various small amounts | 900099 | 326 | 326 | | _ |
| , | b | | | | | | |
| | C | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 326 | | | |
| | 12 | Total revenue. See instructions | | 3,294,023 | 796,584 | 0 | 0 |
| EEA | | | | - | | | Form 990 (2016) |

Form 990 (2016)

Area Committee to Improve Opportunities Now, Inc. 5

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

| Secu | on 501(c)(3) and 501(c)(4) organizations must complete all concerns the complete all concerns the complete all concerns the complete all concerns the content of the conten | | | column (A) | X |
|------|--|----------------|-----------------------------|------------------------------------|-------------------------|
| Do n | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) |
| | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | UAPER BES | guriarai exportees | - CAPELISOS |
| | and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | Individuals. See Part IV, line 22 | 110,415 | 110,415 | 1 | |
| 3 | Grants and other assistance to foreign | 110,415 | 110,415 | | |
| | organizations, foreign governments, and foreign | | Í | } | |
| | individuals See Part IV, lines 15 and 16 | | | } | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors. | | | | |
| _ | trustees, and key employees | 163,990 | | 163,990 | |
| 6 | Compensation not included above, to disqualified | 203,330 | | 203,330 | |
| - | persons (as defined under section 4958(f)(1)) and | | | 4 | |
| | persons described in section 4958(c)(3)(B) | | | 1 | |
| 7 | Other salaries and wages | 1,079,621 | 1,079,621 | | |
| 8 | Pension plan accruals and contributions (include | 2,013,021 | 2,013,021 | | |
| | section 401(k) and 403(b) employer contributions) | 10,820 | 3,422 | 7,398 | |
| 9 | Other employee benefits | 148,317 | 135,445 | 12,872 | |
| 10 | Payroll taxes | 110,899 | 97,803 | 13,096 | |
| 11 | Fees for services (non-employees): | | 3,,000 | | |
| a | Management | , | | | |
| b | Legal · · · · · · · · · · · · · · · · · · · | | | | |
| С | Accounting | 22,099 | 11,041 | 11,058 | |
| ď | Lobbying | 22,000 | 22,042 | | |
| е | 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) | 306,996 | 288,811 | 18,185 | |
| 12 | Advertising and promotion | 200,550 | 200,012 | | |
| 13 | Office expenses | 22,921 | 17,489 | 5,432 | |
| 14 | Information technology | | <u> </u> | 7/ | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 60,099 | 54,527 | 5,572 | |
| 17 | Travel | 38,928 | 38,515 | 413 | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 9,030 | 9,030 | | |
| 20 | Interest · · · · · · · · · · · · · · · · · · · | 2,979 | | 2,979 | |
| 21 | Payments to affiliates | | | 7 | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 58,785 | 51,797 | 6,988 | |
| 24 | Other expenses litemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If | | | 1 | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Materials and Supplies | 363,245 | 352,594 | 10,651 | |
| b | Commissions | 45,600 | | 45,600 | |
| С | Maintenance and Repairs | 38,074 | 24,467 | 13,607 | |
| d | Telephone | 31,666 | 30,079 | 1,587 | |
| е | All other expenses | 15,281 | 11,735 | 3,546 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,639,765 | 2,316,791 | 322,974 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | _ |
| | organization reported in column (B) joint costs | 1 | | | |
| | from a combined educational campaign and fundraising solicitation. Check here | n | | 1 | |
| | following SOP 98-2 (ASC 958-720) | | i | } | |

| | | | (A) | | (B) |
|-----------------------------|-----|---|-------------------|-----|-------------|
| | | | Beginning of year | | End of year |
| 1 | 1 | Cash - non-interest-bearing | 48,243 | 1 | 354,282 |
| - | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 346,327 | 3 | 457,903 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees | | 1 | |
| | | Complete Part II of Schedule L | | 5 | _ |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| i | | sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary | ì | | |
| - 1 | | organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| _ | 7 | Notes and loans receivable, net | | 7 | · |
| 2000 | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| ` | 10a | Land, buildings, and equipment cost or | | | |
| | | other basis Complete Part VI of Schedule D 10a 199,000 | | | |
| | b | Less accumulated depreciation · · · · · · · · · · 10b 199,000 | 10,772 | 10c | |
| | 11 | Investments - publicly traded securities | 10,772 | 11 | |
| i | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| - } | 14 | Intangible assets | | 14 | |
| - [| 15 | Other assets See Part IV, line 11 | | 15 | |
| ĺ | 16 | | | | 3,031 |
| | 17 | Total assets. Add lines 1 through 15 (must equal line 34) | 405,342 | 16 | 815,210 |
| | | Grants payable | 332,615 | 17 | 308,264 |
| - } | 18 | · · | | 18 | |
| | 19 | | 44,555 | 19 | 131,668 |
| - 1 | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | · |
| Liabiliues | 22 | Loans and other payables to current and former officers, directors, | i | | |
| | | trustees, key employees, highest compensated employees, and | _ | | _ |
| <u> </u> | | disqualified persons Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | 380,365 | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · | | 24 | 30,000 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| - 1 | | parties, and other liabilities not included on lines 17-24) Complete Part X | | } { | |
| - (| | of Schedule D · · · · · · · · · · · · · · · · · · | | 25 | 43,220 |
| | 26 | Total liabilities. Add lines 17 through 25 | 757,535 | 26 | 513,152 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and | | | |
| Net Assets of rund balances | | complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | Unrestricted net assets | (352,193) | 27 | 318,412 |
| Ž | 28 | Temporanly restricted net assets | | 28 | (16,348 |
| 2 │ | 29 | Permanently restricted net assets | | 29 | |
| 2 | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| 5 | | complete lines 30 through 34. | l | 1 | |
| 3 | 30 | Capital stock or trust principal, or current funds | , | 30 | |
| Š. | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 6 | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | (352,193) | 33 | 302,064 |
| , | | Total liabilities and net assets/fund balances | 405,342 | 34 | 815,21 |

| Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | 096150 | 6 | Pa | ge 12 |
|--|-----|---|-----------|-------|-----------|-------------|
| Total revenue (must equal Part VIII, column (A), line 12) | Par | t XI Reconciliation of Net Assets | | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 654, 258 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990 | | | | • • • | • • • | · X |
| Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Prior period adjustments Prior | 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,2 | 94,0 | 23 |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 (1) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990 Cash Accrual Other Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 14 Were the organization's financial statements compiled or reviewed by an independent accountant? 15 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both: 16 Separate basis Consolidated basis Both consolidated and separate basis 17 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis 16 Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 16 Yes, check a box below to indicate whether the financial statements and selection of an independent accountant? 17 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both: 16 Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for ove | 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,6 | 39,7 | 65 |
| 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Second adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 11 Accounting method used to prepare the Form 990 Cash Accrual Other Yes No 11 Accounting method used to prepare the Form 990 Cash Accrual Other Yes No 12 Accounting method used to prepare the Form 990 Cash Accrual Other Yes No 13 Accounting method used to prepare the Form 990 Cash Accrual Other Yes No 14 Accounting method used to prepare the Form 990 Cash Accrual Other Yes No 15 Accounting method used to prepare the Form 990 Cash Accrual Other Yes No 16 Yes No Yes No Yes No 17 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Yes Y | 3 | <u>'</u> | 3 | 6 | 54,2 | 58 |
| 6 Donated services and use of facilities 7 Investment expenses 7 7 8 8 Prior period adjustments 9 0 the changes in net assets or fund balances (explain in Schedule O) 9 (1) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 10 302, 064 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | (3 | 52,1 | .93) |
| 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 (1) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 10 302,064 Part XII Financial Statements and Reporting 10 302,064 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII | 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: | 6 | Donated services and use of facilities | 6 | | | |
| 9 (1) 10 Net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 3.3, column (8)) 10 302,064 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 Cash | 7 | Investment expenses | 7 | | | |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 | 8 | Prior period adjustments | В | | | |
| 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990 | 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | (1) |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII New Notes | 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII Yes No | | 33, column (B)) | 0 | 3 | 02,0 | 64 |
| Accounting method used to prepare the Form 990 | Par | t XII Financial Statements and Reporting | | | | |
| Accounting method used to prepare the Form 990' | | Check if Schedule O contains a response or note to any line in this Part XII | · • • • | | | <u>. 🛮 </u> |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Separate basis, consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | | | | Yes | No |
| Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | 1 | Accounting method used to prepare the Form 990. Cash Accrual Other | | | | |
| Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | ļ |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | Schedule O | | | | |
| reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis, consolidated basis, or both. Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | reviewed on a separate basis, consolidated basis, or both: | | | İ | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | b | Were the organization's financial statements audited by an independent accountant? | . | 2b | X | |
| separate basis, consolidated basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | | | i ' | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | Separate basis Consolidated basis Both consolidated and separate basis | | } | | |
| of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | C | — · — — · · · · · · · · · · · · · · · · | | 1 | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | • • • • • • • | | 2c | x | |
| Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | | · | | | | |
| As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | | | | |
| the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3a X b X | 3a | | | | | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X | _ | • • • | | 3a | x | |
| required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | b | | | | <u></u> - | |
| | - | | | 3b | х | |
| | EEA | | | | | 2016) |

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

2016

Open to Public Inspection

OMB No 1545-0047

Department of the Tressury Internal Revenue Service

(Form 990 or 990-EZ)

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

| Name | ame of the organization | | | | | | | | |
|-------|--|---|-----------------------|--|---------------|--|-------------------------------------|-------------------------|-------------|
| Are | a C | ommittee to Improve Oppor | | | | | 58-09615 | | |
| Pa | rt I | Reason for Public Charity | Status (All or | ganizations must o | omplete | this part | .) See instruction | าร | |
| The o | orgar | ization is not a private foundation becai | • | - | • | | | | 1 |
| 1 | | A church, convention of churches, or | association of chu | rches described in secti o | on 170(b)(| 1)(A)(i). | | | Ţ. |
| 2 | | A school described in section 170(b) | (1)(A)(ii). (Attach S | Schedule E (Form 990 or | 990-EZ)) | | | | , |
| 3 | | A hospital or a cooperative hospital se | ervice organization | described in section 17 | '0(b)(1)(A) | (iii). | | | |
| 4 | | A medical research organization oper | rated in conjunction | n with a hospital describe | ed in section | on 170(b)(| 1)(A)(III). Enter the | | |
| | _ | hospital's name, city, and state: | | | | | | | |
| 5 | | An organization operated for the benef | it of a college or un | iversity owned or operate | d by a gove | ernmental u | ınıt described ın | | |
| | _ | section 170(b)(1)(A)(iv). (Complete F | Part II.) | | | | | | |
| 6 | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | |
| 7 | X | An organization that normally receives | a substantial part o | of its support from a gover | nmental ur | nit or from t | he general public | | |
| | _ | described in section 170(b)(1)(A)(vi) | . (Complete Part II |) | | | | | |
| 8 | Ц | A community trust described in section | on 170(b)(1)(A)(vi) | . (Complete Part II.) | | | | | |
| 9 | П | An agricultural research organization | | | | - | _ | ge | |
| | | or university or a non-land-grant colleg | e of agriculture (se | e instructions) Enter the i | name, city, | and state o | f the college or | | |
| | _ | university | | | | | | | |
| 10 | Ш | An organization that normally receives | • • | • • • | | • | | | |
| | | receipts from activities related to its ex- | empt functions - su | bject to certain exception: | s, and (2) r | o more tha | n 33 1/3% of its | | |
| | | support from gross investment income | and unrelated busi | iness taxable income (les | s section 5 | 11 tax) fron | n businesses | | |
| | | acquired by the organization after Jur | • | , ,, , , | | • | | | |
| 11 | Н | An organization organized and opera | • | • | | | | | |
| 12 | Ш | An organization organized and operate | - | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | of one or more publicly supported org | | | | | | | |
| | | Check the box in lines 12a through 12a | | | | - | | | |
| | а | Type I. A supporting organization | | | | | | ng | |
| | | the supported organization(s) the p | | | of the dire | ctors or trus | stees of the | | |
| | | supporting organization You mu | - | | | | | | |
| | b | Type II. A supporting organization | | | | | | | |
| | | control or management of the supp | | • | ons that co | ntrol or ma | nage the supported | | |
| | | organization(s). You must comp | | | | | | | |
| | С | Type III functionally integrated. | | | | | | rith, | |
| | | its supported organization(s) (see | | | - | | | | |
| | d | Type III non-functionally integra | | · · | | | | n(s) | |
| | | that is not functionally integrated 1 | | • | | • | ind an attentiveness | | |
| | _ | requirement (see instructions) Ye | | - | • | | | | |
| | е | Check this box if the organization is | | | | ı ıypeı, ıy | ре п, туре пт | | |
| | £ | functionally integrated, or Type III i | ~ | egrated supporting organi | zation | | | | |
| | f | Enter the number of supported organiz | | | <i>.</i> | | | | L |
| | <u>y</u> | Provide the following information abou | | | · · · · · · | | | | |
| | (1 | Name of supported organization | (ii) EIN | (III) Type of organization (described on lines 1-10 | (iv) is the o | - , | (v) Amount of monetary support (see | (vi) Amor other supp | |
| | | | | above (see instructions)) | docum | | instructions) | instruct | |
| | | | | 1 | Yes | No | | | |
| | | | | <u> </u> | 103 | 110 | | | |
| (A) | | | | | ł | | | | |
| | | | | | | | | | |
| (B) | 3) | | | | | | | | |
| | | | | | | | | | |
| (C) |) | | | | | | | | |
| | | | | | | | | | <u></u> |
| (D) | | i | | | l | | 1 | | |
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| (E) | | | ' | |] | | | | |
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| Tota | | | | | | | | | |

(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.)

| Sec | tion A. Public Support | 1 | | | | | |
|---------|--|---|-----------------|-------------|---------------------|--------------------|---------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | 2,435,300 | 2,111,218 | 2,031,837 | 2,518,134 | 2,497,439 | 11,593,928 |
| 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 | Total. Add lines 1 through 3 · · · · · · | 2,435,300 | 2,111,218 | 2,031,837 | 2,518,134 | 2,497,439 | 11,593,928 |
| 5 | The portion of total contributions by | | ì |] | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | 1 | | | |
| | supported organization) included on | | į | ļ | | i | |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 11,593,928 |
| | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 8 | Amounts from line 4 | 2,435,300 | 2,111,218 | 2,031,837 | 2,518,134 | 2,497,439 | 11,593,928 |
| 0 | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | 54 | 45 | 90 | 87 | 394 | 670 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carned on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | 100 | 36,760 | 796,190 | 833,050 |
| 11 | Total support. Add lines 7 through 10 | | | | 20,700 | .50/250 | 12,427,648 |
| 12 | Gross receipts from related activities, etc. (se | e instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the o organization, check this box and stop here | | | | | | ▶ 🗍 |
| | tion C. Computation of Public Su | | | | | | |
| 14 | Public support percentage for 2016 (line 6, co | • | | | · · · · · · · · · · | | 93.29 % |
| 15 | Public support percentage from 2015 Schedu | | | | | 15 | 99.71 % |
| 16a | 33 1/3% support test - 2016. If the organization | | | | | | ⊾ ⊡ |
| _ | box and stop here. The organization qualifi | | | | | | ▶ 🏻 |
| Đ | 33 1/3% support test - 2015. If the organization are | | | • | | e, cneck | ~ [7] |
| 17a | this box and stop here. The organization qu | • | | | | | 🗸 🗀 |
| · · · a | 10%-facts-and-circumstances test - 201610% or more, and if the organization meets | _ | | | | | |
| | Part VI how the organization meets the "facts | | | | • | | |
| | organization · · · · · · · · · · · · · · · · · · · | | • | • | | | |
| ь | 10%-facts-and-circumstances test - 2015 | | | | | | , г |
| | 15 is 10% or more, and if the organization in | • | | | | iii i u | |
| | Explain in Part VI how the organization meets | | | • | | | |
| | · · | | | | | | ▶ □ |
| 18 | Private foundation. If the organization did | | | | | | · · · · · |
| | instructions | | | | | | ▶ □ |
| EEA | _ | | | | | | 990 or 990-EZ) 2016 |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2016

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990.

Open to Public

| Interna | Revenue Service | ► Information about Schedule D | (Form 990) and its | instructions is at www.irs | s.gov/form990. | Inspection | |
|-----------|-----------------------|---|---------------------------------------|--|--------------------------|------------------|--------|
| Name | of the organization | | - | | Employer identific | ation number | |
| Are | ea Committe | ee to Improve Oppo: | rtunities N | low, Inc. | 58-096 | 1506 | |
| Pai | t I Organiza | tions Maintaining Donor Advis | ed Funds or Othe | r Similar Funds or Ac | counts. | | |
| | Complete | if the organization answered "Ye | s" on Form 990, Pa | art IV, line 6. | | | |
| | | | (a) Donor | advised funds | (b) Funds and o | ther accounts | |
| 1 | Total number at end | d of year | | | | | |
| 2 | | contributions to (during year) | | | | | |
| 3 | | grants from (during year) | | · | | | |
| 4 | Aggregate value at | | <u> </u> | | | | |
| 5 | | n inform all donors and donor advisors | un writing that the ass | ets held in donor advised | | | |
| • | | nization's property, subject to the organ | - | | | · · · Yes | □No |
| 6 | - | n inform all grantees, donors, and done | J | | | | □ |
| • | - | purposes and not for the benefit of the | • | • | | | |
| | • | • | | ······································ | | · · · Yes | □No |
| Pai | | vation Easements. | | | | 103 | 1110 |
| <u> </u> | | e if the organization answered "Ye | es" on Form 990 E | Part IV line 7 | | | |
| 1 | | servation easements held by the organi | | | | | |
| • | | f land for public use (e.g., recreation or | · · · · · · · · · · · · · · · · · · · | эрлу) Preservation of a histori | eally important land are | | |
| | Protection of na | · • | r education) [| Preservation of a certific | | a | |
| | Preservation of | | L | _ Preservation of a certific | ed historic structure | | |
| 2 | _ | through 2d if the organization held a qu | iolifical componistics - | | | | |
| _ | | ast day of the tax year. | dailled conservation c | onunbution in the form of a c | | ne End of the Ta | v Voor |
| _ | | nservation easements | | | | e cho of the la | x rear |
| a L | | | | | · · · 2a | | |
| b | • | | | | · · · 2b | | |
| C | | vation easements on a certified historic | | () | · · · 2c | | |
| d | | vation easements included in (c) acquir | | noton a | ایما | | |
| 3 | | | | | | | |
| 3 | tax year | vation easements modified, transferred | i, released, exunguish | ed, or terminated by the orga | anization during the | | |
| 4 | · —— | where property subject to conservation | agramant is leasted | _ | | | |
| 5 | | tion have a written policy regarding the | | nonoction bandling of | | | |
| • | | proement of the conservation easemen | • | spection, nandling of | | · · · Yes | □No |
| 6 | • | hours devoted to monitoring, inspectir | | | | | [] 140 |
| • | > Stair and volunteer | modes devoted to monitoring, inspecting | ig, nariding or violatio | ns, and emorcing conserva- | lion easements during | ne year | |
| 7 | Amount of expense | es incurred in monitoring, inspecting, h | andling of wolstone is | and anforcing consequation (| naramente during the M | oor | |
| • | ► \$ | es incurred in monitoring, inspecting, in | anding of violations, a | ind enforcing conservation t | easements during the y | Cai | |
| 8 | · | vation easement reported on line 2(d) a | above cataly the requi | romente of contran 170/h\/4 | 4\/\\ | | |
| 0 | and section 170(h) | | • • | rements of section 170(n)(4 | +)(D)(I) | □ Yes | |
| 9 | | | | | | 🗆 tes | ∐No |
| 9 | | be how the organization reports conser | | • | | | |
| | | d include, if applicable, the text of the fo | oundle to the organiza | iuon s financiai statements t | nat describes the | | |
| Pai | | ounting for conservation easements izations Maintaining Collect | ions of Art Hist | orical Treasures or | Other Similar As | ente | |
| . u | | te if the organization answered " | | - | Other Ommar As | | |
| 1a | | elected, as permitted under SFAS 116 | | | and holones shoot | | |
| 10 | _ | ical treasures, or other similar assets h | | | | | |
| | | • | • | • | | | |
| _ | | vide, in Part XIII, the text of the footnote | | | | | |
| b | | elected, as permitted under SFAS 116 | | | | | |
| | | ical treasures, or other similar assets h | • | n, education, or research in | i iurtnerance of | | |
| | • | vide the following amounts relating to t | | | | | |
| | | ded on Form 990, Part VIII, line 1 | | | | | |
| _ | | • | | | • | | |
| 2 | | received or held works of art, historical | | - | in, provide the | | |
| | = | required to be reported under SFAS 11 | | | | | |
| a | | on Form 990, Part VIII, line 1 | | | | | |
| <u>_p</u> | Assets included in | Form 990, Part X | <u> </u> | <u> </u> | <u></u> ▶ \$ | | |

| | ule D (Form 990) 2016 Area Committee | | | | | | 58-096 | | Page 2 |
|----------|--|----------------|----------------------|--|---------------------|----------|---------------------|---|----------------|
| Pa | rt III Organizations Maintaining C | | | | | | | sets (co | ontinued) |
| 3 | and the second and th | | | | | | | | |
| | collection items (check all that apply) | | _ | | | | | | |
| а | Public exhibition | d [| Loan or exchar | nge program | 18 | | | | |
| þ | Scholarly research | e [_ | Other | | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's collection | ons and expla | an how they furthe | er the organi | zation's exer | npt purp | ose in Part | | |
| | XIII | | | | | | | | |
| 5 | During the year, did the organization solicit or rece | eive donations | of art, historical t | reasures, or | r other sımila | r | | _ | _ |
| | assets to be sold to raise funds rather than to be r | | part of the organi | zation's coll | ection? | | | <u>·· </u> | Yes No |
| Pa | Part IV Escrow and Custodial Arrangements. | | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form | | | | | | | | |
| | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian or | other interme | diary for contribu | ions or othe | er assets not | | | _ | _ |
| | included on Form 990, Part X? | | • • • • • • • | | | • • • | | · · 📙 | Yes No |
| b | If "Yes," explain the arrangement in Part XIII and o | complete the | following table | | | | | | |
| | | | | | | | A | mount | |
| C | Beginning balance | | • • • • • • • | | | · 1c | | | |
| d | Additions during the year | | • • • • • • • • | | • • • • • • | · 1d | <u> </u> | | |
| 0 | and the second control of the second | | • • • • • • • • | - | | · 1e | | | |
| f | Ending balance | | | | | · 1f | | | |
| 2a | Did the organization include an amount on Form 9 | | | | | • | • • • • • | • • • □ | Yes No |
| <u>b</u> | If "Yes," explain the arrangement in Part XIII Che | ck here if the | explanation has b | een provide | d on Part XII | <u> </u> | | | |
| Pa | rt V Endowment Funds. | | | 00 B-4 | N / C = 40 | | | | |
| | Complete if the organization an | swered Y | es on Form s | 90, Part | IV, line 10 | · | | | |
| | <u> </u> | (a) Current y | ear (b) Pri | or year | (c) Two years | back | (d) Three years bac | k (e) Fo | our years back |
| 1a | Beginning of year balance | | | | ··· | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | į | |
| | losses | | | | | | | | |
| đ | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | 1 | | | | | | |
| | programs | | | | | | | | |
| T | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | , | | | |
| 2 | Provide the estimated percentage of the current y | | , | in (a)) held a | as | | | | |
| 8 | Board designated or quasi-endowment | | % | | | | | | |
| b | Permanent endowment % | 0/ | | | | | | | |
| С | Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should ec | % | | | | | | | |
| 20 | Are there endowment funds not in the possession | • | wation that are had | | manta na al face ti | | | | |
| 3a | organization by: | or the organi | zauon mat are ne | u anu aumii | riistered for ti | ile | | | Yes No |
| | (I) unrelated organizations | | | | | | | 3a(! | |
| | (ii) related organizations | | | | | | | 3a(i | |
| ь | If "Yes" on 3a(ii), are the related organizations list | nd as roquiro | d on Schodulo P2 | | | | | 3a(i | |
| 4 | Describe in Part XIII the intended uses of the organizations | | | • • • | | | | | <u></u> |
| Pa | rt VI Land, Buildings, and Equipme | | downtent funds | | | | | | |
| | Complete if the organization an | | es" on Form 9 | 90 Part | IV line 11 | a Sec | Form 990. F | Part X. lir | ne 10. |
| | Description of property | | ost or other basis | (b) Cost or | | | Accumulated | | ook value |
| | Description of property | 1 . | (investment) | 1 | ther) | | epreciation | (u) B | JOK VAILIE |
| 18 | Land | | · | | | | - | | |
| b | Buildings | | | | | | | | |
| c | Leasehold improvements | | | | | | | | |
| ď | Equipment | | 199,000 | | | | 199,000 | | |
| e | Other | | 133,000 | | -·· - | | 193,000 | | |
| | I. Add lines 1a through 1e (Column (d) must equ | | Part X, column (| B), line 10d | ;) | | | | |

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) Program Advance | 43,220 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 43,220 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

| | Int XI Reconciliation of Revenue per Audited Financial Stateme | | Return. | | | |
|--------------------------|---|---|--|---|--|--|
| | Complete if the organization answered "Yes" on Form 990, Pa | - | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 11 | 3,294,023 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | | | | |
| þ | Donated services and use of facilities | 2b |] [| | | |
| c | Recoveries of prior year grants | 2c |] [| | | |
| d | Other (Describe in Part XIII) | 2d |] [| | | |
| 0 | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | | 20 | | | |
| 3 | Subtract line 2e from line 1 | | 3 | 3,294,023 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 1 1 | | | |
| ь | Other (Describe in Part XIII.) | 4b | ↓ . | | | |
| _ C | Add lines 4a and 4b | | 4c | | | |
| 5 Da | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Int XII Reconciliation of Expenses per Audited Financial Statem | | 5 Pot | 3,294,023 | | |
| Га | Complete if the organization answered "Yes" on Form 990, F | | ei Keit | 11 11. | | |
| 1 | Total expenses and losses per audited financial statements | artiv, inte 12a. | 1 1 | 2 620 766 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | 2,639,765 | | |
| a | Donated services and use of facilities | 2a | 1 1 | | | |
| b | Prior year adjustments | 2b | 1 | | | |
| C | Other losses | 2c | 1 | | | |
| đ | Other (Describe in Part XIII) | 2d | 1 | | | |
| е | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | | 2e | | | |
| 3 | Subtract line 2e from line 1 | | 3 | 2,639,765 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a |]] | | | |
| b | Other (Describe in Part XIII) | 4b |] [| | | |
| С | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · | | 4c | | | |
| 5_ | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 2,639,765 | | |
| | rt XIII Supplemental Information. | | | | | |
| | ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines | | (, line | | | |
| 2; Pa | art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ad | ditional information | | | | |
| Λ1 | . Footnote for uncertain tax position under I | /Y +~ed\ 91 MT | | | | |
| <u> </u> | . roothote for uncertain tax position under h | IN 40 (PAIC A) | | | | |
| TA C | B ASC 740-10-50-15 Disclosure (commonly referred to as FIN | (-49 Disalasura) - 3 | CTTON | io | | |
| E FLO | is asc (40-10-50-15 bisclosure (commonly referred to as fix | 1-46 Disclosure; - A | CTION | 18 | | |
| rea | ruired to record a liability for uncertain tax positions (a | /k/a uncertain tax | benefi | ta) | | |
| | | 7 117 0 011002 00211 0011 | | | | |
| whe | en it is probable that a tax position would not be upheld u | nder examination by | the | | | |
| | | | | · , ,· ,· ,· ,· ,· ,· ,· ,· ,· ,· ,· ,· | | |
| | | | | | | |
| Int | ernal Revenue Service and the amount can be reasonably est | imated. | | | | |
| Int | ernal Revenue Service and the amount can be reasonably est | imated. | | | | |
| <u>Int</u> | ernal Revenue Service and the amount can be reasonably est | imated. | · · · · · · · · · · · · · · · · · · · | | | |
| Int | ernal Revenue Service and the amount can be reasonably est | imated. | | | | |
| | rernal Revenue Service and the amount can be reasonably est | | 3 | | | |
| Tax | positions taken related to ACTION's tax-exempt status and | i unrelated business | | | | |
| Tax | | i unrelated business | | ıs | | |
| Tax act | e positions taken related to ACTION's tax-exempt status and civities, if any, have been reviewed, and management believed. | i unrelated business | sition | | | |
| Tax act | positions taken related to ACTION's tax-exempt status and | i unrelated business | sition | | | |
| Tax act | e positions taken related to ACTION's tax-exempt status and civities, if any, have been reviewed, and management believed the status and consideration would, more likely than not, be upheld upon examination | i unrelated business ves that material po | osition | ıx | | |
| Tax act | e positions taken related to ACTION's tax-exempt status and civities, if any, have been reviewed, and management believed. | i unrelated business ves that material po | osition | ıx | | |
| Tax act tak | expositions taken related to ACTION's tax-exempt status and civities, if any, have been reviewed, and management believed would, more likely than not, be upheld upon examination ability for uncertain tax benefits has not been recorded as | es that material pond. Therefore, an income of September 30, 2 | come ta | nd | | |
| Tax act tak | e positions taken related to ACTION's tax-exempt status and civities, if any, have been reviewed, and management believed the status and consideration would, more likely than not, be upheld upon examination | es that material pond. Therefore, an income of September 30, 2 | come ta | nd | | |
| Tax act tak lia | expositions taken related to ACTION's tax-exempt status and civities, if any, have been reviewed, and management believed would, more likely than not, be upheld upon examination ability for uncertain tax benefits has not been recorded as magement does not anticipate a material change in its uncertains. | t unrelated business yes that material po n. Therefore, an inc s of September 30, 2 ctain tax benefits to | come ta | nd | | |
| Tax act tak lia | expositions taken related to ACTION's tax-exempt status and civities, if any, have been reviewed, and management believed would, more likely than not, be upheld upon examination ability for uncertain tax benefits has not been recorded as | t unrelated business yes that material po n. Therefore, an inc s of September 30, 2 ctain tax benefits to | come ta | nd | | |

| SCHE | DULE | ١ |
|-------|------|---|
| (Form | 990) | |

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

OMB No 1545-0047 2016

Schedule I (Form 990) (2016)

Open to Public Department of the Treesury Inspection Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 Name of the organization Area Committee to Improve Opportunities 58-0961506 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes No the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(h) Purpose of grant or government (if applicable) cash assistance or assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

• • •

| Schedule I (Form 990) (2016) Area Committee to | | | | | 58-0961506 Page 2 |
|---|--|-----------------------------|---------------------------------------|---|---------------------------------------|
| Part III Grants and Other Assistance to Deart III can be duplicated if additional | | ls. Complete if the | organization ans | wered "Yes" on Form 99 | 0, Part IV, line 22. |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Community Services | 346 | 50,375 | | | |
| 2 Emergency Food and Shelter | 140 | 29,552 | · · · · · · · · · · · · · · · · · · · | | |
| 3 Special Projects | 30 | 30,488 | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| Part IV Supplemental Information. Provid | e the information re | quired in Part I, lin | e 2, Part III, colun | nn (b), and any other add | ditional information |
| 01. Monitoring procedures (Pa | rt I, line 2 |) | | | |
| All participants submit an application | for consideration | on. The applica | tion is review | ed by the program di | rector to determine if |
| the applicant is eligible. If eligible | , assistance is | provided based | on proof of ne | ed submitted by the | applicant. All |
| information is kept in a case file, wh | ich is maintaine | d on all applic | ants. | | |
| | ,, | | | | |
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| | ······································ | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| EA | | | | | Schedule I (Form 990) (2016 |

E 17 1

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 58-0961506 Area Committee to Improve Opportunities Now, Inc.

01. Form 990 governing body review (Part VI, line 11) Certain officers/board members (the "Review Committee") have been designated to review the 990 before it's filed. A draft copy of the 990 is e-mailed to the Review Committee members for review, feedback and/or comments. The 990 is given to the designated official for signing after all issues, if any, have been addressed. 02. Conflict of interest policy compliance (Part VI, line 12c) The Conflict of Interest Policy is distributed to all Directors, Officers and Key Employees, if applicable, (i.e. Covered Persons). The Conflict of Interest Policy for Directors and Officers is included within the Bylaws for the Board of Directors. Officers and Directors are required to comply with the Board Bylaws. The Conflict of Interest Policy is also included within the agency's Personnel Policies and Procedures. Employees are required to certify, in writing, their compliance with all of the Personnel Policies, including the Conflict of Interest Policy. Employees are furthermore required to bring any potential conflict of interest to the attention of the President/CEO. Due to the small size of the agency and low turnover rate of Covered Persons, mngt can monitor behavior directly. 03. CEO, executive director, top management comp (Part VI, line 15a) The Executive Committee of the Board of Directors reviews the Executive Director's compensation based on their knowledge of comparable compensation levels obtained from other non-profit organizations whose board they sit on and/or salary discussions within their professional networks. Comparable salary levels are discussed in open board meetings and the current compensation is set. For 990 purposes, the CFO's salary is also reported

as officer compensation along with the CEO's salary.

| Schedule O (Form 990 or 990-EZ) (2016) Name of the organization | Page 2 Employer identification number |
|--|---------------------------------------|
| Area Committee to Improve Opportunities Now, Inc. | 58-0961506 |
| | |
| | |
| | |
| | |
| 04. Other officer or key employee compensation (Part VI, line 15b | |
| The Executive Committee of the Board of Directors reviews Other Officer (the | e "CFO") and Key |
| | 1 1 |
| Employees compensation based on their knowledge of comparable compensation | levels obtained |
| from other non-profit organizations whose board they sit on and/or salary of | liscussions |
| within their professional networks. Comparable salary levels are discussed | in open board |
| nacial cigar professional licensino, comparable paraly nacional and days | |
| meetings and the current compensation is set. | |
| | |
| | |
| 05. Governing documents, etc, available to public (Part VI, line 19) | - <u></u> |
| Available from the Administrative Office upon request. | |
| | |
| | |
| 06. Explanation of other changes in net assets or fund balances (Part XI, | line 9) |
| Rounding | |
| | |
| | |
| 07. List of other fees for services expenses (Part IX, line 11g) | |
| \$288,811 for Contract Service fees paid to home improvement contractors and | d \$18,185 for |
| | |
| moving and storage fees. | |
| | |
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