COMMITTEE ON NATURAL RESOURCES

Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Oversight Hearing on Natural Gas—America's New Energy Opportunity: Creating Jobs, Energy and Community Growth Feb. 27, 2012

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Ed Looman
2. Name of Organization(s) You are Representing at the Hearing: Progress Alliance, public-private economic development organization serving Jefferson County, Ohio
3. Business Address: 630 Market St., Steubenville, Ohio 43952
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

Name/Organization: Ed Looman, Progress Alliance

Title/Date of Hearing: Natural Gas—America's New Energy Opportunity: Creating Jobs, Energy and

Community Growth, Feb. 27, 2012

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member of the Ohio Oil and Gas Association, member of the Ohio Economic Development Association, member of the Eastern Ohio Development Alliance.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have been employed as executive director of Progress Alliance since May of 2008. I have been active in working with shale industry related companies for the past 18 months. I have visited other areas that have experienced growth in the shale industry and seen the impact on these communities.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

In the past 12 months, the Progress Alliance staff has been working with more than 30 companies looking to establish an operation in Jefferson County in order to take advantage of the shale play. Several companies already have moved here and more are coming. We also are working with these companies to make sure they have a complete list of local vendors, since they have shown an interest in supporting local businesses. We also are working with several local agencies to make sure our workforce is trained and read for these new positions. Also, we have seen an increase in industry-related individuals looking for housing in our area. Thus, I could convey to the committee the interest being shown, the opportunity this industry represents for an area that has been hard hit by job losses and why it is important that this industry is allowed to move forward.

Name/Organization: Ed Looman, Progress Alliance

Title/Date of Hearing: Natural Gas—America's New Energy Opportunity: Creating Jobs, Energy and

Community Growth, Feb. 27, 2012

<u>In addition, for witnesses representing organizations:</u>

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

None

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Attached

(Rev. April 2009) Department of the Tressury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rev	enua Servica	File a separate application for each return,	
Do not co	omplete Part II un	ornatic 3-Month Extension, complete only Part I and check this box itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this less you have already been granted an automatic 3-month extension on a previously fi	form)
Part	Automatic	3-Month Extension of Time. Only submit original (no copies needed).	
A corpora Part I only	ation required to file	Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete
All other o	corporations (includ ome tax retums.	ling 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extension of time
(not autor you must www.irs.g	matic) 3-month extensions the submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension corporation required to file Form 990-T). However, you cannot file Form 8868 electronly insion or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file of Charities & Nonprofits.	cally if (1) you want the additional
Type or print	Name of Exempt	Organization Y IMPROVEMENT CORP.	Employer identification number
Paur		TEUBENVILLE, OH AREA	
File by the		and room or suite no. If a P.O. box, see instructions.	34-0973647
due date for filing your return, See	P.O. BOX	187	
irstructions,	City, town or pos STEUBENV.	t office, state, and ZIP code. For a foreign address, see Instructions.	
Check typ		ited(file a separate application for each return):	
	п 990 n 990-ВL	Form 990-T (corporation)	
	n 990-EZ	Form 990-T (sec. 401(a) or 408(a) trust) Form 52	
	n 990-PF	Form 990-T (trust other than above) Form 60	
		Form 1041-A Form 88	70
Telepho	one No. ▶ 740-		
If the or	ganization does no	t have an office or place of business in the United States, check this box	
	ior a Group Retur	l, enter the organization's four digit Group Exemption Number (GEN) If this	is for the whole grown, absoluthing
box 🕨 🗀	, if it is for part o	of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all r	nembers the extension will cover.
is for	uest an automatic: AUGUST 15, the organization's calendar year 2 tax year beginn	return for. 008 or	pove. The extension
		ng, and ending	<u> </u>
2 If this	s tax year is for less	than 12 months, check reason: Initial return Final return	Change in accounting period
Sa If this	application is for F	orm 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonne	efundable credits, 5	ee instructions.	3a \$
b If this	application is for F	orm 990-PF or 990-T, enter any refundable credits and estimated	
tax pa	ayments made, inc	ude any prior year overpayment allowed as a credit.	3b \$
c Belan	ice Due, Subtract	ine 3b from line 3a. Include your payment with this form, or, if required,	The second
		n or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
	nstructions.		3c \$ N/A
aution. If y	you are going to in:	ake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	879-EO for payment instructions.
		aperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2000)

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

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

A	For th	e 2008 d	alendar year, or tax year beginning and ending		The same and the s
B	Check if	Pleas	C Name of evenination	D Employer identifi	ootion number
	applicat	le: Lize i	M	n turbiolei incittiti	Caudii number
Г	Add	ess label 9é print	COD MUR CONTINUENTE OF AND		
F	Name	type			ለማሳ ሮ 4 ፡፡
-	Initial	آ] _{مد}			973647
 	retur	n_ Spec	400 LANGE BY STREET OF LOT DOY IT WELL IN THE MANAGER TO SUGGEST STREET WOULDN'T	ite E Telephone numbe	
늗	- stion	histr		740~	282-6226
_	Appli		City or town, state or country, and ZIP + 4	G Gross receipts \$	1,352,413.
<u>_</u>	bon pend	,,,	STEUBENVILLE, OH 43952	H(a) is this a group re	etum
		FN	ame and address of principal officer:	for affiliates?	Yes X No
		i		H(b) Are all affiliates inc	sluded? Yes No
			ttus: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		te: 🕨 🚶		H(c) Group exemptio	
K	Type of	organiza	tion: X Corporation	ar of formation: 1996	A State of legal domicile; OH
8	art I		mary .		
Activities & Governance	1	Briefly of ECON	escribe the organization's mission or most significant activities: TO FACIL. OMIC DEVELOPMENT	TATE AND PRO	MOTE
na.	2		his box 🕨 🔛 if the organization discontinued its operations or disposed of m	AVA 80 14 (750) - 12 1	
ĕ	3	Number	a se		1
Ğ	4			3	40
ණ ග	5	Total n	of independent voting members of the governing body (Part VI, line 1b)		40
霊	1	Total nu	mber of employees (Part V, line 2a) mber of volunteers (estimate if necessary)	5	4
픚	7	Tukalaw	index of voicinities (estimate it necessary)	6	
ď	7a	LOTER GL	oss unrelated business revenue from Part VIII, line 12, column (C)		
	 	ivet unn	elated business taxable income from Form 990-T, line 34		0.
Ravenue				Prior Year	Current Year
	8		tions and grants (Part VIII, line 1h)	255,488.	1,340,335.
	9		n service revenue (Part VIII, line 2g)	19,702.	
æ	10	Investm -	ent income (Part VIII, column (A), lines 3, 4, and 7d)		12,078.
	111	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
		Total re	venue - add ilnes 8 through 11 (must equal Part VIII, column (A), fine 12)	275,190.	1,352,413.
	13	Grants a	and similar amounts paid (Part IX, column (A), lines 1-3)		
	14		paid to or for members (Part IX, column (A), line 4)		
80	15	Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)	137,334.	130,475.
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)		**
×	b	Total fur	ndraising expenses (Part IX, column (D), line 25)	Constitution of the second	
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	158,393.	1,309,484.
	18	Total ex	penses. Add Ilnes 13-17 (must equal Part IX, column (A), line 25)	295,727.	1,439,959.
	19	Revenue	less expenses. Subtract line 18 from line 12	<20,537.	
Net Assets or Fund Balances				Beginning of Year	End of Year
Set	20	Total as	sets (Part X, line 16)	722,432.	633,118.
\$20	21	Total fial	pilities (Part X, line 26)	57,375.	55,607.
	22	Net asse	ets or fund balances. Subtract line 21 from line 20	665,057.	577,511
P	art II	Sign	ature Block		
		Under per	atties of perjury, I decisre that I have examined this return, including accompanying schedules and statement lets. Decisration of preparer (other than officer) is based on all information of which preparer has any knowled	is, and to the best of my knowled	ge and belief, it is true, correct,
		MIG COUNT	total production of property (other than owned) is based on all information of which property has any knowled	₿æ′	
\$ig	n			1	
Her		Si	nature of officer	Date	
•		L			
		▼ Ty	pe or print name and title		
		Prepare	's Uate	Theck II Prepare	r's identifying number
Pald		signatur	The said a to the total CRA Same as is	self- employed 🕨 🔲 (seè ins	tructions)
	parer's	Firm's na			
Use	Only	yours if sett-emple		EIN ►	, <u></u>
		address, a	STEUBENVILLE OH 43952	Phone no. ▶ (740\ 202 2004
Mar	cthe ic		ss this return with the preparer shown above? (see instructions)	Prione no. > (
		.~ uv∨u	The institution and biothers, shown enous, less institutions!		Yes No

	COMMUNITY IMPROVEMENT CORP.		
	n 990 (2008) OF THE STEUBENVILLE, OH AREA 34-	-0973647	Page 2
Pa	rtill Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission:		
	A NON-PROFIT ORGANIZATION ESTABLISHED FOR THE PURPOSE OF AI	OVANCING,	
	ENCOURAGING AND PROMOTING THE INDUSTRIAL, COMMERCIAL AND CO	VIC	
	DEVELOPMENT OF THE STEUBENVILLE OHIO AREA		

2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	□vec	XNo
	If "Yes", describe these new services on Schedule Q.		CEL NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
**	If "Yes", describe these changes on Schedule O.	, LYes	L∆L No
4			
~	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	3.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
_			
4 a	(Lieveline	\$)
	PROGRESS ALLIANCE - ECONOMIC DEVELOPMENT PROGRAM		

	•		
46	(O. d.)	 	
4b	(Code:) (Expenses \$ 8,479. including grants of \$) (Revenue	: \$)
	REVOLVING LOAN PROGRAM - LOANS TO HELP BUSINESSES		
	11 11 11 11 11 11 11 11 11 11 11 11 11		
			
40	(Code)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	: \$)
	Annual Committee of the		
			
			
<i>A -</i> 2	Other program applies (Alexandra in Cahadata A.)		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ►\$ 1,439,959. (Must equal Part IX, Line 25, column (B).)		

Form 990 (2008) Part V Checklist of Required Schedules

OF THE STEUBENVILLE, OH AREA

34-0973647 Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
Ī				X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-2		<u> </u>
_	public office? If "Yes," complete Schedule C, Part I			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3		_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	4		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice	D .	.,	
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X. fine 21; serve as a custodian for amounts not listed in Part X; or provide	•		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Pert IV	9		x
O	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	
2	Did the organization receive an audited financial statement for the year for which it is completing this return that was	-,	**	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
3	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.74		-
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	170		
	located outside the United States? If "Yes," complete Schedule F, Part II	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		x
7	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
₿	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes, " complete Schedule G, Part III	19		X
ø	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
1	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
2	Did the organization report more than \$5,000 on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III	22		X
3	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
4a	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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
b	Did-the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	j	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a				\vdash
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			-
	prior year? If "Yes," complete Schedule L, Part I	25b		
ß	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		-+	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	<u> </u>	_	
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Form 990 (2008) OF THE STEUBENVILL
Part W Checklist of Required Schedules (continued) OF THE STEUBENVILLE, OH AREA

34-0973647

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	AAAA Secal	i i	
8	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	2 8a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	ff "Yes," complete Schedule L, Part IV	2 8b		X
Ċ	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		· X
1	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	ff "Yes," complete Schedule R, Part V, line 2	36		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	1		X

Form 990 (2008) OF THE STEUBENVILLE, OH AREA
Part Statements Regarding Other IRS Filings and Tax Compliance Form 990 (2008)

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		,			Yes	No.
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			A posterior para de A posterior de la com- ciona de la co		100 - 20 pt. b.
	U.S. Information Returns. Enter -0- if not applicable	1a		0		
þ	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable	1b		0		\$ 3.5°
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		able gaming			
	(gambling) winnings to prize winners?		·	1c		X
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			(0) (0) (1) (0) (0) (1) (0) (0) (1) (1)	1	当建筑
	filed for the calendar year ending with or within the year covered by this return			4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?_		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see) instr	ictions)			y consu
3∌	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by	this retum?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			Зь	T	
4 e	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	ınt)?	4a	<u> </u>	X
þ	If "Yes," enter the name of the foreign country; ▶					i de
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			医糖素
	Financial Accounts.			# 100 min		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transi			58b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Tax Shetter Transaction?		*******************************	5c		
6 2	Did the organization solicit any contributions that were not tax deductible?		***************************************	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions (or gifts			
	were not tax deductible?	· • · • · · · · · · · · · · · · · · · ·		6b		
7	Organizations that may receive deductible contributions under section 170(c).			to go to the		37,4550
8	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	'e thar	s \$75?	7a	<u> </u>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	*******	***************************************	7b	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		quired		1	
	to file Form 82827		1	7c	<u> </u>	<u></u>
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				医囊
æ	Did the organization, during the year, receive any funds, directly or Indirectly, to pay premiums on a	persor	ral	m plane ("Middle") of middle of the state of middle of the state of the middle of the middle of the state of the state of the middle of the state of the state of the middle of the state of the middle of the state of the state of the midd		the distribute
_	benefit contract?			7e	ļ	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			_		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required		••••••	7 g	ļ	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-			7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring o	rganiz	ation, have			
_	excess business holdings at any time during the year?	•••••		8	d variable?	a 1750
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			#ERC	Carlotte had	\$ 144
a	Did the organization make any taxable distributions under section 4966?			<u></u> Sea	₩	
	Did the organization make a distribution to a donor, donor advisor, or related person?		***************************************	Sip	5 (1) (com 200 20)	20, 1189 314
10	Section 501(c)(7) organizations. Enter: N/A	1	,	SAME P		
	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>		10. 14.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	l		1	r.Æ
11	Section 501(c)(12) organizations. Enter: N/A	ŧ	ſ			e ee
	Gross income from members or shareholders	11a		mrt(Cr	74.70	
D	Gross income from other sources (Do not net amounts due or paid to other sources against		}		224	
10-	amounts due or received from them.)	11b	<u> </u>	Water		05 170 10
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7 	12a		de un en
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				722

Form 990 (2008)

OF THE STEUBENVILLE, OH AREA

34-0973647

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

360	aion A. Governing Body and Management										
	For each "Vet" retnance to lines 2. 7h holes, and for a filled and a filled and a filled and a filled a filled and a filled a filled and a filled a		Catabase Sec	Yes	No						
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	ļ	-7073								
1-											
b	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b	40									
_	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	ļ	_2		<u>X</u>						
•	of officers, directors or trustocs, or key amply see to a management duties customanly performed by or under the direct supervision		_								
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		_3_		<u>X</u>						
5	Did the organization become aware during the year of a material diversion of the organization's assets?		4		X						
6	Does the organization bave members or shockholders?		5		X						
_	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the		6		X						
, _	governing body?		_		v						
b	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	}	7a		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		7b	e national de Anglé	A seriou						
	by the following:		2727								
a	The governing body?	ŀ	GALLET AND A	X	#2 100 N						
b	Each committee with authority to act on behalf of the governing body?	·	_8a	X							
9a		·	8b		X						
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	···· }	9a								
	and branches to ensure their operations are consistent with those of the organization?	- 1	Oh.								
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	77.	9b								
	describe in Schedule O the process, if any, the organization uses to review the Form 990		10	x							
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	····	- 10	25							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		X						
Sec	tion B. Policies		-1	٠١							
				Yes	No						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	ſ	12a		X						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	····			 -						
	to conflicts?		125								
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	···``	122								
	in Schedule O how this is done		12c								
13	Does the organization have a written whistleblower policy?	[13	\neg	X						
14	Does the organization have a written document retention and destruction policy?		14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		. 75							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	57.475			71						
a	The organization's CEO, Executive Director, or top management official?	[15a	X	West House						
b	Other officers or key employees of the organization?	[15b	X							
	Describe the process in Schedule O. (see instructions)		Ma	*	10 10 10 10 10 10 10 10 10 10 10 10 10 1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				el dive						
	taxable entity during the year?	L	16a		X						
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		\$\$ Y	22.2	E C						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's										
_	exempt status with respect to such arrangements?	<u> {</u>	16b								
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	able 1	for								
	public inspection. Indicate how you make these available. Check all that apply.										
.	Own website Another's website Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	y, an	d fina	ncial							
^^	statements available to the public.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and person of the person who possesses the books and person of the pe	izati	ion: 🕨	`							
	RUTH CASEY, ADMINISTRATOR - 740-283-2476 MARKET STREET, STEUBENVILLE, OH 43952										
182/1015											

Form 990 (2008) OF THE STEUBENVILLE, OH AREA

34-0973647

Page **7**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D). (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	(B) Average	e (C) Positio						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Indiadusterska ar diector	Institutional Invalee	Callier		Illphottownpenersh Do	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
WILLIAM BLAKE PRESIDENT	1 50		-								
GARY R. FOLDEN	1.50	ļ. —		_		<u> </u>		0.	0.	0	
TRUSTEE	1.50							0.			
ROBERT CHAPMAN	*****	┢				Н		U.	0.	0	
TRUSTEE	1.50							0.	0.	2	
ALEX MARSHALL					_			0.	0.	0	
SECRETARY	1.50					H		0.1	0.	0	
KENNETH PERKINS											
/ICE-PRESIDENT	1.50	,						0.	0.	0	
JOHN ABDALLA											
rrustee	1.50							0.	0.	0	
JOHN GEDDIS										<u></u>	
TRUSTEE JOHN GOOSMAN	1.50							0.	0.	0	
rustee	1 50						1				
DR. EDWARD L FLORAK	1.50	_	_{				_	0.	0.	0	
TREASURER	1.50		-	ŀ							
SAM GRAFTON	1.00	\dashv	\dashv	-			\dashv	0.	0.	0	
RUSTEE	1.50	ı						0.	0.	•	
OMINIC CHAPPANO			\dashv	寸		+	-		U.	0	
RUSTEE	1.50			ı]	- 1	0.	0.	0	
ATT PARISE		┪	寸	寸		\dashv	┪				
RUSTEE	1.50							0.	0.	0	
ENO MORELLI				П							
RUSTEE	1.50	_					_	0.	0.	0	
HOMAS GENTILE RUSTEE	1 50	J		- [
RUCE WILLIAMS	1.50	\dashv		_	_]		_	0.	0.	0	
RUSTEE	1.50		- 1		ł	- 1		١ ,		_	
AVID HINDMAN	# • 20	\dashv				\dashv	-	0.	0.	0	
RUSTEE	1.50		- 1			ı	1	0.	0.	_	
AY ZATTA	 	\dashv	 -		\dashv				- 0.	0	
RUSTEE	1.50	- 1	- 1	İ	-		- [0.	0.	0	

Form 990 (2008)

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

Form 990 (2008) OF THE S'	LEUBENV.	IL	LΕ	, 1	OH	Α	RE	Α .	34-0973	647 Page 8
Part VII Section A. Officers, Directors, Tru	istees, Koy E	mpl	oye	25, £	and	High	rest	Compensated Employ	rees (continued)	+ - / 1 1 2 3 3 3
(A)	(B)	Τ̈́			C)			(D)	(E)	(F)
Name and title	Average				itior	١		Reportable	Reportable	Estimated
	hours	(0				t app	(Vic	compensation	compensation	amount of
	per	⊢	_	1	т	T	7	from	from related	other
	week	1			l	1		the	organizations	compensation
		1	æ		l	틢		organization	(W-2/1099-MISC)	from the
		ğ	Ę		23	薑		(W-2/1099-MISC)	,	organization
		1	ţ,		ą.	E	1_			and related
		India dust tous ex director	Institutional frustee	§	Kay employee	Highest compensaled emplayer	Ĕ			organizations
JON ROGERS		Ι_	-	Ļ.	F	ļ	Ι_			
TRUSTEE	1 -0	1		ļ	l					
	1.50	<u> </u>	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
TIM MCCOY	4	l						1		
TRUSTEE	1.50	_		<u> </u>	_	<u> </u>	L	0.	0.	0.
FRED BROWER										
TRUSTEE	1.50			<u> </u>		<u></u>		0.	0.	0.
TERESA SCHIAPPA	-					Π				
TRUSTEE	1.50			٠		ĺ		0.	0.	0.
GAIL B ANWYLL		Г	Г	ļ		1				
TRUSTEE	1.50		İ			1		0.	0.	0.
REESE SLATER			—	-	\vdash	+	⇈	<u></u>		· ·
TRUSTEE	1.50							l o.i	0.	^
JOHN RILEY				┝一	\vdash	 	-		U .	0.
TRUSTEE	1.50	Ì						0.	^	_
DR LAURA MEEKS	4.400	_	-	⊢				<u> </u>	0.	0.
TRUSTEE	1.50	ŀ			ŀ					_
BRAD BLAIR	7.50	<u> </u>	 			 -	<u> </u>	0.	0.	0,
TRUSTEE	1 50				l	j		ا ا		
	1.50				<u> </u>		Щ	0.	0.	0.
KYLE BROWN	4 50				1		İ			
TRUSTEE	1.50				<u> </u>		_	0.	0.	0.
1b Total						<u> </u>		54,249.	0.	7,462.
2 Total number of individuals (including those										·
compensation from the organization)	0
								·		Yes No
3 Did the organization list any former officer,	director or tru:	stae	, key	/ em	plo	yee,	or h	ighest compensated en	nployee on	
line 1a? If "Yes," complete Schedule J for so	ıch Individual									3 🗓
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	qm¢	ensá	itior	n end	ioti	ner compensation from t	the organization	
and related organizations greater than \$150	,000? If "Yes,	co.	mple	ete S	Sche	edule	J f	or such individual		4 X
5 Did any person listed on line 1a receive or a	cerue comper	ısati	ion f	rom	any	unr	elate	ed organization for servi	ces rendered to	Sant Catalog St.
the organization? If "Yes," complete Schedu	ile J for such p	oers	on .					••••		5 X
Section B. Independent Contractors	-									
1 Complete this table for your five highest cor	npensated inc	lepe	ebne	nt c	ontr	acto	rs t	hat received more than	\$100,000 of compens	ation from
the organization.	•	•							or company	anon nom
(A)	".	_					\exists	(B)	***	(C)
Name and business:	address						- 1	Description of s	ervices C	ompensation
			-				_			
			_	_			1	**************************************		
									ļ	
							\dashv			
							- 1			
	· · · · · · · · · · · · · · · · · · ·						+			
							-			
	· · · · · · · · · · · · · · · · · · ·						_ _			
							}		ļ	
A 7-4-)										
2 Total number of independent contractors (in		in 1) wh	o re	·ceiv	/ed r	nore	s than \$100,000 in comp	pensation	Company of the compan
from the organization	DADEL SZT	-	_	74-7-	- T	. ^-		COLUMN	Section (Control of Control of Co	
SEE SCHEDULE J-2 FOR	FART VI	Ι,	S	E(.1.1	LON	ı "A	* CONTINUATIO	JN :	Form 990 (2008)

COMMUNITY IMPROVEMENT CORP. Form 990 (2008) OF THE STEUBENVILLE, OH AREA 34-0973647 Banaville Statement of Revenue (A) (B) (**D**) Revenue (C) Total revenue Related or Unrelated excluded from exempt function husiness tax under revenue sections 512. revenue 513, or 514 1 a Federated campaigns b Membership dues 102,734. c Fundraising events d Related organizations Government grants (contributions) 1e 1237601. f All other contributions, gifts, grants, and similar amounts not included above 9 Noncesh contributions included in lines 19-10.5 h Total. Add lines 1a-1f ,340,335 Business Code f All other program service revenue g Total. Add lines 2a-2f ... investment income (including dividends, interest, and other similar amounts) 12,078. 12,078. Income from investment of tax-exempt bond proceeds (i) Real (ii) Personat 6 a Gross Rents b Less: rental expenses _____ c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ..., d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____ a b Less: direct expenses ______b c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 s b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold ______b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total Revenue. Add tines th, 29, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ 1,352,413. 12,078. Form 990 (2008)

Form 990 (2008)

OF THE STEUBENVILLE, OH AREA

34-0973647 Page 10

Part IX Statement of Functional Expenses

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

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

Do	All other organizations must comp not include amounts reported on lines 6b,	(A)		plete columns (B), (C), er	<u> </u>
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			Production with the second of	
	organizations in the U.S. See Part IV, line 21		<u> </u>	A shall be a series of the control o	Parties of the Control of the Contro
2	Grants and other assistance to individuals in			And the second s	
	the U.S. See Part IV, line 22	· · · · · · · · · · · · · · · · · · ·		The second secon	
3	Grants and other assistance to governments,			Approximate the second	The state of the s
	organizations, and individuals outside the U.S.		1	Part of the state	And the second s
	See Part IV, lines 15 and 16			The second secon	77
4	Benefits paid to or for members			Control of the Contro	
5	Compensation of current officers, directors,				
	trustees, and key employees	54,249		<u>} </u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,549.	·		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	5,737.			
9	Other employee benefits		ļ		
10	Payroll taxes	11,940.			
11	Fees for services (non-employees):	i			
ឡ	Management				
b	Legai				
C	Accounting	9,003.			
d	Lobbying				
€	Professional fundraising services. See Part IV, line 17		And the second s		
f	investment management fees				
g	Other	6,230.			
12	Advertising and promotion				
13	Office expenses	6,487.			
14	Information technology				
15	Royalties				
16	Occupancy	15,553.			
17	Travel	2,690.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	·			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	2,687.			
23	Insurance	1,682.			
24	Other expenses, flemize expenses not covered	ON A STATE OF THE PARTY OF THE		A CONTRACTOR TO SERVICE AND A CONTRACTOR OF THE	
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				NACAZONI ACCESSOR
	expenses shown on line 25 below.)		Control of the Contro		And the state of t
8	ISIF EXPENDITURES	1,164,759.			
b	MARKETING & ADVERTISING	84,871.			
¢	OTHER/MISCELLANEOUS	10,973.			
q	TELEPHONE	4,549.			
ę	SMALL BUSINESS DEVELOPM	0.			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,439,959.			
26	Joint Costs. Check here - if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
332010	12-12-09				Form 990 (2008)

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

Form 990 (2008)
Part X Balance Sheet

34-0973647 Page 11

					(A) Beginning of year		(I End c	B) of year	-
	1 1	Cash - non-interest-bearing			32,380.	1	1	36.	154.
	2	Savings and temporary cash investments			568,358.	2			748.
	3	Pledges and grants receivable, net			1,439.				
	4	Accounts receivable, net	· · · · · · · · · · · · · · · ·			4			
	5	Receivables from current and former officers, o	lirector	s, trustees, key					
		employees, or other related parties. Complete		5	İ				
	6	Receivables from other disqualified persons (as		*		San Sales was	Jan British		
	1	4958(f)(1)) and persons described in section 49	58(c)(3	(B). Complete	All A very company to the second of the seco	11111			
		Part II of Schedule L			The state of the s	6	A A CONTRACTOR		
5	7	Notes and loans receivable, net			110,676.	7	1	35 1	512.
Assets	8	inventories for sale or use				В	<u> </u>	7.7.	4 42 44
⋖	9	Prepaid expenses and deferred charges				9	 		
	10a	Land, buildings, and equipment: cost basis	10a	20,642.	Part of West Control of the Control	i elitarida Esta esta in			
		Less: accumulated depreciation. Complete			Company of the Compan	*****		200	
	1	Part VI of Schedule D	10ь	12,077.	8,816.	10c		Я	565.
	11	Investments - publicly traded securities				11	 	ψ,.	703.
	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			763.	15	 	_	L39.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	722,432.	16	63		118.
	17	Accounts payable and accrued expenses			3,971.	17	 		203.
	18	Grants payable			18		4 7 6	105+	
	19	Deferred revenue	***	19					
	20	Tax-exempt bond liabilities	V	20					
9	21	Escrow account liability, Complete Part IV of \$0		21					
Liabilities	22	Payables to current and former officers, directo				a company	Pic, grande		
iato		highest compensated employees, and disqualif	The second secon		200				
		of Schedule L			and the state of t	22		er deny,	be w athean
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D	481		53,404.	25	- 5	3.4	04.
	26	Total liabilities. Add lines 17 through 25	********		57,375.	26			07.
		Organizations that follow SFAS 117, check he	are 🕨	X and complete					and the second second
88		lines 27 through 29, and lines 33 and 34.				爱克		XeV S	
alances	27	Unrestricted net assets		 [133,483.	27	7	4.2	91.
	28	Temporarily restricted net assets			531,574.	28			20.
Net Assets or Fund B	29	Permanently restricted net assets				29			
E.		Organizations that do not follow SFAS 117, c	neck h	ere 🕨 🔲 and 🐰		8/41 (A) 1978/23	The second secon		THE PARTY OF THE PARTY OF
5		complete lines 30 through 34.			A Company of the Comp		Charles of the same of the same		
Sets	30	Capital stock or trust principal, or current funds			7,47	30	The real of the second		many backets.
As	31	Paid-in or capital surplus, or land, building, or eq	uipmer	t fund		31	· ·		
ţĕ.	32	Retained earnings, endowment, accumulated in	coma, c	or other funds		32	***		
	33	Total net assets or fund balances			665,057.	83	57	7,5	11.
1	34	Total liabilities and net assets/fund balances			722,432.	34	63	3,1	18.
##E.	tXI	Financial Statements and Reporting							
			_					Yes	No
1	ACCOL	Inting method used to prepare the Form 990:	Cas	sh X Accrual	Other		Company of the compan		基本的
2a	were	the organization's financial statements compiled	or revie	wed by an independent a	occuntent?		23		X
b	vvere	the organization's financial statements audited b	y an in	sependent accountant?			2b	Х	
С	iT Yes	s" to lines 2a or 2b, does the organization have a	commi	ttee that assumes respons	sibility for oversight of the	audit,	,		
٠.	TEALEM	, or compilation of its financial statements and s	election	of an independent accou	ntant?		2c	X	
งส	/\S& \ ^~\-	esult of a federal award; was the organization rec	juiręd (o undergo an audit or audi	ts as set forth in the Singl	e Aud	lit]		
h	15 "V	nd OMB Circular A-138?					3a		X
	12-18-0	s,* did the organization undergo the required aud	ıır or an	ans/			3b		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Tressury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organizat	ion	
	COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA	Employer identification numb
Organization type(che	ck one):	34-0973647
Filers of:	Section:	
Form 990 or 990-EZ	501(c)(6) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
communica. Con	ns filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r mplete Parts I and II.	noney or property) from any one
Special Rules		•
\$\$\$(\$)(1)/17O(D)	r1(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test (1)(A)(vi), and received from any one contributor, during the year, a contribution of the g n 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I ar	restor of (1) &s oon as rollow
ବନିମା ଅଧିବରେ ୧୯୪୫ଣ	1(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any obtains or bequests of more than \$1,000 for use exclusively for religious, charitable, so prevention of cruelty to children or animals. Complete Parts I, II, and III.	one contributor, during the year, plentific, literary, or educational
\$1,000. (If this b	f1(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any orns for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions dox is checked, enter here the total contributions that were received during the year for a point complete any of the parts unless the General Bul le applies to this organization be bie, etc., contributions of \$5,000 or more during the year.)	id not aggregate to more than an exclusively religious, charitable,
ticy indetable into the	nat are not covered by the General Rule and/or the Special Rules do not file Schedule En Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).) (Form 990, 990-EZ, or 990-PF), buτ or on line 2 of their Form 990-PF, to

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Schedule B	(Form 990, 990-EZ, or 990-PF) (2008)	· ·	Page 1 of 2 of Part)
	organization JNITY IMPROVEMENT CORP.		Employer Identification number
	HE STEUBENVILLE, OH AREA	•	34-0973647
Partil		······································	04 03/30±1
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contribut	
1	CITY OF STEUBENVILLE, OHIO		Person X
	304 MARKET STREET	\$ <u></u> 50,0	
	STEUBENVILLE, OH 43952		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ± 4	(c) Aggregate contribut	(d) tions Type of contribution
2	ISIF GRANT (TORONTO, OH)		Person X
	308 N 6TH STREET	s682,4	Payroll
	TORONTO, OH 43964		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d)
3		, ag. ogato otsita ibar	
	JEFFERSON COUNTY AUDITOR 301 MARKET STREET		Person X Payroll
	STEUBENVILLE, OH 43952	\$ 100,6	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribut	(d) ions Type of contribution
4	TRINITY HEALTH SYSTEM		Person X
	380 SUMMIT AVE	\$ 8,00	Payroll
	STEUBENVILLE, OH 43952		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributi	(d)
5	ODOD (TORONTO, OHIO ISIF)		Person X
	77 S HIGH ST	s <u>482,5</u> 0	Payroll
	COLUMBUS, OH 43215		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP +4	(c) Aggregate contributi	(d) Type of contribution
6	HUNTINGTON BANK		Person X
	P.O. BOX 1558	\$ <u>8,5</u> (
	COLUMBUS, OH 43216		(Complete Part II if there is a noncash contribution.)
823452 12-18	3-08	Schedule B	(Form 990, 990-EZ, or 990-PF) (2008)

COMM	organization UNITY IMPROVEMENT CORP. HE STEUBENVILLE, OH AREA		Page 2 or 2 or mployer identification number
Parti			34-0973647
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
7	APEX ENVIRONMENTAL	Aggregate contribution	- Specification (o
	P.O. BOX 157	\$5,000	Person X Payroll Noncash
	AMSTERDAM, OH 43903		(Complete Part II if the
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) S Type of contribution
8	FRANCISCAN UNIVERSITY		Person X
	1235 UNIVERSITY BLVD	\$8,500	Payroll
	STEUBENVILLE, OH 43952		(Complete Part II if then is a noncash contribution
No [*]	(b) Name, address, and ZIP + 4	(c) Aggregate contribution:	(d) Type of contribution
9	EM-MEDIA		Person X
	4804 WHITE OAKS DRIVE	\$5,500	Pavroli
	STEUBENVILLE, OH 43952		(Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroli
		\$	Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b)	(c)	(d)
10.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
			Person Payroll Noncash
			(Complete Part II if there is a noncash contribution
(a) Vo.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.			Person Payroll
i2 12-78-Q		\$	(Complete Part II if there is a noncash contribution.

Schedule D (Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047 Inspection

Name of the organization

COMMUNITY IMPROVEMENT CORP.

Employer identification number

Schedule D (Form 990) 2008

P	Organizations Maintaining Donor Adviso	d Funda or Other Conf.	<u>34-09</u> 73647
	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, line	u runds or Other Similar Fund	s or Accounts. Complete if the
	- To this day, rately, inte	(a) Donor advised funds	427
1	Total number at end of year	100	(b) Funds and other accounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in a	Viting that the accept held in it	
	organization a property, subject to the organization's	ayolugiya lagat gantanig	
6	and the second s	Wigner in widtige that execut the con-	
	THE PERSONS DUILDUSES AND HOLITIC THE DENBIT OF THE AGREE	e adaminina in alla di articolori di articol	
۲a	TO BUILDING IN THE CASE OF THE		rivate benefit? Yes
1	- Large-color conservation easements neid by the organization	n (check all that anoby	artiv, line /.
	rreservation of land for public use (e.g., recreation or pl		storically important land area
	Protection of natural habitat	Preservation of certifi	ind historia minute and area
	Preservation of open space	,	
2	Complete lines 2a-2d if the organization held a qualified conse of the tax year.	rvation contribution in the form of a con	consollar necessary and
	of the tax year.	The same and same and south of a confi	servation easement on the last day
			Held at the End of the Ye
H	Total number of conservation easements	***************************************	, , , , , , , , , , , , , , , , , , , ,
þ	Total acreage restricted by conservation easements		
C.	A AND A LOUGH CONCERNITY OF A CERTIFIED DISTURY SAUR	"NUPA reducted in (a)	,
d	Ar course various casements included to (c) scottlight at	ter 9/17/08	
3	release of conservation casements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tayable
4	year ► Number of states where property subject to conservation ease		• • • • • • • • • • • • • • • • • • • •
5	Does the organization have a written policy regarding the perior enforcement of the conservation easements it holds?		
3	A THE PERSON OF	ADTOCOLDE Adequações de marco de la la la la la la la la la la la la la	
•	Amount of expenses incurred in monitoring, inspecting, and en	forcing excompate during the	· · · · · · · · · · · · · · · · · · ·
3	boss each conservation easement reported on line 2(d) above	satisfy the requirements of coation 4 you	*->(4)@>@
	and section 13.0(1)(4)(B)(II) 3.		
•	The state of the contraction of	LASCOMENTS IN the vovesties and	
	Company of the rest of the loop of the this program of the program	n's financial statements that describes t	he prospiration's accounting for
_			
211	Organizations Maintaining Collections of A	Art, Historical Treasures, or Of	her Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	•
43	If the extenivation places of an array in the second		
	If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and ba	lance sheet works of art, historical
	a seed of the commen assers their tot bring exultibilities equi-	Cation, or research in furtherance of our	lic service, provide, in Part XIV, the text
	THE THE PARTY OF T	ne:	
ا خد	f the organization elected, as permitted under SFAS 116, to report other similar assets held for nublic exhibition, collapsian	oort in its revenue statement and balance	e sheet works of art, historical treasured
	or other similar assets held for public exhibition, education, or re	esearch in furtherance of public service,	provide the following amounts relating to
7	i) Revenues included in Form 990, Part VIII, line 1		> \$_
•	,		L
-	- 10 organization (Control of Held Works of Art, historical treasu	ltes. Of Other similar appete for financial .	gain, provide
	rie following althourits required to be reported under SFAS 116 i	telating to these items.	
1 F	Revenues included in Form 990, Part VIII, line 1	***************************************	> \$
, ,	Assets included in Form 990, Part X	***************************************	> \$
	-41		
٠, ٢	or Privacy Act and Paperwork Reduction Act Notice, see the	e Instructions for Form 990.	Schedule D (Form 990) 200

COMMUI	VITY IMPROV	KMENT COR	P		ī. ,)	į.		
Consider D (Louid 330) S008 (34. diff.	CITIES TO ENTER 19	**	'		34	<u>-0973</u> 6	17	Ð
Service Control of th) [:Allochions of	A-1 11-4	_	s, or Othe	r Similar	Assets /~	notion.	rage (cd)
3 Using the organization's accession and o that apply):	mer records, check a	any of the following	that are a s	ignificant use	of its collect	on items (ci	neck s	all
a Public exhibition		$\overline{}$				(5)	iook (417
b Scholarly research		d Loan or	exchange p	rogram s				
c Preservation for future generations		e Other	<u> </u>		•			
4 Provide a description of the arrangement				, , , , , , , , , , , , , , , , , , , ,				
 4 Provide a description of the organization's 5 During the year, did the organization solic 	collections and exp	lain how they furth	er the organ	ization's exem	ipt burpose i	n Part XIV		
5 During the year, did the organization solic to be sold to raise funds rather than to be	it or receive donation	is of art, historical t	reasures, or	other similar :	esets			
						Vere	Г	□ N
Part V Trust, Escrow and Custod reported an amount on Form 990, 1	lai Aitangement Part Xiline 21	ts. Complete if org	anization an	swered "Yes"	to Form 990), Part IV, lin	ė 9. o	
1a Is the organization an agent, trustee, custo on Form 990, Part X?	odian or other interm	- 45 - 5					, -	•
on Form 990, Part X?	Adimi of Other Bittelli	eartry for contribut	ions or othe	r assets not ir	cluded			
on Form 990, Part X? b If "Yes," explain the arrangement in Part X	IV and complete the		,,,	******************	********	🔲 Yes	. [□ No
The second section of the section of the sect	A serio combiete Me	rollowing table:						
© Beginning balance						Amou	nt	
c Beginning balance d Additions during the year				****************	10	•		
f Ending balance					_te			
f Ending balance 2a Did the organization include an amount on	Form DDO Day V. C.				1f		•	
b If "Yes." explain the arrangement in Dart VI	Λ. 	θ21?	,,	*** *********************************		. Yes		No
Endowment Funds. Complete	if Amenization and							
	(a) Current year							
1a Beginning of year balance	tal Current year	(b) Prior year	(c) Two y	/ears back (d)	Three years b	ack (e) For	ır vear	s back
b Contributions		Manual of the Control		京武 海 美				
c Investment earnings or tosses			To selection the selection of the select				O ELLE	
d Grants or scholarships		Annual Control of the						YEAR
e Other expenditures for facilities		The state of the s					10-2-	
and programs		Parameter at the second					4.24	
f Administrative expenses								
g End of year balance		Control of the Contro		HYBR 12	大学学的			H/444
***************************************							Anto Air	1279 E
Provide the estimated percentage of the year a Board designated or quasi-endowment	ar end balance held a	es:			11.22.4.	Control of the second	401-202-2	Control of the Control
b Permanent endowment		%						
A T	%							
	%							
Be Are there endowment funds not in the posse by:	ession of the organiza	ation that are held :	and adminis	tered for the c	rganization			
						1	Yes	No
						Sa(i)	160	IND
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations	,				***************************************	3a(ii)		
b If "Yes" to 3a(ii), are the related organization: Describe in Part XIV the intended uses of the	s listed as required o	n Schedule R?				36		
Describe in Part XIV the intended uses of the	organization's endo	wment funds				·····		
art VI Investments - Land, Building	s, and Equipme	ent. See Form 990	, Part X, line	10.				
Description of investment	(a) Cost or ot	her (b) Cost	or other	(c) Depre	clation	(d) Book	- mlu	
a Land	basis (investm	ent) basis	(other)			(m) 1700)	. ACTIFIE	9
Buildhan								
b Buildings				2 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1	A market Add to the			
Leasehold improvements								
d Equipment		2	0,642.	12	,077.) E	<u> </u>
e Other				 	· · · · · · · · · · · · · · · · · · ·		,50	<u>, C r</u>
al. Add lines 1a-1e. (Column (d) should equal Fo	rm 990, Part X, colum	nn (B), line 10(c).)					56	

		H AREA	
(a) Description of security or category (including name of security)	(b) Book value	(c) M	34-0973647 s
nancial derivatives and other financial products		Cost or er	nd-of-year market value
osery-neid equity interests			
her			
of (Col (A) about			
al. (Col (b) should equal Form 990, Part X, col (B) line 12.) art Vali Investments - Program Related. S			
(a) Description of the control of th	1		4-1 man 4 man 4 man 1 ma
(a) Description of investment type	(b) Book value	(c) Mei	thod of valuation: d-of-year market value
			TO THE TAINE VEIGE
			,
	<u> </u>		
I. (Col (b) should equal Form 990, Part X, col (B) line 13.)		Andrea Maria Victoria de la companio de la companio de la companio de la companio de la companio de la companio	to the San Control of the Control of
Other Assets. See Form 990, Part X, line	15.	many land and definition and the state of th	
(a)	Description		(b) Book value
			
(Column (b) should equal Form 990, Part X, col (B) line	- #F1		
Other Liabilities, See Form 990, Part X, fin	9 70.)		.
(a) Description of liability	10 25.	(b) Amount	
al income taxes		53,404.	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.). 53,404.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions

	COMMUNITOR TARRED				÷ 63	*
Sch	COMMUNITY IMPROVEMENT (pedule D (Form 990) 2008 OF THE STRIBENIZITE OF	CORP.				•
	Reconciliation of Change in Net Assets from Form	H ARE	<u>A</u>		_ 34-	0973647 Page
1	Total revenue (Form 990, Part VIII, column (A), line 12)	990 to F	inancial	Statement	9	
2	Total expenses (Form 900, Port IV, natural (A) # 051					1,352,413
3	Excess or (deficit) for the year, Subtract line 2.5	••••		2		1,439,959
4	Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments		****	3		<87,546
5						
6	The state of the s			,		
7						
8						
9					·	
10					-	0
	Excess or (deficit) for the year per financial statements. Combine lines 3 and	9	<u></u>	10		<87,546
1	Transition of nevertue per Audited Financial Sta	tement	s With R	evenue pe	r Returi	107,540.
2	active active and party support bet audited injurial efetemente	.,		***************************************	1	1,352,413.
-	The state of the s				COMPANY (SEE	<u> </u>
-	Net unrealized gains on investments Donated services and use of feetiles.		2a Ì			
	A ALIGINA OF LIOCZ STIC CRÉ OL INCHIDES	1	2ь			
C C	rises veries at bilot year grants		2c			
ď			2d			
e	1 100 11 100 221 (1) OLG (1) 20				2e	0
3					" 3	1 252 449
4			************	***, . , . ,	- 3	1,352,413.
8	Investment expenses not included on Form 990, Part VIII, line 7b	1.	4a			
þ	Other (Describe in Part XIV)		45			
¢	Muu iiries ma ang ab				an all and the	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12	2.)		*****************	. 4c	0.
						1,352,413.
_	The state of the losses bet addited illustrated statements		- IIII	ybelises b	netui	
					. 11	1,439,959.
8	Donated services and use of facilities	۱,	2a l			
	t not year adjustments		2b			
C	codes reported dir Form 990, Part IX, Ilne 25	······				
đ	Other (Describe in Part XIV)	······ <u>- </u>	C .			
0	A 1 14-		<u>a </u>			
3	Add lines 2a through 2d				2e	0.
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				3	1,439,959.
8	Investment expenses not included on Form 990, Part VIII, line 7b	1.	1		25.00	
ь	Other (Describe in Part XIV)	-4	a			
		, <u> 4</u>	b			
5	Add lines 4s and 4h Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 1: XVI Supplemental Information			· · · · · - · · · · · · · · · · · ·	4c	0.
Pari	XIV Supplemental Information	8,)			5	1,439,959.
compl ; Part	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; P XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	Part III, line	s 7a and 4	Part IV, lines	1b and 2t	r; Part V, line 4; Part
				,		
					-	
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SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Department of the Treasury Internal Revenue Service Name of the Organization

COMMUNITY IMPROVEMENT CORP. OF THE STRIBENT

Employer Identification numb

Part Continuation of Officer	STEUBENV	/IL	LE	,	OН	A	RE	A	Employer (dent	ification number
Parte Continuation of Officer (A)	s, Directors, 1	<u>rus</u>	tee	s, I	Key	E	npl	oyees, and Highe	st Compensated	Employees
Name and Title	1 ' '			•	~,		-	(D)	(E)	(F)
Manue and Title	Average hours	1,		Pos	sition	1		Reportable	Reportable	Estimated
	per	<u> (</u> c	neci	K all	that	: ap	ply)	compensation	compensation	amount of
	week	1	ĺ		ļ	[_æ	1	from the	from related	other
	ļ	흏			1	8	1	organization	organizations (W-2/1099-MISC)	compensation
		声	_	l		<u>=</u>]	(W-2/1099-MISC)	(VV-5) 1099-W(0C)	from the
		88	麗	1		E				organization and related
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EXECUTIVE DIRECTOR	40.00				X	:		54,249.	ا م	П 460
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HA For Privacy Act and Paperwork Reducti	on Act Messer :	<u></u>	<u> </u>	<u></u>	Ļ,	L				
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ct and Peperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

SCHEDULE O (Form 990)

3 2

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

Name of the organization

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

Employer identification number

34-0973647 FORM 990, PART VI, SECTION A, LINE 10: WE RECEIVE A COPY OF THE 990 AFTER IT HAS BEEN FILED. THE REPORT IS GIVEN TO THE EXECUTIVE COMMITTEE, COPIES MADE AVAILABLE FOR ANY BOARD MEMBERS REVIEW AT FOLLOWING MONTHLY BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15: OUR CODE OF REGULATIONS PROVIDES THAT HIRING AND SALARIES ARE UNDER THE PURVIEW OF THE EXECUTIVE COMMITTEE. THE INFORMATION IS THEN PROVIDED TO THE BOARD AT THE FOLLOWING MONTHLY SEE BELOW FOR SUBSTANTIATION INFORMATION. MEETING. DIRECTORS SALARY IS A MATTER OF NEGOTIATION, WITHIN EVERAGEOGUIDELINES. DIRECTOR® MOST RECENT REVIEW WAS JUNE 2009 (ONE YEAR AFTER HIRE), EXECUTIVE COMMITTEE APPROVED RAISE IN SALARY AND BONUS, PRESENTED INFORMATION TO BOARD AT JUNE BOARD MEETING. PROGRAM MANAGER WAS HIRED JUNE 2009, EXECUTIVE COMMITTEE APPROVED SALARY, PRESENTED INFORMATION TO BOARD AT JUNE BOARD MEETING. RLF ADMINISTRATOR® REVIEW WAS JULY 2009; MOST RECENT SALARY INCREASE APRIL 2009, APPROVED BY EXECUTIVE COMMITTEE AND PRESENTED TO BOARD AT APRIL BOARD MEETING. ALL MATTERS RELATING TO PERSONNEL ARE DISCUSSED BY THE BOARD IN EXECUTIVE SESSION.

OUR CODE OF REGULATIONS PROVIDES THAT HIRING AND SALARIES ARE UNDER THE PURVIEW OF THE EXECUTIVE COMMITTEE. THE INFORMATION IS THEN PROVIDED TO THE BOARD AT THE FOLLOWING MONTHLY MEETING. SEE BELOW FOR SUBSTANTIATION INFORMATION.

SCHEDULE O (Form 990)

Department of the Treesury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Operato Public

Name of the organization	COMMUNITY	IMPROVEMENT CORP.	iai imormation.	inspection
	OF THE ST	EUBENVILLE, OH ARE	l A	Employer identification numb 34-0973647
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FORM 990, PART	VT SECTION	V C TITE 10		
Imos prome	· z , DECITO	N C, LINE 18: PRIN	TED COPIES WII	L BE PROVIDED
UPON REQUEST.				
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FORM 990, PART T	ZT SECTION	C TIVE 10		
PRINTED COPIES V	VILL BE PRO	VIDED UPON REQUEST	<u> </u>	
OVERSIGHT OF AUD	_)ፗጥ			
SELECTION IS DON	E THROUGH	THAT STATE PROGRAM	WHICH PROVID	es a list of
AUDITORS, WE CHO	OSE A COUP	LE, THEY APPROVE W	HOMEVER.	
			THE STATE OF THE S	,
7227				
A DRAFT OF THE	AUDIT IS PI	ROVIDED TO THE EXE	CUTIVE COMMITS	CEE UPON
RECEIPT AND MADE	AVAILABLE	TO THE BOARD MEMB	ERS AT THE MRY	ZO MERCETAG
		,		CI MEETING.
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-				,

W 3114 Department of the Treasury Internal Resenue Service OGDEN UT 84201-0074

HES USE ONLY

39404-135-61676-41 / A01776-45 34447? "(...) ?

For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: June 14, 2010

Taxpayer Identification Number:

34-0973647 Tax Form: 990

Tax Beriod: December 31, 2009



COMMUNITY IMPROVEMENT CORPORATION ALLIANCE 2000 630 MARKET STREET STEUBERVILLE 43952-2873999

158643.737350.0522.011 1 MB 0.382 375

158683



APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN-APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address

Department of the Treasu Internal Revenue Service

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

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

OME No. 1545-0047
ZIJIJ9
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Oner to Dublic
* ************************************

A For the 2009 calendar year, or tax year beginning	lisfy state i	eporting requirements.	Open to Public inspection
S Check if Service C Name of organization and e	nding		
use IRS COMMUNITY IMPROVEMENTS CORP.		D Employer Identifica	ation number
Print of Dr. THE STRUBENVILLE OF AREA			
change type. Doing Business As			
return Sea Number and street (of P.O. box it mail is ant dollar and street		34-09	73647
resident for DOX 10)	ioom/suite	E Telephone number	
return City or town etsta or		740-2	82-6226
	1	G Gross receipts \$	313,271.
F Name and address of adecinal offer will ETA TOTAL	{	H(a) is this a group retu	υ <u>υυ, ω / μ</u> ,
LUU MKIJIAV ATTO EPENDON ON O		for affiliates?	Yes X No
Tax-exempt status: X 501(c) (6) ◀ (insert no.) ↓ 4947(a)(1) or ↓ 527		H(b) Are all affiliates includ	ieri?
J Website: N / A S01(e) (6)		If "No." attach e iis	t. (see instructions)
K Form of organization: X Corporation Trust Association Other		MC) GROUD Avamption o	a mark No.
Summary Association Other	L Year or	formation: 1996 M S	tate of legal demister OT
Briefly describe the organization's migrics as		7 - 1	and of ledar doutlicité. O'H
Briefly describe the organization's mission or most significant activities: TO FACE ECONOMIC DEVELOPMENT	CLLTT	TE AND PROMO)गांह
2 Check this box	<u> </u>	_	
2 Check this box if the organization discontinued its operations or disposed 3 Number of voting members of the governing body (Part VI, line 1s)	d of more t	han 25% of its net asset	e
Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			59
Number of Independent voting members of the governing body (Part VI, line 1a) Total number of employees (Part VI, line 2a)	****	4	5 <u>9</u>
Enerty describe the organization's mission or most significant activities: TO FACE ECONOMIC DEVELOPMENT Check this box In the organization discontinued its operations or disposed with the property of the governing body (Part VI, line 1a). Number of Independent voting members of the governing body (Part VI, line 1b). Total number of employees (Part V, line 2a). Total number of volunteers (estimate if necessary).	<u>~</u> ^	(A) [A) [75]	59
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	CLL		
b Net unrelated business taxable income from Part VIII, column (C), line 12			0.
b Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	<u></u> <u>ö.</u>
L	- 1	Prior Year	Current Year
E 9 Program service revience /Dadatas a	[1,340,335.	306,896.
10 Investment income (Part VIII, pne 2g)			500,030.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 4, and 7d)		12,078.	6,375.
			0,3/3.
		1,352,413.	313,271.
			277/2/11
(Fartix, column (A), (ine 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)		130,475.	179,168.
16a Professional fundralsing fees (Part IX, column (A), lines 5-10) b Total fundralsing expenses (Part IX, column (D), line 25)			<u> </u>
17 Other expenses (Part IX, column (U), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must expen Part IX)	1	,309,484.	175,983.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 1	,439,959.	355,151.
19 Revenue less expenses. Subtract line 18 from line 12		<87,546.>	<41,880.>
	Beginn	ing of Current Year	End of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund belongs Common Comm		633,118.	567,299.
22 Net assets or fund balances. Subtract line 21 from line 20	. 🗀	55,607.	31,668.
Multiplicature block		577,511.	535 631
Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and stater and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any known			223,021*
and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knot	ments, and to	the best of my knowledge and t	Selief, It is true, comes
gn 📐	Arrougo.		
re Signature of officer			
KEN PERKINS, PRESIDENT		Date	
Type or print name and title			
Preparer's N			
signature	Check it	Preparer's Ident	ifying number
Trimandicion Ct Ti Assaultance	amployer	1 🛌 🔚	<u>=</u>)
Self-employed), 626 NOPTH ADD COTTO		EIN ►	
STEUBENVILLE OH 43952			
y the IRS discuss this return with the	_	Phone no. ► (740)	282-2771
y the IRS discuss this return with the preparer shown above? (see instructions)			
201 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	Instructi	ons.	Yes No Form 990 (2009)

(Ex	her program services. (Describ cpenses \$ tal program service expense	including grants of \$) (Revenu	ue \$)	
(Ex	φenses \$	including grants of \$	100		
Oth	her program services. These we	on in Oak to a s			
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_					
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_			including grants of \$) (Revenue \$	
(0	Code:) (Exp	venses \$	inoluding at 1 . CC		
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-			TOO MANUEL DOOLL	AESSES	
:	REVOLVING LOAN	PROGRAM - LO	783 • including grants of \$ ANS TO HELP BUSIN) (Revenue \$	
)	(Code: \/E	φenses \$ 5,	702		
		- MCONOMI	C DEVELOPMENT PR	OGRAM	
	PROGRESS ALLIA	Expenses \$ 266, NCE - ECONOMI	019 including grants of \$) (Revenue \$	
48			A CAMP PROGRAM SELVICE	= tahoued.	
	allocations to others, the total	al expenses, and revenue	ਰਹਨ 4947(ਕ)(1) trusts are require ਨੇ if any, for each program service	st program services by expenses. d to report the amount of grants al	nd
	Section 501(c)(3) and 501(c)	(4) organizations and con	of the organization's three large	st program services by expenses.	
4	If "Yes," describe these char Describe the exempt ourses	nges on Schedule Q.	evendabl		Yes 🗓
3	Did the organization cease of	conducting or make signi	- ificant changes in how it conduc	ts, any program services?	<u> </u>
	If "Yes," describe these new	V Services on Schoolule O		***************************************	Yes 🗓
	the prior Form 990 or 990-E	∞ve any significant progra Z?	arn services during the year which	h were not listed on	
2					
	DEVELOPMENT OF	THE STEUBEN	THE INDUSTRIAL, VILLE OHIO AREA	COMMERCIAL AND CI	VIC
	ENCOURAGING AN	ID PROMOTING	ESTABLISHED FOR THE INDUSTRIAL,	THE PURPOSE OF AD	VANCING.
•	A NON-PROFTY	プロスカスクスカック・・	ECC > > = = =		
1		Appendix octaics vet	omplishments	34-	0973647 Pag
F1 (1)	Part III	OF THE STRUBE	INVILLE, OH AREA	•	
	m 990 (2009) (COMMUNITY IMP			7 4

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

Part V Checklist of Required Schedules

34-0973647

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	2 Is the organization required to	1		
	The result of the complete School of the comp	1_1		X
			X	ļ
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part I		1	_
	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization with a section of the complete schedule C, Part II	3	ļ. .	X
	5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organization engage in lobbying activities? If "Yes," complete Schedule C, Part II reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	4	 	<u> </u>
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where the section 6033(e) notice and	j	ľ	
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	\vdash	X
	provide advice on the distribution or Investment of amounts in such funds or accounts where donors have the right to Did the organization receive or hold a conservation easement, including easements to		1	
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land greas, or historic structures? If the environment is to preserve open space,	6	<u> </u>	X
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	1	1 .	·
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<u></u>	<u> </u>	. <u>X</u>
	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X.	1		
•	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation tensional if two listed in Part X; or provide	В	<u> </u>	X
10	Vieuri coulisaing, gent management greate renew and the latest at the la	ĺ	1 1	
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		<u> X</u>
11	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Part V VII are as spolicable.]	1	
•	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	10		<u> </u>
	as applicable	1	[
	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X Part VI.	11	X	
	Tat vi.	* 2		
	 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII 			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	or the organization report an amount for investments are an analysis and a second seco			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII.			
`	Side the organization report an amount for other assets in Day V. Tarake at the contract of th			
	Part X, line 167 If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X.			運費
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 482 (# "Yea" and the control of the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		4.	三字
12				
40.4	Schedule D, Parts XI, XII, and XIII.			
124	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes, "completing Schedule D. Parts XI, XII, and XIII is an included financial statements for the tax year?	12	X	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	建 复	9	
13	15 UIE OLUZINIZATION & SCHOOL document in a material and a second control of the		美華	
748		13		<u>x</u> _
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	[:	X
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistant.	ı		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4b	;	X
40	or entity located outside the United States? If "Yes," complete Schedule F. Part II			
16	or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 8, more than \$5,000 of aggregate grants or assistance to individuals iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? III iocated outside the United States? If "Yes," complete Schedule F, Part III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United States? III iocated outside the United	15		Χ
	located outside the United States? If "Yes " complete School to Sandal States or assistance to individuals			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		ζ
	Column (A), lines 6 and 11e? /f "Yes." complete Schedule C. Dank	-		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	∑	2
	To and 8a? If "Yes," complete Schedule G. Part III, lines			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
	COMPlete Schedule G. Part III			
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H 2	9	X	_
	2	00	X	_
	.		_	

COMMUNITY IMPROVEMENT CORP. Form 990 (2009) OF THE STEUBENVILLE, OH ARRA Part V Checklist of Required Schedules (continued)

34-0973647

	utos (continued)			<u> </u>	ug-
:	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I. Porte I and IV.	\neg	Т	Yes	- 14
	United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	-		162	No
2	2 Did the organization report more than \$5.000 - 5 - 100 - 1	_ <i>,</i>	21		X
	column (A), line 2? If "Yes," complete Schodula I Daniel I Schodul	- 1	-+	_	
4	Did the organization answer "Yes" to Part VII, Section A. line 3. 4 or 5 about company site.		22		Ж.
	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 compensation of the organization's current	┈┟╧	_		
	Schedule J Schedule J Schedule J	ı		- 1	
2	Schedule J Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal employees? If "Yes," complete	١,	3	- [X
	4a 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, 20022 if "Yes" appear in a 24 to 1.	·	~+	- - }	
	Schedule K. If "No", go to line 25		ı	ľ	
	b Did the organization invest any proceeds of the	. 2		ı	X
	 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 	24	_	- 	-2/
	any tax-exempt bonds?	- 1	~ -		-
	any tax-exempt bonds? d Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year to defease Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an	. 24	in	- 1	
2	Section 501(c)(3) and 501(c)(4) organizations. Tild at any time during the year?	24		\dashv	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a but the organization and some section with a strength or the organization of the organization and some section with a strength or the section with a strength or the section with a	·	∸	-+	
	b is the organization aware that it engaged in an excess benefit tropped in a	25	ام	Ī	
	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		-	-+	
•	Schedule I Part I	ſ	- 1	- 1	
26	Was a loan to or by a current or former officer discussions.	25	.		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? (f "Yes " compete Person Person outstanding as of the end of the organization's tax year? (f "Yes " compete Person Per	1	╬	-+-	
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	.	- [X.
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-	┥-	\dashv	^ _
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete				
28	Schedule L, Part III Was the organization a party to a business transaction with one of the following.	27	-	- .	X
	Was the organization a party to a business transaction with one of the following parties, (see Schedule L. Part IV				data
		事是	1	4	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	288	4		A 100 E 100
•		28b		╌┠╡	<u>X</u> _
	An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200	1-	- 	<u> </u>
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Ι,	X
30	WITH THE PROPERTY OF THE PROPE	29	╁	+	<u>-</u>
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	┽╌	-	<u>~</u>
31		30	1	١,	ζ.
	Did the organization liquidate, terminate, or dissolve and cease operations?	30	╫	-	,
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of or transfer was at the self.	31	1	Ι,	2
		-31	\vdash	- -	<u>.</u>
33		32	[1 2	,
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 if "Yes " complete Setartic R. R. R. R. R. R. R. R. R. R. R. R. R.	_ ``` _	┢	-	
34	sections 301.7701-2 and 301.7701-37 if "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		×	-
	If "Yes," complete Schedulo D. Berry V. V. V.	-32	 	╌┼╌	_
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 s any related organization a controlled entity within the meaning of section 512(bV)(3)?	34	1	X	
	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			 ^	<u> </u>
36	If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-shariful.	25	ł	v	
_		35		X	
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization?	ا م			
•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		┿	_
		27		\ _V	
-	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		Ţ <u>X</u>	_
	Note. All Form 990 filers are required to complete Schedule O.	ر مو	У		
		38	47	1	

Form 990 (2009) OF THE STEUBENVILLE, OH AREA
Party Statements Regarding Other IRS Filings and Tax Compliance

34-0973647

	1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter 0 Known (Texts)	1			Yes	No
	p enter the number of Forms W-2G included in line to Enter A	<u>1a</u>		_0		
	c Did the organization comply with backup withholding rules for reportable payments to vendors ar (gambling) winnings to prize winners?	<u>15</u>		_U		
	(gambling) Winnings to prize winners? Enter the number of employees reported on Form W.3. Terror will be payments to vendors are	o reporta	ble gaming			
	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 calendar.	i		- <u>1c</u>		<u> </u>
	filed for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization for	1 2- 1				全 海
				4		農業
4	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (s Did the organization have unrelated business gross income of the coa	ee inetak	····	2b	X	
	Be Did the organization have unrelated business gross income of \$1,000 or more during the year cov by ff "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Second 1.	erad by th	acrs)			
	b if "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	эгөф бу ц	is return?	38	╄	X
		or authori	ht over a	<u>36</u>	 	
	financial account in a foreign country (such as a bank account, securities account, or other financial bif "Yes," enter the name of the foreign country:	aj accond	ny over, a			
	b if "Yes," enter the name of the foreign country:	Nº WOODQII	9:	. 4a	e Para Dias	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreignancial Accounts.	n Bank ar	nd .			
5	3 Was the organization a porture					
	 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year b Did any taxable party notify the organization that it was any time during the tax year 	•		Sec.	****	V
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transct in "Yes," to line 5a or 5b, did the organization file Form 8886. This closure by Tox Community and the organization file form 8886. This closure by Tox Community and the organization file form 8886.	action?		<u>5</u> 8	 	X
	c If "Yes," to line 5s or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re Tax Shelter Transaction?	arding P	rohibited	- 30	 	
6	Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000 and did	-		. 5c		
	ANY CONTIDUITIONS that were not toy of the time to	ure organ	IZZUOD SONER			
ı	If "Yes," did the organization include with every solicitation an express statement that			. 62		X
				.	 	
7	Organizations that may receive deductible contained			6b		
ŧ	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for provided to the payor?			XET	2000年	
	provided to the payor?	goods a	nd services			Maried, 2.
t	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal amount of the control of			7g	[
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it u	.,		7b		
		ras requir	ed			
d	If "Yes," Indicate the number of Forms 8282 filed during the year	1 1		7c		
e	DRO the organization, during the year, receive any funds, all	<u> </u>				
						teres :
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of qualified intellectual property, did the oversization file.	·······		7e		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required.	açı;			_	
h			····	79		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a section 509(a)(3) supporting organization.	es requi	me Didden	7h	m*1,	au sitti tu
	A sponsoring organization, have eve	ann bu			基本 等	
9		acc madii)	cese voimings			
ð	Sponsoring organizations maintaining donor advised funds.	•••••		8	Water Street Control	2,452 64
	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related powers?			2		X4.57
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		//	9a 95		
à	Initiation fees and capital post-feet in the second capital po			200 F	放连接	erectory.
b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12	10a				
		10b				
						9122
b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
	amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trunts to the exempt.	11b				
b	THE PROPERTY OF ANY AND AND INCHEST RECOIVED AN ACCOUNT OF A COMMON AND A COMMON AN			12=	262. W 100.00	ा द्वारी
	the year	12b			克德的	

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	1.74	1.14	C'INT	27 T) 138/T2 ==		A Po to a
Par VI Governance,	Mana	aeme	of or	and Division Links	OH	AKEA

Se	Governance, Management, and Disclosure For each "Yes" response to lines 2 throuto line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Section A. Governing Body and Management	e instructions.		, , , , ,	
1	B Enter the number of voting members of the governing body b Enter the number of voting members that are independent			Ye	
	b Enter the number of voting members that are independent	a /	59		
2	Did any officer, director, trustee, or key ample as to	,	59		
	officer directs to the second of the second	th any other		2	
3	Did the organization delegate control over management duties customarily berformed by accomplish	,101	2		1
	Did the organization delegate control over management duties customarily performed by or under the did of officers, directors or trustees, or key employees to a management company of the did officers.	ect supervision	····	+-	╁
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the support.		з	I	1
5	Did the organization make any significant changes to its organizational documents since the prior Form 9 Did the organization become sware during the year of a material diversion of the organization.	90 was filad?	4	╁	╌┼
6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	""	5	┿	+
7€	Does the organization have members or stockholders? Does the organization have members or stockholders, or other persons who may elect one or may also the organization have members, stockholders, or other persons who may elect one or may also the organization have members, stockholders, or other persons who may elect one or may also the organization have members, stockholders, or other persons who may elect one or may also the organization.	***************************************	 	╫╤	_
	Does the organization have members, stockholders, or other persons who may elect one or more members governing body?	ets of the	6	X	+
b	governing body? Are any decisions of the governing body subject to approval by members, stockholders or other page.		_	1 .	1
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons Did the organization contemporaneously document the meetings held or written actions.		<u>7a</u>	_	╁
_	Did the organization contemporaneously document the meetings held or written actions undertaken during	'	7b	and a series of the	24 Pag
a	The second secon				
b	Each committee with authority to act on behalf of the governing body?				N į
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be a section of the committee of the section of	***, 6 ; ,	.,. <u> Ba</u>	X	1
-	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's malling address? If "Yes." provide the games and address.		86	X	L
00	organization's malling address? If "Yes," provide the names and addresses in Schedule O	at the		1	
	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue		. 9	X	
۸.	Beautiful in the manual revenu	le Code.)			
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such all			Yes	
IJ	if "Yes," does the organization have written policies and procedures governing the activities of such chapt and branches to ensure their operations are consistent with these of the		10a		L
_	and branches to ensure their operations are consistent with those of the organization?	ers, affiliates,	-	1	1
			. 10b	<u> </u>	L
1A -	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	e form?	. 17	X,	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		. 12a		2
	to conflicts?	erise			Γ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," in Schedule O how this is done	,	12b		1
	in Schedule O how this is done	describe			
3	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?		12c	' I	
ŀ	Does the organization have a written document retending		13		X
•	Did the process for determining compensation of the following a		14	$\neg \neg$	X
1	persons, comparability data, and contemporaries to rollowing persons include a review and approval by in-	dependent	幸趣	12年11年	Y. C.
a `	The organization's CEO Executive Director, as the admission of the deliberation and decision?				
b (The organization's CEO. Executive Director, or top management official Other officers or key employees of the organization if "Yes" to fine 15a or 15b, describe the process in Schedule O. (See instructions.)	•	15a	x	
1	if "Yes" to fine 15a or 15b, describe the process in Schedule O. (See instructions.)		15b	x 1	
a [Did the organization invest in contribute area.		division of		-Augus
t	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wi axable entity during the year?	th a		海洲	172
))	f "Yes," has the organization adopted a written policy or procedure	•	16a		Z V
it	f "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its n joint venture arrangements under applicable federal tax law, and believed.	participation	CHAPTER L	Sauri est	<u> </u>
e	n joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization exempt status with respect to such arrangements?	n's			
	exempt status with respect to such arrangements?				()
		***************************************	16b		_
6	ist the states with which a copy of this Form 990 is required to be filed NONE				
u	Section 6 104 requires an organization to make its Forms 1000 (s. 100 t.)	(3)0 och 4 2			
q	The state of the s	o⁄≥ oniy) available) for		
	Own website [Another's wake#a Y				
D	escribe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or externents available to the public.				
st	eternents available to the public.	f interest policy, a	nd finan	zial	
SI	tate the name, physical address, and telephone number of the				
R	UTH CASEY, ADMINISTRATOR - 740-283-2476	ds of the organiza	tion: 🕨		
	ARKET STREET, STEUBENVILLE, OH 43952	-			

Form 990 (2009) OF THE STEUBENVILLE, OH AREA

34-0973647

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; Check this box if the organization did not compensate any current officer, director, or trustee.

(A)). (B)	T			(C)	., u	COL	(D)		
Name and Title	Average				sitio			Reportable	(E)	(F)
	hours	(0	hec	k all	tha	t ap	ply)	compensation	Reportable compensation	Estimated
	per Week	喜	Г	Г	Т	7	T	from	from related	amount of other
	Week	individual Fusise to director			1	2	ł	the	organizations	compensatio
		1	OZ ĮEG		1		1	organization	(W-2/1099-MISC)	from the
	- 1	15 E	夏		3	景。	ı	(W-2/1099-MISC)		organization
		de C	issibultana inosice	≅	Key empkyer	Alghest companies	₽	[and related
WILLIAM BLAKE		.Ē	12	₹	흏	£ 2	ē			organizations
TRUSTEE	1 50									
GARY R. FOLDEN	1.50			_	L	L		L 0.	0.	c
TRUSTEE	1.50				1		١.			
ALEX MARSHALL	1.30				_	<u> </u>		<u> </u>		0
SECRETARY	1.50	- 1	ı				•			
KENNETH PERKINS	1.30		ᆜ	ļ			٠	0.	0.	0
PRESIDENT	1.50						J			<u> </u>
JOHN ABDALLA		-+	-}			_	_	0.	0.	0
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JOHN GRODIS	-	\dashv	4	-		4		0.		0
TRUSTEE	1.50	Į	ľ	- [ľ		ļ	_ 1		
DR. EDWARD L FLORAK		+	-+	∤			-	0.	0.	0
TREASURER	1.50	-1		- 1	1	- 1		_ [
SAM GRAFTON		-	+	-+	+		+	0.	<u> </u>	0
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OOMINIC CHAPPANO		+	╅	+	+	╁	-	0.	0.	0
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ENO MORELLI RUSTRE		_	+	\top	- - -	+			0,	0.
	1.50			1	ı	-	-	0.		
HOMAS GENTILE RUSTEE		T	╁	_	+	+	-		0.	0.
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007 02-04-10	1 7.30	<u> </u>	ட	Ц,	_		<u></u>	0.	0.	0.

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

1 200 220 120087 116 016773 6	TEUREM						-		ż	r .
Part VII Section A Officers, Directors, Ti	IIstoes Kov	11	10.10	, ()H	AR	ŒZ	1	<u>34~0</u> 973	3647 Page 8
(A)	(B)	=nip	loye	es, a	ng H	lighe	est (Compensated Employ	yees (continued)	T HAD B
Name and title	Average hours	1		Posi	ition	apply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated
	per week	Maindraid basse or discior	estlydenst trystae	Olivar	Key employee	engless contents to	Direc	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
DR LAURA MEEKS		<u> -</u>	=	5	<u> </u>	E	Ē			organizations
TRUSTEE	1.50	ł	1		-	1				
KYLE BROWN TRUSTEE	1.50	_			+	+		0.	0.	0.
HUBERTA SICILIANO TRUSTEE				-	+		╁	0.	0.	0.
ROBERT GRIBBEN	1.50	Ц		_	\downarrow	_	\downarrow	0.	0.	0.
TRUSTEE JOSEPH GLAUB	1.50			- [_ 0.		
TRUSTEE	1.50		7		+	1	Ť		0.	<u> </u>
DEREK FERGUSON TRUSTEE		-	+	-	╁	-	┿	0.	0.	
DAVID M SKIVIAT	1.50					1		_ 0.	0.	
VICE PRESIDENT	7 50		Т	Ţ		1	T			0.
JAMES EMMERLING	1.50	-	-	┵	+	- -	\perp	0.	_ 0.	0.
TRUSTEE BILL DENOON JR	1.50	\downarrow				\perp		0.	0.	0.
TRUSTEE	1.50	Ţ	ı		1	1	1			- 0.
LOU PETROZZI		┪	+	+	-	╄	┼-	0.	0.	0.
TRUSTEE	1.50				1	1	ľ	0.		
1b Total 2 Total number of included to be directed.					➤		\vdash		0.	0.
Total number of individuals (including but not compensation from the organization	limited to tho	se li:	sted	abov	e) wi	ho re	ecei	ved more than \$100,0	00 in reportable	
 Did the organization list any former officer, di line 1a? If "Yes," complete Schedule J for suc For any individual listed on line 1a, is the sum and related organizations greater than \$150,0 Did any person listed on line 1a receive or acc the organization? If "Yes," complete Schedule Section B. Independent Contractors 	of reportable of the office of	comp comp etion	pens lete fron	setior Sche n any	and adule Unre	oth Jro	ner o	compensation from the uch individual rganization for service:	organization	7es No X X X X X
 Complete this table for your five highest comp the organization. NONE 	ensated indep	end	ent (contr	acto	rs th	at n	eceived more than \$10	00,000 of compensation	on from
(A) Name and business add	dress							(B) Description of servi	ces Com	(C)
			_			\prod				
			-							
				_		-				
Total number of independent contractors (include \$100,000 in compensation from the organization of the organization)	ding but not lin	nite	i to	those	liste	od al	bove	e) who received more t	han .	
SEE SCHEDULE J-2 FOR PA	RT VII,	S	EC	TIC	N	Α	CC	NOTTAUNTION	For	n 990 (2009)

75.AZ	Statement of Re	THE STEU Venue					34-097	/3647 Pa
20	1 a Federated campaigns			(A) Total rever	nue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fi tax under sections 5
ounts Dounts	b. Month - Library	<u>1a</u>	<u> </u>					513, or 5
, 등	c Fundralsing events	1b						
and other similar an	e Government grants (contrit	outions) 1e	306,89					
70	f All other contributions, gifts, g	rants and	200,85	0.				
휭	similar amounts not included a	bove 1f						
힏	g Noncash contributions included in li	nes 1s-1f: S		Charles and Charle				
- TO	h Total. Add lines 1a-1f			306,8			e e e e	
-			Business C	200,8:	70 · k			
Revenue	2 a	,						
틝	ь				$\overline{}$			
5	C				$\overline{}$			
ž	0				\neg			
ľ	1 All other program service re-							
	Mr o Street det Alce I Gr	/enué ,	<u> </u>					
7	THE PROPERTY OF THE PROPERTY O			<u> </u>	5.8			Antonio de la como de
	3 Investment income (includin	g dividends, inte	rest, and				The state of the s	
4	other similar amounts)	**************************************		6,37	5.	6,375.		
5	5 Royalties	ex-exempt bond	proceeds	-			,	
		(i) Real		Anni Par Vanda, Managaran an				
6	6 a Gross Rents	() rical	(ii) Persons					圣秘电电视
	b Less: rental expenses							
	 Rental income or (loss) 		 					
	d Net rental income or (loss)							
7	7 a Gross amount from sales of	(i) Securities	(ii) Other			en en en en en en en en en en en en en e	erecenia Cilia managaria	
	assets other than inventory							
ı	b Less; cost or other basis							
	and sales expenses	 -						
 	c Gain or (loss)	<u> </u>			星量			
		***************************************	·····		1	A STATE OF THE PARTY OF THE PAR		到了一个
Ī	a Gross income from fundraising including \$							
	contributions reported on line	of						
	Part IV. line 18	10), See						
i	b Less: direct expenses	a						
•	 Net income or (loss) from fund 	raisino events			图画			
9 a	 a Gross income from gaming aci 	ivities. See		Agricultural and the second	and plants	non the Court of t	17	and the second s
	Part IV, line 19	±]						
Ł	n ress: quect exbenses	ы						
Ç	 Net income or (loss) from gamil 	ng activities			5930			
IO 9	B Gross sales of inventory, less n	etums			ÉEX			And Open agent
L	and allowances	a						
'n	b Less: cost of goods sold	<u>.</u> bĹ						
	Net income or (loss) from sales Miscellaneous Revenue							
11 a			usiness Code					A CONTRACTOR OF THE PARTY OF TH
b						- And Additional Control of the Cont		Control of the last of the las
c		·			<u> </u>			
d		 -			—			
	Total. Add lines 11a-11d							
e	Total revenue. See instructions.		<u> </u>		Access to the name	Name of Party address of the Party of the Pa	i.	

Form 990 (2009)

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

Part IX Statement of Functional Expenses

34-0973647 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (A) Total expenses 7b, 8b, 9b, and 10b of Part VIII. (C) Management and Program service (D) Fundraising Grants and other assistance to governments and expenses general expenses expenses organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 91,106. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 57,898. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 17,019 Other employee benefits 4,957.Payroli taxes 10 8,188. Fees for services (non-employees); Management ____ b Legal _____ Accounting 8,532. d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other Advertising and promotion 12 Office expenses 13 7,671. Information technology 14 Royalties _____ 15 16 Occupancy ____ 8,800. 17 Travel 4,545. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,522 Insurance 23 1,808 24 Other expenses, itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) MARKETING & ADVERTISING 130,483.OTHER/MISCELLANEOUS 6,579 TELEPHONE 5,043. d All other expenses Total functional expenses, Add lines 1 through 24f 355,151. Joint costs. Check here - If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

25

26

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

Form 990 (2009) O

34-0973647 Page 11

_		1 Cash - non-interest housing			(A) Beginning of year	,	(B) End of year
	ł	· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			102 127	1	
		2 Savings and temporary cash investments 3 Pledges and grants receive he get	· · · · · · · · · · · · · · · · · · ·	***************************************	342,748.	2	400,415.
						3	45,878.
	?					4	10 503
	1					4	12,500.
		employees, and nignest compensated employ	ees. Complete	e Part II			
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		TOOUT IN AND PERSONS DESCRIBED IN Section AC	SEPI-MOVION A				
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Assets	7				0 6 6	6	160 01
Ą	8					7	100,332.
	1 "		**			8	
	10	The second complitions cost of other	1 1		Normalist agent at Language and American	9	
	Ι.	basis, Complete Part VI of Schedule D	10a	22,605.			
	ا مه ا	u Less; accumulated depreciation	403.	7 7 PAA '	8,565.		
	1 ''	INVESTMENTS - DUDITON traded securities				0c	8,006.
	12				·	1	
	13	Frystant Vialed, Step Part IV IIIA	77			2	
	14				***************************************	3	
	15				139. 1	_	
	16				E22 448		168.
	17			· -	0.003		567,299.
	18	· ····- P-) 41010					1,668.
	19				18		
	20					_	
Liabilities	21		OPT IV AF CAL-				
	22	The state of the s	frontana too		21	offi maar abee.	a Magazzan Ber
2		mones: compensaced employees, and disqualifie	d persons. Co	omplete Part II			
		AL OCHROPIE F		P*****			
	23					 -	
	24	The second of the second localis days and the second of th	Officiant as as 41			+	
	25	Avior iranimos- odulbiera Laut y of Schednie D	••/+		53,404. 25		10.75
╌┤	2 6	THOUGH 25		1	55,607. 26		30,000.
<u></u>		Organizations that follow SFAS 117, check her	e 🕨 🗓 8	and complete		ê rankinga	31,668.
ances	27	ines 27 through 29, and lines 33 and 24		- -			
	20	Unrestricted net assets		and the state of t	74,291. 27		
ă l	28 29	Temporarily restricted net assets			503,220. 28	┼─┈	75,483.
Net Assets or Fund Ba	2 07					┼	460,148.
<u> </u>		or gamications that do not follow SFAS 117, che	ck here 🕨	and	29	a distribution of	and the state of t
ğ		Complete intes 30 through 34		200			T
888	30 34	Capital stock or trust principal, or current funds	····		30		
₹					31	├	
2	-	was roa seemings, endownient, accumulated inco	me, or other fi	unds	31	 	
		A Lieu Asserts Of JOHO DENOUGE			577,511. 33	 	E3E (34
	J*9				633,118. 34	 	535,631. 567,299.
		•	_	***************************************	34	<u> </u>	<u> 567,299.</u>

For	COMMUNITY IMPROVEMENT CORP. 1990 (2009) OF THE STEUBENVILLE, OH AREA 34-097 11 Financial Statements and Reporting	3647	/_ P:	age 12
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			
þ	Were the organization's financial statements audited by an independent accountant?	_2a		X
C	TO TO INTO ZEI VI ZD, UDES THE OMISHING NAME A	2 b	X	
d	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. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	2c	Х	
3 a	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 stone tales to a second audits.	3a	_	<u>x</u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Interne: Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organiza	tion	1 2003
•	COMMUNITY IMPROVEMENT CORP.	Employer Identification numb
Organization type (che	OF THE STEUBENVILLE, OH AREA	34-0973647
		03,004
Filers of:	Section:	
Form 990 or 990-EZ	(enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
² 0m 990 PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
neck if your organizatio lote. Only a section 501	n is covered by the General Rule or a Special Rule.	
ione owy a section on i	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	al Rule. See instructions
ieneral Rule		V 11 = 2 11 47 102
Eor an organizati	ion filing Form god, pag pr	,
contributor, Con	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (inplete Parts I and II.	in money or property) from any one
pecial Rules		
For a partian sor	1(~\^)	•
509(a)(1) and 17((c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the (b)(1)(A)(vi), and received from any one contributor, during the year is contributed.	regulations under sections
of the amount on	(i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	the greater of (1) \$5,000 or (2) 2%
For a section 501	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one collustrons of more than \$1,000 for use exclusively for religious, charitable and the collustrations of more than \$1,000 for use exclusively for religious, charitable and the collustrations of more than \$1,000 for use exclusively for religious, charitable and the collustrations of the c	.
aggregate contrib	outions of more than \$1,000 for use exclusively for religious, charitable, scientific, literators to children or animals. Complete Parts I. II. and III.	ntributor, during the year,
	- o i ny and ut-	
For a section 501	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one coruse exclusively for religious, charitable, etc., purposes, but these contributes and the contributes of the contr	makatika atau atau
If this box is check	use exclusively for religious, charitable, etc., purposes, but these contributions did not ked, enter here the total contributions that were received during the year for any one contributions.	aggregate to more than \$1,000
pulipose. Do not c	Omplete any of the posts unless the party of the posts for an exclusi	iVely religious, charltable etc
religious, charitabl	e, etc., contributions of \$5,000 or more during the year.	e it received nonexclusively
uon. An organization ti	hat is not covered by the Community	
it mus t answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line ng requirements of Schedule B (Form 990, 990-EZ, or 990-PE)	3 B (Form 990, 990-EZ, or 990-PF),
It does not meet the filling	ng requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	≥ 2 of its Form 990-PF, to certify

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

COMM	organization UNITY IMPROVEMENT CORP. HE STEUBENVILLE, OH ARKA	E	Page 1 of 1 of Par imployer identification number
Part			34-0973647
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) Type of contribution
1	CITY OF STEUBENVILLE, OHIO		3750.00101000001
	304 MARKET STREET	\$50,000	Person X Payroll Noncash
	STEUBENVILLE, OH 43952		(Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
2	FRANCISCAN UNIVERSITY	`	3 CONTRIBUTION
	1235 UNIVERSITY BLVD	\$5,000	Person X Payroll Noncash
	STEUBENVILLE, OH 43952		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
3	HUNTINGTON BANK	- 38 3344 WOLLD HOLD	- VIII VIII VIII VIII VIII VIII VIII VI
	P.O. BOX 1558	s10,000	Person X Payroll Noncash
	COLUMBUS, OH 43216		(Complete Part II if there is a πoncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)
4	JEFFERSON COUNTY AUDITOR		Person X
	301 MARKET STREET	\$\$.	Pavroli
	STRUBENVILLE, OH 43952		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)
5	CITY OF TORONTO OHIO	3,	Type of contribution
	MAYORS OFICE	\$5,000.	Person X Payroti Noncash
	TORONTO, OH 43964		(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
- -		\$	Person Payroll Noncash
1452 02-01-10		Schedule B (Form	(Complete Part I) if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

Schedule D

(Form 990)

Department of the Tressury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OME No. 1545-004:

Open to Public Inspection

	VEMENT CORP.	Employer Mackle
OF THE STEUBENV	LLLE, OH AREA	Employer Identification num 34-0973647
Organizations Maintaining Donor Ad organization answered "Yes" to Form 990, Part I	vised Funds or Other Similar Fund	ds or Accounts. Complete ##
Part I alswered Tes to Form 990, Part I		complete it the
1 Total number at and of years	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		The Country of the Accounts
- Asi osare contributions to (diffuo Aesi)	•	
22. 48mm Stories HALL (CICING AGED)		
- Agradare varie at end of vear		
C DIO I I C VIUSINZALION INTORTO All donore and denga est		
are the organization's property, subject to the organization Did the organization inform all grantees, donors, and dor	On's exclusive legal controls	ised funds
6 Did the organization inform all grantees, donors, and dor for charitable purposes and not for the benefit of the don	OF advisors in writing that great 4	Yes []
for charitable purposes and not for the benefit of the dor Impermissible private benefit?	OF OF donor advisor, or for one attended to	3 Used only
Impermissible private benefit?		onferring
Impermissible private benefit? Conservation Easements. Complete if the Purpose(s) of conservation easements held by the grant	9 Organization appropriately 50	Yes
Purpose(s) of conservation easements held by the progn	ization (shock all the	Part IV, line 7,
Preservation of land for public use (e.g., recreation		
Protection of natural habitat		storically important land area
Preservation of open space	Preservation of a cer	tified historic structure
Complete lines 2a through 2d if the organization but	450	
Complete lines 2a through 2d if the organization held a que day of the tax year.	ualified conservation contribution in the form	of a conservation easement on the load
	,	TO BE MENT OF THE MENT
8 Total number of consequation expenses		Held at the End of the Tax Ye
Total number of conservation easements Total acreage restricted by conservation easements		2a
b Total acreage restricted by conservation easements	Stranda w. I. dialogia	26
c Number of conservation easements on a certified historic Number of conservation easements included in (c) acquire	structure included in (a)	2c
d Number of conservation easements included in (c) acquire Number of conservation easements modified, transferred	ed after 8/17/06	24
Number of conservation easements modified, transferred, year	released, extinguished, or terminated by the	[20]
Newstand	The state of the s	organization during the tax
Number of states where properly subject to conservation.	easement is located >	
The organization have a written policy regarding the	ograndia — a - in	
Start and volunteer hours devoted to monitoring. Inspection		Yes N
Amount of expenses incurred in monitoring, inspecting, an Does each conservation easement reported on line 2/d ab	d enforcing conservation easements du	iring the year
Does each conservation easement reported on line 2(d) ab and section 170(h)(4)(B)(ii)?	Over pathets the arrivation easiments during t	the year 🕨 \$
and section 170(h)(4)(B)(ii)?	ove sausty the requirements of section 170()	1)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	**************************************	Yes 🔲 No
include, if applicable, the text of the footnote to the organiz	ation easements in its revenue and expense:	statement, and balance sheet, and
CORSAD/Stop Conservation	The season will did describes the	NA OPCANIZATIONAL ACCOUNTS
Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form		
Complete if the organization answered "Yes" to Form	or Art, Historical Treasures, or Oti	her Similar Assets.
Tes to Form	n 990, Part IV, line 8.	
If the organization elected as no-itted as no-itted		
If the organization elected, as permitted under SFAS 116, in treasures, or other similar assets held for public exhibition, e	ot to report in its revenue statement and bal-	ânce sheet worke of out wind.
treasures, or other similar assets held for public exhibition, of the footnote to its financial statements that describes these	education, or research in furtherance of publi	ic service provide in D. 1 and a
the footnote to its financial statements that describes these	items.	o service, provide, in Part XIV, the text of
if the organization elected, as permitted under SFAS 116, to	report in its revenue statement and halons	
If the organization elected, as permitted under SFAS 116, to or other similar assets held for public exhibition, education, others items:	or research in furtherance of public and balance	sneet works of art, historical treasures,
these items:		Provide the following amounts relation 4-
(i) Revenues included in Form 990, Part VIII, line 1		
(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre		> \$
" o o o o o o o o o o o o o o o o o o o	MOST INC	> \$
the following amounts required to be accessed.	man and or parter annual deserts for illustrated d	an, provide
Revenues included in Form 990, Part VIII, line 1 Assets Included in Form 990, Part X	16 relating to these items:	
Aggett behaded to a second of the line	***************************************	> \$
^\$\$\$(\$ Included in Form you p⊶+ v		
Assets Included in Form 990, Part X	***************************************	s -

Schedule D (Form 990) 2009 OF T	UNITY IMPROV	VEMEN T	CORI	Ρ.			f ·	• •	
Part III Organization Mail	HE STEUBENV	LLLE,	OH A	REA			34.00-	, -,	-
					es, or O	ther Ci-i	34-097	J64	/ Pa
S Using the organization's acquisition, ac (check all that apply):	cession, and other rec	ords, chec	k any of ti	he followin	g that are	a significant	ar ASSOL	S (conti	nued)
a Public exhibition			•		WIG	- organicant	nze ot its co	ollection) item:
b Scholarly research		الحل ه	Loan or e	xchange p	rograme				
c Preservation for future generation		e	Other						
4 Provide a description of the arrange	\$								
 4 Provide a description of the organization 5 During the year, did the organization sol 	1's collections and exp	lain how th	ey furthe	r the organ	izetion's a	Vorment w			
5 During the year, did the organization sol	icit or receive donation	s of art, his	storical tre	easures, or	other elm	yenbrbabo	se in Part X	av.	
to be sold to raise funds rather than to the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold to raise funds rather than the sold than the sold to raise funds rather than the sold than	e maintained as part of	of the organ	nization's	collection?		ශය ක්දේල්යි			
Escrow and Custodial Ar reported an amount on Form 990	rangements. Com	plete if orga	anization	аләмегес	Yes to F	Orm COO Do	4),, ,,	Yes	Щ
1s is the organization an agent to see	. Part X, line 21.				100 (01	om sao, rar	T IV, line 9,	or	
1s is the organization an agent, trustee, custon Form 990, Part X?	stodian or other interm	ediary for c	ontributio	ons or othe	r assets n	ot included		—	
on Form 990, Part X? b If "Yes," explain the arrangement in Part	*				1. 1.000	or incided	<u> </u>	_	
b If "Yes," explain the arrangement in Part	XIV and complete the	following to	able:			* · · · · · · · · · · · · · · · · · · ·	۱ لـــا۱	le s	<u> </u>
			4			10	Ai	nount	
d Additions during the year		,	***************************************			44			
T Ending balance		*************				أملتا			
f Ending balance a Did the organization include an amount o b If "Yes," explain the arrangement in Part				***********					
D II 'Yes' evolain the amou	. ,								_
active Endowment Funds Comple	OV.					/++ · · · · · · · · · · · · · · · · · ·	\ \ \ \	es (1
ait W. Endowment Funds, Comple	te il the organization al	nswered "Y	es" to Fo	om 990 , Pa	art IV, line	10.	, <u>.</u>		
Beginning of year balance	(a) Current year	(b) Pric	or year	(c) Two y	ears back	(d) Three yea	rs back Los	Four ye	
Contributions	·	<u> </u>			高學學語			TOUI YE	ars 0a(
Net investment earnings, gains, and losse	·				學學學學			er er	
Grants or scholarships	3								
Other expenditures for facilities	·							erreit de	de plan
and programs	1	İ							
Administrative expenses									
End of year balance]	等声音等					44.0
Provide the estimated percentage of the ye				<u> </u>				CALLEGE AND A	4.27.5
Board designated or quasi-endowment	ar end balance held a	\$;				A south of the same	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	AL TOPIC	
Permanent endowment		_%							
Term endowment	% %								
Are there endowment funds not in the sec-	_70								
Are there endowment funds not in the possiby:	casion of the organiza	tion that ar	re held an	ıd administ	ered for th	ne organizatio	on		
(i) unrelated organizations								Van	.
(ii) unrelated organizations (iii) related organizations				· • • • • • • • • • • • • • • • • • • •			3a	Yes	No
II "Yes" to 3a(ii), are the related amanipation	se limbed an array	•••••••				************	3a(
Describe in Part YA/ the internal of the control of	,	· voi loddic	F 3.4				36	_	+-
Investments - Land, Buildin Description of investment	os. and Fourth	vment fund	ls.				<u>L St</u>	-	<u></u>
Description of investment	/o) On a	IIL See Fo	m 990, F	Part X, line	10.			-	_
The state of the s	(a) Cost or oth basis (investme	ner i <i>ti</i>	b) Cost or	rother		cumulated	(d) P	ook vait	10
	~dois (investine	H1T)	basis (ol	ther)	dep	reciation	(4) 51	ON ASS	10
Land					J. F. Committee		-		
Bulldings	· · · · · · · · · · · · · · · · · · ·				The state of the s		N	_	
Leasehold improvements					The second secon	W.			
Leasehold improvements					and the state of t				_
Land Buildings Leasehold improvements Ecuipment Other				,605.		14,599.		8.0	
Leasehold improvements								8,0	06.

Schedule D (Form 990) 2009 OF THE ST) Part VII Investments - Other Securities.	SUBENVILLE, O	H AREA	34-0973647
(a) passiblier of seconds of category			"
(including name of security)	(b) Book value	(c) Metho	d of valuation:
Financial derivatives		Cost or end-of	year market value
A COUNTY OF COURTY INTERPORTS			
Other			
			
			· · · · · · · · · · · · · · · · · · ·
			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			DA
art VIII Investments - Program Related.	See Form 990, Part X, line	- 13	Service of the servic
(a) Description of investment type	(b) Book value		of valuation:
	(V) Book value	Cost or end-of-y	of valuation: /ear market value
			
(Cat /h) must squat to come			
ait. (Col (b) must equal Form 990, Part X, col (B) line 13.) art: IX Other Assets. See Form 990, Part X, line			
See Form 990, Part X, line	15.		The state of the s
(a)	Description		(b) Book value
			
al. (Column (b) must equal Form 990, Part X, col (B) line	45)		
Other Liabilities. See Form 990, Part X, Ii	18.) ne 25		
(a) Description of liability	10 20.	(b) Amount	
eral income taxes		(b) Allocali	
POSITS - INDUSTRIAL PARK LOT	SALE	30,000.	A second

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 30,000. 2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48, 932053 02-01-10

	COMMUNITY IMPROVEMENT	CORP.	•	. ,	· .
\$(\$ C				24.4	30000.
<u>109</u>	The second of the second second from East	m 990 to Audited Ei	nancial C	34-(973647 Page 4
	Total revenue (Form 990; Part VIII, column (A), line 12)	- Walted [raticial S	tatement	
3	(Otal expenses (Form 990, Part IX column (A) line ce		···· 1	,	313,271.
3	Excess or (deficit) for the year. Subtract line 2 from line 1 Net unrealized gains (losses) on investments		2		355,151.
4	Net unrealized gains (losses) on investments Donated services and use of facilities	***************************************	3		<41,880.
5	Donated services and use of facilities Investment expenses	*!	··· 4		
6	Investment expenses Prior period adjustments		5	`	
7	Prior period adjustments Other (Describe in Part XIV.)		6		
8	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8		7		
9	Total adjustments (net). Add lines 4 through 8 Excess or (deficit) for the year per audited financial statements. Combined the statements of the statements.		8		
10	Excess or (deficit) for the year per audited financial statements. Combine	linon A + A	9		<u> </u>
	TOTAL TOTAL CONTRACTOR OF AUGUST FINANCIAL		10		<41,880.>
	Total revenue, gains, and other support per audited financial statements	Auth We	venue pe	r Return	
2	A HOURS A CHUICU ON ING 1 hit not on Form con Destruction	***************************************	****)	1	313,271.
£	river unrealized gains on investments	la i			
c					
C	· · · · · · · · · · · · · · · · · · ·	,			
e					
3	Add lines 2a through 2d Subtract line 2e from line 1				0
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			. 3	313,271.
а	Investment expenses not included on Form gon, Doublette the Till	1 1			
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	49			
C	14117				,
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	~ · · · · · · · · · · · · · · · · · · ·		. 4c	0.
Pa	winding recommended of expenses her analysis emmercial			5	313,271.
1		PRICEINGUES WITH EX	penses p	er Return	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			. 1	355,151.
a	Conated services and use of facilities	1. 1			
) + 11 - Lajasa/14/163	, , , ,			
¢					
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			2e	_ 0.
4	Amounts included on Form 990, Part IV, too 25, but and 5			3	355,151.
а	Investment expenses not included on Form 990, Part VIII, line 76	1 1			
b	" " " (- total po mit elle Ma")				
	Add lines An and 45				
5	Total expenses. Add lines 3 and 4c. (This must equal Form non and the			_4c	0.
	Supplemental Information	8.)		5	355,151.
Comp	ete this part to provide the descriptions required to Describe				
X, line	ete this part to provide the descriptions required for Part II, lines 3, 5, and $\$$ 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Als	; Part III, lines 1a and 4; P to complete this part to pr	art IV, lines ovide anv ar	1b and 2b; P	Part V, line 4; Part
		-			ingault.
					_
				*	
				·	
		,			

SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Pert VII, Section A, line 1a.

OMB No. 1545-0047 Open to Public see Inspection

Department of the tressury Internal Revenue Service Name of the Organization

COMMUNITY IMPROVEMENT CORP.

OF THE STRIBENATURE

Employer Identification number

Part Continuation of Officers, I (A)	TEUBENV	'IL	ĻΕ	,	OH	A	RE	Α		Employer Ident	ification number
(A)	preciors, i	rus	tee	·s,	Key	<u>/ Eı</u>	<u>mpl</u>	oyees, and Highes	st C	ompensated	Employees
Name and title				,	(•)			(D)		(E)	
	Average	1.		Pos	sitio	h		Reportable	ĺ .	Reportable	(F)
	hours	(hec	k all	tha	t app	ply)	compensation	ء ا	ompensation	Estimated
	per Wéek	1				Т	T	from		from related	amount of other
	Meak	=	1	İ		o) Ke	1	the		rganizations	compensation
	1	1 2		1	1	₽.		organization	(W	-2/1099-MISC)	from the
	1	5	Æ		l	E .	ł	(W-2/1099-MISC)		·	organization
	f	屋	Ž		æ	量		l I			and related
	ļ	Colddeal fuetes or dischor	INSTITUTE OF THE STATE OF THE S	_	Key emologica	Alphasi oz npensahd employee				i	organizations
CUTO T COMPANY	j	3	<u>F</u>	Ē	Sey B	臺	Former				
CHRISTINE HARGRAVE		1 -		 -	Ē	┞					
TRUSTEE	1.50			ļ,				_			
ROSS PATTEN		-	_	_	\vdash		-	. 0.		0.	C.
TRUSTEE	1.50							_			
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Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2009

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

Name of the Organization

COMMUNITY IMPROVEMENT CORP.

OF THE STEUBENVILLE, OH AREA

inspection Employer Identification number

Partil Continuation of Officer	S. Directors	/II	LE	,	OH	<u> </u>	RE	IA	34-09'	tification number 73647		
(A)	(B)	T	LEE	55,	ve)	/ E	mp	24-0973647 Dyees, and Highest Compensated Employees				
Name and title	Average	1		,	,			(0)	· (E)	(F)		
	hours per week		Position (check all that		nat apply)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other			
SHEILA MILIC		halidasi desis ordinasi	desibiland fusige	Office	Key employee	Aghest componented amplayer	Former	organization (W-2/1099-MISC)	organizations (W-2/1099·MISC)	compensation from the organization and related organizations		
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FRANK BOVINA	1.50	_				Ī]	0.	0.			
TRUSTEE ANDREA SHEELER	1.50							0.		0.		
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HA For Privacy Act and Paperwork Reduction	n Act Notice, sec	the	Jan	*****	<u> </u>		***					

SCHEDULE O

(Form 990)

Department of the Treesury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-004; Open to Public Inspection

Name of the organization

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE

Employer identification number

OF THE STROBENTILLE, OH AREA	34-0973647
FORM 990, PART VI, SECTION A, LINE 6: CONTRIBUTING BOARD	MEMBERS ARE FROM
BUSINESSES AND CITY AND COUNTY GOVERNMENTS WITHIN THE STE	TREMULITE OVER
AREA	ODEMATTIE OHIO
FORM 990, PART VI, SECTION B, LINE 11: THE REPORT IS GIVE	N MO WYTH
EXECUTIVE COMMITTEE BY EMAIL FOR REVIEW PRIOR TO FILING THE	TO THE
ARE MADE AVAILABLE FOR ALL BOARD MEMBERS TO REVIEW AT FOLI	HE 990. COPIES
BOARD MEETING.	COMING MONTHLY
FORM 990, PART VI, SECTION B LINE 15, OTT. CO.	
FORM 990, PART VI, SECTION B, LINE 15: OUR CODE OF REGULAT	TIONS PROVIDES
THAT HIRING AND SALARIES ARE UNDER THE PURVIEW OF THE EXEC	CUTIVE COMMITTER.
THE INFORMATION IS THEN PROVIDED TO THE BOARD AT THE FOLLO	WING MONTHLY
MEETING. SEE BELOW FOR SUBSTANTIATION INFORMATION.	
DIRECTOR® SALARY IS A MATTER OF NEGOTIATION, WITHIN EVERAG	E@GUIDELINES.
DIRECTORS MOST RECENT REVIEW WAS JUNE 2009 (ONE YEAR AFTER	HIRE)
EXECUTIVE COMMITTEE APPROVED RAISE IN SALARY AND BONUS, PR	ESENTED
INFORMATION TO BOARD AT JUNE BOARD MEETING. PROGRAM MANAGE	ED WAC HEDD
2009, EXECUTIVE COMMITTEE APPROVED SALARY, PRESENTED INFORM	MAS HIRED JUNE
AT JUNE BOARD MEETING. RLF ADMINISTRATOR® REVIEW WAS JULY	MATION TO BOARD
RECENT SALARY INCREASE APRIL 2009, APPROVED BY EXECUTIVE CO	2009; MOST
PRESENTED TO BOARD AT APRIL BOARD MEMBERS	MMITTEE AND
PRESENTED TO BOARD AT APRIL BOARD MEETING. ALL MATTERS REL	ATING TO
PERSONNEL ARE DISCUSSED BY THE BOARD IN EXECUTIVE SESSION.	

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Publication

Name of the organization

COMMUNITY IMPROVEMENT CORP. OF THE STEUBENVILLE, OH AREA

Employer identification number 34-0973647

TOTAL OF AREA	34-0973647
OUR CODE OF REGULATIONS PROVIDES THAT HIRING AND SALARIES	ARE UNDER THE
PURVIEW OF THE EXECUTIVE COMMITTEE. THE INFORMATION IS T	· · · · · · · · · · · · · · · · · · ·
THE BOARD AT THE FOLLOWING MONTHLY MEETING. SEE BELOW FO	B CITCONION TO
INFORMATION.	R SUBSTANTIATION
FORM 990, PART VI, SECTION C, LINE 18: PRINTED COPIES WILL	
UPON REQUEST.	BE PROVIDED
FORM 990, PART VI, SECTION C, LINE 19:	
PRINTED COPIES WILL BE PROVIDED UPON REQUEST.	
THE OPCINITATION TO THE	
THE ORGANIZATION HAS CHANGED THE PROCESS IN WHICH THE BOA	RD REVIEWS
THE FORM 990	

Return of Organization Exempt From Income Tax

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

QMB No. 1545-0047

6	Départme	of the Tressurv	benefit trust or private foundation)	Pode (excebt PF	ick lung	
Ī	nternal R	nt of the Tressury evenue Service	The organization may have to			Open to Public
7	A For	the 2010 cale	ndar year or tay your has a copy of this return to satisfy sta	ite reporting requ	irements	Inspection
Ē	3 Chec	ck if applicable:	C Name of organization Community , 2010, and e	inding	-3-101100,	, 20
ſ		ess change	C Name of organization Community Improvement Corp. of the Steubenvill Doing Business As	le, OH Area	D Emelo	yer identification number
ſ	_	•				
L L	_	e change	Number and street (or P.O. box if mall is not delivered to street address) Root	m/suite		34-0973647
Ĺ	i Initiqi	return	P.O. Box 187	no spile	E (elebby	one number
Ē	_∐ Term	istated	City or town, state or country, and ZIP + 4			740-283-2476
L	_i Anner	rded return	Steubenville, OH 43952			
	المرح [cation pending	F Name and address of principal officer. Kenneth R. Perkins, President		G Gross r	eceipts \$ 323,03
			100 Welday Ave., Wintersville, OH 43953	H(a) is this	a group resum	
ī	Tax-e	xempt status:		H(b) Are s	III affiliates ir	
	Web	cito b www		27 r N	o." ettach e	ncluded? Yes No list. (see instructions)
ĸ	Form	of organization:		H(c) Grou	D avamatia-	number >
	Part	Summa		ormation: 1996		
_	1	Priofit al	ily	Officiality). 1950	I M State	of legal domictie: OH
	•	puenty des	scribe the organization's mission or most significant activities: To	Eggilitata au I D		
4	3 (racincate and P	omote Ec	onomic Development
<u> </u>		***····	\$ b====uuuy		·**	
Activities & Governance	2	Check this	box I if the organization discontinued its operations or disposed of more than 2 voting members of the groverning to the discontinued its operations or disposed of more than 2	~~~		,
9	3	Number of	voting members of the governing body (Part VI, line 1a)	5% of its net assets	•	
80	4	Number of	independent voting members of the governing body (Part VI, line 1a). Der of individuals employed in colorada		3	42
ŧ	5	Total numi	per of individuals amplitude is an in-	b)	4	15
ŧ	6	Total numb	per of individuals employed in calendar year 2010 (Part V. line 2a) per of volunteers (estimate if personnice)		5	15
₹	7a	Total unrol	per of volunteers (estimate if necessary)		6	3
	d d	Med warelet	ALCO DUSINESS TEVENIUM MOM PART VIII AND III - IAC III - IA			0
_	 "	iver miretat	ed business taxable income from Form 990-T, line 34	• • • • •	7a	0
			· · · · · · · · · · · · · · · · · · ·	Prior Yes	7b	0
9	8	Contributio	ns and grants (Part VIII, line 1h),			Current Year
<u> </u>	9	210000000000000000000000000000000000000	# VICE (EVENUE (Part VIII line 24)		306,896	317,839
Revernie	10	Investment	income (Part VIII, column (A) lines 2 4 and 7-4			
-	11				6375	5197
	12	Total revenu	1e-add lines 8 through 11 (most source 2)			
	13	Grants and	Ae—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3	13,271	323,030
	14	THE CALL	WHITE CHILDRING LEWY INSETT IX CONTINUE (A) IS			\$23,030
**	15	-++ pc	TO COLUMN (A) III A)			
80		,			70 160	
<u> </u>	16a		* PORT GRANDU 1998 I PART III. CONTINO (A) - Contino de la contino de la		79,168	182,768
Expenses	þ		PANCE CARADISCES IE BUT IN CARRIED IN USA VEV P	and the second of the second of		
	17	Other extrem	NOS (Part IX, Column (A), lines 112, 114, 114, 24		<u> </u>	
i	. –	THE WHITE	999: 7990 HRCS 10+17 (MIGS) Adval Da+LOV1,, /4 \	1	76,983	165,198
I	19	Revenue les	s expenses. Subtract line 18 from line 12		55,151	347,966
580			TO HOME IZ		1,880)	(24,936)
Net Assets : Fund Balanc	20	Total assets	(Part X, line 16)	Beginning of Curre	nt Year	End of Year
28	21	Total liabilitie	≈ (Part X, line 26)	50	67,299	
흔	22	Net seeste e	≈ (Fart A, iirie 26)		31,668	545,153
Pa		Ciassets O	r fund balances. Subtract line 21 from line 20		35,631	34,458
	124	Signature	DIOCK			510,695
Und	er penait	ies of perjury, I	declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepare			
u oe,	CORRECT	and complete.	Declaration of preparer (other than officer) is based on all information of which prepare	ments, and to the l	Xest of my ko	nowledge and belief, it is
	[H	C (100	That they knowledge	e.	
Sigr)	Şignature	of officer		<u>1-</u> 2	8711
Here	₽ [14-	E LOOMAN EVELINA	Date		
	j	Type or p	int name and title	さりれて	CYS	
<u> </u>						
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	oarer		1. Hillips	4/20/11	йеск ∏ ін ≅т-єтрюуе	1
Use	Only		Charles E Harris Assoc.	,		111
1.4	- Image	Firm's address	8 6 6 4 6 5 - 1	Firm's E		-16/2171
way 1	ne IHS	discuss this	s return with the preparer shown above? (see instructions)	チyハ 3 Phone n	<u>o. (216)</u>	271-1630
For Pa	aperwo	rk Reduction	Act Notice, see the separate instructions	<u> </u>		· Yes No
			Cat. No	o. 11282Y		Form 990 (2010)

E 14 21	180 (2010) Statement of Program Service Account to be a service account to be	Pag
	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1.		• - (
	A Not-For-Profit organization established for the purpose of privately	
	A Not-For-Profit organization established for the purpose of advancing, encouraging and promoting the industrial, Commercivic development of the Steubenville Ohio area.	cial and
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 Schooling O	s 🗹 N
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	s 🗹 N
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocothers, the total expenses, and revenue, if any, for each program service reported.	s. Secti zations
4a		
	Progress Alliance - Economic Development Program)

	777771876Accommentation	
	797775 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
41.		
4b	(Code: ) (Expenses \$ 66 inclusting greats of \$	
4D	(Code:) (Expenses \$66 including grants of \$) (Revenue \$	)
4D		)
4D	(Code: ) (Expenses \$ 66 including grants of \$ ) (Revenue \$ Revolving Loan Program	)
4D	**************************************	)
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4D	**************************************	)
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- Form 990 (2010)

Part IV Checklist of Required Schedules

Раде З

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A			,
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	1		<b>Y</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	✓_	_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	3		V
5		4		<u> </u>
•	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.			_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	6		✓.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		<b>√</b> _
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	8	·	<i>y</i>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		<i>y</i>
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VI			
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11a	<b>✓</b>	
¢	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	11b		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	7	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	•	<u> </u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	<b>✓</b>	<del></del>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	148		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u>·</u> ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15	_	<u> </u>
16	Did the organization report on Part IX. column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>·</u> ✓
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		<u> </u>
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			<u> </u>
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		<u> </u>
b	if "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some	<b>20</b> a		<u> </u>
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

	art iV Checklist of Required Schedules (continued)			Pag
2	Did the organization report may at the action	$\top$		Yes i
2	2 Uki the organization report more than the page	s	21	
23	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	\$ [		
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	1	22	-   *
24	\$ 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 24h	1 4	3	
	<ul> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> </ul>	3		V
25:	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	104		
ı	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	-	<b>d</b> 2	+
26	Was a loan to or by a current or farmer of the same of	25	b	
27	Did the organization provide a great as a second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization provide a great second of the organization of the organization provide a great second of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organiza	26		1
28	Was the organization a party to a final	27		1
a	Was the organization a party to a business transaction with one of the following parties (see Schedule L, A current or former officer, director, thirteen or former officer, director, thirteen or former officer, director, thirteen or former officer.	- 27		
b	Schedule L. Part IV Schedule L. Part IV complete	282		<b>V</b>
°	was an officer, director, trustee, or direct or indirect owner? (# average of a family member thereof)	28t	+	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I. Part IV  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  Conservation contributions? If "Yes," complete Schedule M	28c 29		<b>✓</b>
31	Did the organization liquidate, terminate, or dissofve and cease operations? If "Yes," complete Schedule N.	30	$\vdash$	<b>V</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	_	1
33	sections 301.7701-2 and 301.7701-32 /f "Vec." grantless as separate from the organization under Regulations	32	-	1
34	IV, and V, line 1	33	-	1
	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,	34 35		1
	related organization? If "Yes," complete Schedule B. Part V. line P.			
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.	36		-
8	*****	37		1

Form 990 (2010)

76	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a recognition		Page 5
	Check if Schedule O contains a response to any question in this Part V		
1:		<u> </u>	· · · □
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  1a	, B.	Yes No
(	c Did the organization comply with banks a citier of if not applicable	0	
	reportable gaming (gambling) winnings to prize wintered rules for reportable payments to vendors and	7	
2:	Statements, filed for the calendar year option with	ic	
	Statements, filed for the calendar year ending with or within the year covered by this return  2a		
t	of at least one is reported on line 2a, did the organization for within the year covered by this return 2a	3 - 4	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1
<b>3</b> a	Did the organization have unrelated business, you may be required to e-file, (see instructions)	1. 1.2%	
b	If "Yes," has it filed a Form 990-T for this year?	Зa	<b>√</b>
<b>4</b> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	
	over, a financial account in a foreign country (such as a bank account, securities account, or other authority account)?		
h	if "You " make a decours, or other financial		
	If "Yes," enter the name of the foreign country: ►	4a	<b>/</b>
5a	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or in a party.	5a	
C	If "Yes" to line 5a or 5b, did the organization of the party to a prohibited tax shelter transaction?	5b	- V
6a	Does the organization have annual cross receipts at	5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the liftyes," did the organization includes that were not tax deductible?	1	
Þ	If "Yes," did the organization include with every solicitation on a second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second solicitation of the second	<b>6</b> a	1
	gifts were not tax deductible?		
7 a	Organizations that may receive deductible contributions under section 170(c).	6b	<u> </u>
-	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
ь	If "You " did the assessment of the payor?		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise discourse of the goods or services provided?	7a	
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	<del></del>
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7¢	
B	Did the organization receive any funds directly as in the		A street of the street of
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
g	If the organization received a contribution of quotified intelligence of intelligence of intelligence of intelligence or intelligence of intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intelligence or intel	71	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  Sponsoring organizations maintaining dense, arbitrared founds, and the organization file a Form 1098-C?	7g	
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
<b>.</b>	organization, have excess business holdings at any time during the year?	7	
•	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	8	
ь	Did the organization make any taxable distributions under section 4966?	9a	
	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b	<del></del>
	Initiation fees and capital contributions included on Part VIII, line 12		
b (	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a 10b		
a (	Gross income from members or shareholders		
D (	Gross income from other sources (Do not net amounts of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company		
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a S	Section 4947(a)(1) non-exempt observable as the line		
		12a	
_	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
H K	THE OLIGINATION REPORTED TO ISSUE CHARLES A MARKET TO THE TOTAL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE	3-	
יו 5 E	lote. See the instructions for additional information the organization must report on Schedule O.  The amount of reserves the organization is required to accomplish the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the co	3ar	
tt	inter the amount of reserves the organization is required to maintain by the states in which ne organization is licensed to issue qualified health plans		
	nter the amount of reserves on hand		
a D	id the organization receive any paymouth for itself.		
) If	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0.	4a	
	yayınanısı ii vo, provide an explanation in Schedule O	46	<del>  -</del>

	orm 990 (2			
	Part VI			
		"No" response to line 8a, 8b, or 10b below, describe the circumstances, proc O. See instructions. Check if Schedule O contains a response to	s 2 through 7b below	204
		O. See instructions.	cesses, or changes in	Cops Cops
~		Check if Schedule O contains a response to any question in the	an an analysis to	ocne
5	ection .	Check if Schedule O contains a response to any question in this Part VI  A. Governing Body and Management		
				<u> </u>
	1a Em	of the number of voting members of the governing body at the end of the tax year.	<del></del>	V 1
	b Ent	iter the number of voting members included in the body at the end of the tax year.	d a little comment	Yes
	2 Did	of the number of voting members of the governing body at the end of the tax year.  It is number of voting members included in line 1a, above, who are independent in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	1b 65	
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	sup	pervision of officers, directors or trustees, or key employees to a management company or other than the organization make any significant changes to its governing documents since the control of the organization make any significant changes to its governing documents since the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	under the direct	
	- Dia	the organization make any claniforms at	eroerson? ii	- 1
		The organization become every dimiting the proof form of	90 Was filed?	
(		SO THE CHORDISATION PORT	Ania	
7	7a Doe	s the organization have members at sold to the	on s assets?	- 1
	of th	es the organization have members or stockholders?  the governing body?  any desiring a till	more member	4
	~ /~ ()	WAY MELESTEDS OF The government of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of t		- }
8	Did 1	any decisions of the governing body subject to approval by members, stockholders, or of the organization contemporaneously document the meetings held or written actions under the following:	her persons?	<u>-  </u> -
		s	ner persons? 75	·
	A inΔi	AAARUMU BOOAA		
	b Each	Committee with gutthering and a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a second of the committee with a	8a 🗸	
9	ls the	ere any officer, director, trustee, or key employed listed in Body?	88 √ 8b √	_
_	the o	nere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot briganization's mailing address? If "Yes," provide the names and addresses in Schedule O	t be reached at 8b ✓	
<u>\$00</u>	tion B.	Policies (This Section B requests information about policies not required by the		. ]
		invination about policies not required by the	Internal Revenue Cod	
10€				
Ł	o If "Ye	es," does the organization have written policies?		S N
	chapt	'es," does the organization have written policies and procedures governing the activers, affiliates, and branches to ensure their operations are consistent with those of the	wities of such	
11a	Has ti	iters, affiliates, and branches to ensure their operations are consistent with those of the organization provided a copy of this Form 990 to all members of its governing body by	ganization? . 10b	-
	rorm2	/ John Source of its governing body b	efore tiling the	┽
	اباجنات	INC III OCHRODIE () The process Y	11a 🗸	
12a	Does	the organization have a written conflict of interest policy? If "No," go to line 13.		-
Þ	Are of	fficers, directors or trustees, and key employees and key employees and key employees and key employees are set to be a set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the s	12a	7
	nse to	fficers, directors or trustees, and key employees required to disclose annually interests the	nat could give	╅╸
C	Does t	the organization regularly and consistently monitor and enforce compliance with the po	126	
	descrit	be in Schedule O how this is done.	licy? If "Yes."	+-
13	TACKS I	U/C Organization have a worther vertical and	12c	1
14			7.	17
15	Did the	e process for determining compensation of the following persons include a review and endent persons, comparability data, and contemporaneous substantiation of the deliberation.		+
	ındeper	ndent persons, comparability data, and contemporaneous a tractions include a review and	approval by	Y
a	The org	ganization's CFO Evacutive Direct-	0 decision?	Con and
b	Other o	officers or key employees of the annual region and officers or key employees of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual region of the annual re	45	
	n res	IO line 155 or 155 december of		<del>                                     </del>
16a	Did the	organization invest in, contribute assets to a markly of instructions.)		1 2 2 5
	MINITER	taxable entity during the year?	affandement	
D	n "Yes."	" has the organization educated		1
	participa	ration in joint venture arrangements under configuration to	evaluate its	v V
	organiza	pation in joint venture arrangements under applicable federal tax law, and taken steps to station is exempt status with respect to such arrangements?	afeguard the	
<b>POUR</b>	かし, い	disclosure	· · · · 16b	
17	List the:	states with which a coopy of the		
18	Section	6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 98 ic inspection. Indicate how you make these available. Check all that apply.		
•	for publi	ic inspection. Indicate how you make these available. Check all that apply.	90-T (501(c)(3)e oph)	losts)
		I WHITSHE I I Angelo )		
19	Describe	e in Schedule 0 whether (and if so, how), the organization makes its governing documer name obtained at the public.		
10	and finar	ncial statements available to the public	its, conflict of internal	- منا
1.0	14 14 HZI			- HE P 14. /
•	como tito	VINDIVISION AND PACE and Alank	or autorest bc	moy,
•	como tito	e name, physical address, and telephone number of the person who possesses the books tition: Ruth Casey, Administrator 740-283-2476	and records of the	Alloy,

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CHILL DOG (SD)	o)	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	<u>.</u> 7
	and Independent Contractors, Husters, Key Employees, Highest Compensated Employees	÷
	Check if Schedule O contains a response to any question in this Part VIII	
	The Post VIII	

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

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

(A)	(B)	Ţ			C)			- COLLEG	it officer, directo	r, or trustee.
Name and Title	Average	1		•	-,	that ap		(D)	(E)	(F)
(1) Kenneth R. Parkins	hours per week (describe hours for related organizations in Schedule O)	individual trus	institutional trustee	Officer		т—		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
President	1.5							-		
(2) David Skivist			$\perp$					0	0	
Vice-President	1.5		- 1			Ţ				
(3) Alex Marshall								0	0	
Secretary	1.5			- 1						
(4) Dr. Edward L. Florak						l		0	O	
Тгеазитег	1.5	- 1		- 1	- 1					
(5) Susan Hershey			$\perp$	4			┙	0	P	
Trustee	1.5		I	- [		}	T			
(6) Gary Folden	<del></del>		_		$\downarrow$		_	0	0	
Trustee	1.5			Į	1			0		
(7) David Maple	<del></del>		$\perp$	4	4		_		_ 0	
Trustee	1.5	- 1	İ	-1	- 1		- 1	o		
(8) Tom Gentile		$\dashv$	-	-	+		_ -			
Trustee	1.5	- }		-		- 1		o		
(9) Thomas Graham	<del>-    </del>		+	+	-		_		0	(
Trustee	1.5			ŀ				0		
(0) Domenick Mucci	<del>-    </del>	-	- -	+	+				. 0	•
Trustee	1.5			-	1	- 1		o	0	
11) David Lalich	<del></del>	<b>-</b>	╬	-{	+	<del>-</del>			0	(
Trustee	1.5					- }	İ	o	o	
2) Cathy Davison		<del>-</del>  -	╌	+	┿		-			
Trustee	1.5		1				1	o	0	
3) William Blake		+		╅	╁		+			
Trustee	1.5				-	-		0	o	
4) 3 Vacancies		+	+-	╁	+		+	<del></del>		0
5)		_	igspace		_		_			
8)										
							T		<del></del>	<del></del>

` Form 990 (2010) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (B) (C) m 呵 Name and title Average Position (check all that apply) Recortable Reportable Estimated hours per compensation compensation from Officer amount of institutional trustee Key employee Highest compansated eniployee week from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) **Organization** ganizations and related in Schedule Organizations O١ (17) (18)(19)(20)(21) (22)(23)(24) (25)(26)(27)(28)0 0 c Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c). 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > None Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 in compensation from the organization >

Form 990 (2010) Part VIII Statement of Revenue Page 9 (A) Total revenue (B) Retated or (C) Unrelated business revenue Revenue excluded from tax; under sections 512, 513, or 514 exempt function Contributions, gifts, grants and other similar amounts Federated campaigns . 1a Membership dues 1b c Fundraising events . 10 d Related organizations , 10 Government grants (contributions) 1e 126,225 All other contributions, gifts, grants, and similar amounts not included above 11 191,614 g Noncash contributions included in lines 1a-1f; \$ Total. Add lines 1a-1f . Program Service Revenue 317,839 Business Code 2a b All other program service revenue. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ 5,191 Royalties . . . (i) Real (ii) Personal 6a Gross Rents b Less: rental expenses Rental income or (loss). d Net rental income or (loss) 7a Gross amount from sales of (I) Securities (I) Other assets other than inventory b Less: cost or other basis and sales expenses ... c Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c), See Part IV, line 18 Less: direct expenses c Net income or (loss) from fundraising events Gross income from garning activities. See Part IV, line 19 . . . . . a b Less: direct expenses . . . . b c Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances . . . a Less; cost of goods sold , . . Net income or (loss) from sales of inventory . Miscellaneous Revenue 11a b C ď All other revenue Total. Add lines 11a-11d . e Total revenue. See instructions. 323,030

Page 10

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#### Part IX Statement of Functional Expenses

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

Da	All other organizations must complete co not include amounts reported on lines 6b,	olumn (A) but are no	f required to comp		
7b,	8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.			garadexperses	oxpanses
2	Grants and other assistance to individuals in	<u> </u>			
	the U.S. See Part IV, line 22	i			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Department of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con				
5	Compensation of current officers, directors,				
	trustees, and key employees	120,830			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages				
8	Pension plan contributions (include section 401(k)	0			
	and section 403(b) employer contributions)	11,000			
9	Other employee benefits	5,175			· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	45,763			
11 a	Fees for services (non-employees): Management				
b	Legal , , ,				
C	Accounting	8,905			
d	Lobbying , , ,				
•	Professional fundraising services. See Part IV, line 17		4-7 and 3-7 3-7 3-7 3-7 3-7 3-7 3-7 3-7 3-7 3-7	English and a production of managers	
f	Investment management fees Other				
9 12	Advertising and promotion				
13	Office expenses	8,374	· · · · · · · · · · · · · · · · · · ·		<u> </u>
14	Information technology				
15	Royalties ,				
16 17	Occupancy	12,000	····		
18	Payments of travel or entertainment expenses	5,562	·····		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		,,,,=		
20	Interest				
21 22	Payments to affiliates		···		
23	Insurance	2,022 5,920			
24	Other expenses, Itemize expenses not covered	3,320	Control of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	or contribution of the speciment of the second
	above (List miscellaneous expenses in line 24f. If				Maria National States
	line 24f amount exceeds 10% of line 25, column				
•	(A) amount, list line 24f expenses on Schedule O.)  Marketing & Advertising				
a b	Other Expenses	106,309 11,448			
Ç	Telephone	4,658			***************************************
ď					
ė	All other controls				
f 25	All other expenses Total functional expenses, Add lines 1 through 24f	947.646	-		
26 26	Joint costs. Check here ▶ ☐ if following	347,966			-
-	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column			1	
	(B) joint costs from a combined educational	<u>}</u>			
	campaign and fundraising solicitation				

Form 990 (2010)

2 Savings and temporary cash investments		art X	Balance Sheet			Page 11
Savings and temporary cash investments		1 .				
A Pledges and grants receivable, net  A Accounts receivable, net  Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Receivables from current and former officers, directors, trustees, key employees and significant compensated employees. Complete Part II of Schedule L  Receivables from other disquisified persons (as defined under section 4956)(11), persons described in section 4956)(12), persons described in section 4956)(13), and certification of 4956)(11), persons described persons (as defined under section 4956)(11), persons described in section 4956), voluntary employees and sponsoring organizations (see instructions)  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable, net  Notes and loans receivable net  Notes and loans receivable net  Notes and loans receivable net  Notes and loans and deferred charges  Notes and loans and deferred charges  Notes and loans and deferred discribed net loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and loans and		1		400,415	1	10,932
5 Receivables from current and former officors, directors, trustees, key employees, and highest compensated employees. Complote Part II of Schedule L  6 Receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958(c)(3)(8), and contributing employees and sponsoring organizations of section 501(o)(9) voluntary employees beneficiary organizations (see instructions)  7 Notes and loans receivable, not 100,332 7 125,422 8 1 repeated expenses and deferred charges 9 2 100,332 7 125,422 100 100, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 100 16,620 8,006 10c 5,985 100 11 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—pother securities. See Part IV, line 11 12 12 13 Investments—pother securities. See Part IV, line 11 14 Intangible assets. Add lines 1 through 16 (must equal line 34) 507,29 16 545,133 16 Graris payable and accrued expenses 1,686 17 4,488 17 Accounts payable and accrued expenses 1,686 17 4,488 17 Escrow or outstocial account flability. Complete Part IV of Schedule D 20 22 Payables to current and former officers, directors, trustees, key employees, highest componsated employees, and disqualified persons. Complete Part IV of Schedule D 30,000 25 30,000 25 76,477 19 Payables to current and former officers, directors, trustees, key employees, highest componsated employees and disqualified persons. Complete Part X of Schedule D 30,000 25 30,000 25 76,477 19 Payables to current and former officers, directors, trustees, key employees, highest componsated employees and disqualified persons. Complete Part X of Schedule D 30,000 25 30,000 25 30,000 25 76,477 19 Payables to current flow SFAS 117, check here ▶ 2 and complete lines 30 through 34.  8 Tento and the assets of fund balances 5 35,631 33 5 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685 510,685			Savings and temporary cash investments	45,878	2	402,454
Seceivables from current and former officers, directors, inustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Receivables from other disqualified persons (as defined under section 4958(f)(II), persons desor/bed in section 4958(f)(X)E), and contributing employees and sponsoring organizations of section 501(c)(e) voluntary employees' beneficiary organizations (see instructions)  7 Notes and loans receivable, not 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 22,665 10b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—program-restact. See Part IV, line 11 13 Investments—program-restact. See Part IV, line 11 14 Intargible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Esrow or oustocidial account fability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualidad persons. 22 Complete Part II of Schedule L 23 Secured mortageage and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other isabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 3 and 34. 28 Temporatily restricted net assets 30 Capital stook or trust principe), or current funds 31 Capital stook or trust principe), or current funds 32 Capital stook or trust principe), or current funds 33 Capital stook or trust principe), or current funds 34 Total liabilities and earnings, endowment, accumulated income, or other funds 35 Total liabilities and earnings, endowment, accumulated income, or other funds 36 Total liabilities and earnings, endowment, accumulated income, or		_	Pleages and grants receivable, net		3	
employees, and highest compensated employees. Complete Part II of Schedule L  Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(5), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)  7 Notes and loans receivable, net 100,332 7 125,422 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,0		1 -		12,500	4	333
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9 Prepaid expenses and deferred charges	ŧs	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
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17 Accounts payable and accrued expenses 1.668 17 4.458 18 Grants payable	_		Total assets. Add lines 1 through 15 (must equal line 34)	567,299		
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Unsecured notes and loans payable to unrelated third parties  Other liabilities. Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total net assets fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances	_	00				
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Total liabilities. Add lines 17 through 25  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.  Capital stock or trust principal, or current funds  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances  Total liabilities and net assets/fund balances			Other liabilities. Complete Part V of Set adula D			
Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	- [		Total liabilities. Add lines 17 through 25			30,060
times 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	2		Organizations that follow SEAS 117, check here	31,668	26	34,458
34 Total liabilities and net assets/fund balances	2		lines 27 through 29, and lines 33 and 34.			
34 Total liabilities and net assets/fund balances	igi			75,483	27	76,427
34 Total liabilities and net assets/fund balances	ä		Temporarily restricted net assets	460,148	28	434,268
34 Total liabilities and net assets/fund balances	힐	29	Permanently restricted net assets		29	
34 Total liabilities and net assets/fund balances	o F		complete lines 30 through 34,			
34 Total liabilities and net assets/fund balances	ats		Capital stock or trust principal, or current funds		30	
34 Total liabilities and net assets/fund balances	88		Paid-in or capital surplus, or land, building, or equipment fund		31	
34 Total liabilities and net assets/fund balances	الإ				32	<del></del>
34 Total languages and net assets/fund balances	ž			535,631	33	510,695
		<b>*</b>	TOTAL RADINUES BITO HET ASSETS/TUND DAIANCES	567,299	34	

1 2 3	Check if Schedule O contains a response to any question in this Part XI  Total revenue (must equal Part IX, column (A), line 12).  Total expenses (must equal Part IX, column (A), line 12).	<u></u>	
2	Total revenue (must equal Part VIII politica (A)	<u> </u>	
3	(A) line 12)		<u> </u>
_	Total expenses (must equal Door IV	4 1	
	Total expenses (must equal Part IX, column (A), line 12).  Revenue less expenses. Subtract line 2 from line 1	2	323,03
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (next)	3	347,96
5	Net assets or fund balances at beginning of year (must equal Part X, fine 33, column (A))  Other changes in net assets or fund balances (explain in School to 0)	4	(24.936
6	Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3.4. and 5. (must asset as a fund balances).	5	535,631
-	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33.	<del>-</del>	
³ art	column (B))  XII Financial Statements and Reporting		
	Check if Schedule O contains a second		510,695
	Check if Schedule O contains a response to any question in this Part XII		
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  Schedule O.	1.47	Yes No
_	Schedule O. "Other," explains work a prior year or checked "Other," explains	រា តែ	
2a	Were the organization's financial etatements		
b	Were the organization's financial statements audited by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a constant?	. 2a	<b>V</b>
C	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs  of the audit, review, or compilation of its financial statements and selection of an independent	<u>2</u> h	1
	of the audit, review, or compilation of its financial statements and selection of an independent accountar	ight (	
	If the organization changed either its oversight process or selection process during the tax year, explain	1t? 2c	✓
d i	If "Yes" to line 25 or 25 section 4	nin s	
- i	if "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year w		نست
F,	7 Separate basis, Consolidated basis, or both:	CLB	
ka Ž	Separate basis  Consolidated basis  Both consolidated and separate basis  As a result of a federal award, was the organization and separate basis		
t	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in Heri	
<b>6</b> 1	"Yes," did the ornarization undown the	م ا	
r	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the 38	<del>                                     </del>
	and describe any steps taken to undergo such audits	3ь	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization				Employee id	2010	
Community Improvement	Corp. of	the Steubenville, Ohio Area	ļ		tification numbe	
Organization type (chec	k one):			34	-0973647	
Filers of:	Se	ction:				
Form 990 or 990-EZ	<b>V</b>	501(c)( 6 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treat	ted as a private to	undetien		
		527 political organization	or a private jo	инчавод		
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as	s a private founda	ution		
		501(c)(3) taxable private foundation				
hook if your		ed by the General Rule or a Special Rule.				
For a section 501(c)	)(3) orga	orm 990, 990-EZ, or 990-PF that received, during tributor. Complete Parts I and II.  nization filing Form 990 or 990-EZ that met the 3:  )(1)(A)(vi), and received from any one contributor % of the amount on (i) Form 990, Part VIII, line 1	31/4 % SUDDOM 4-	and a street		
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
the year, contribution aggregate to more the year to an exclusive	(7), (8), o hs for us han \$1,0 fy religio	(10) organization filing Form 990 or 990-EZ that e exclusively for religious, charitable, etc., purpose. 10. If this box is checked, enter here the total corps, charitable, etc., purpose. Do not complete an ecause it received nonexclusively religious, charitable, by the General B.	received from an ses, but these con ntributions that we	y one contribut ntributions did ere received du	not Iring the	
high An organization to		ivered by the General Rule and/or the Special Ru r "No" on Part IV, line 2 of its Form 990, or check t it does not meet the filing requirements of Sche		\$		

	organization		Page of of Pa		
	nity Improvement Corp. of the Steubenville, Ohio Area	Employer identification numbe 34-0973647			
Part I	Contributors (see instructions)		0.400.0047		
(a) No.	(b) Name, address, and ZIP + 4	(c) . Aggregate contributions	(d) Type of contribution		
1	Jefferson County Audior		Person 🗸		
	301 Market Street	\$	.   11011100011		
(a)	Staubenville, OH 43952		(Complete Part II if there is a noncash contribution.)		
No.	Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
2	City of Staubenville		Person 7		
	304 Market Street Steubenville, OH 43952	\$\$	Payrofi		
(a)	(5)		(Complete Part II if there is a noncash contribution.)		
No.	Name, address, and ZIP + 4	Aggregate contributions	(d) Type of contribution		
3_	City of Toronto Ohio  Mayors Office		Person 🔽 Payroli 🛄		
	Toronto, OH 43964	\$ 5,000	Noncash (Complete Part II if there is		
(a) No.	Name, address, and ZIP + 4	(c) Aggregate contributions	a noncash contribution.)		
4	Franciscan University		Type of contribution  Person		
	1235 University Blvd.	\$ 5,000	Person [/] Payroll [] Noncash []		
	Steubenville, OH 43952	(Complete Part II if there is a noncash contribution.)			
(a) Vo.	(b) Name, address, and 2IP + 4	(c) Aggregate contributions	(d) Type of contribution		
<u>5</u>	Trinity Health Services		Person 7		
-	One Ross Park	\$ 6,000	Payroll		
a) -	Steubenville, OH 43952		(Complete Part II if there is a noncash contribution.)		
ó.	Name, address, and ZIP + 4  Aggregate contributions		(d) Type of contribution		
	7 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Person  Payroli		
-		\$	Noncash 🔲		
	\$5 American and \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		(Complete Part II if there is a noncash contribution.)		

#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions,

Open to Public Inspection

Employer Identification hymner Community improvement Corp. of the Steubenville, Ohio area Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . 2 Aggregate contributions to (during year) . Addregate grants from (during year) . . 3 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used ☐ Yes ☐ No only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. ☐ Yes ☐ No Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2c historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? in Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and ☐ Yes ☐ No balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (iii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 522830

Schedule D (Form 990) 2010

D ₂		orm 990) 2010										D+-
3		Organizations Main g the organization's acq	<u>itaining</u>	Collections o	f Art, F	listorica	Treasur	es, or (	Other Simil	ar Asset	e (cont	egger Hand
•	colie	g the organization's acception items (check all the	pusition, a	eccession, and	other re	cords, ch	eck any of	the follo	owing that a	re a signif	icant u	se of i
a	П	Public exhibition	ic apply).								, • • • • • • • • • • • • • • • • • • •	<b>90 01 1</b> 1
ь	Ĭ	Scholarly research			c	1 🖳 L	oan or exc	hange p	rograms			
		Preservation for future of			e	· 🗆 ¢	ther					
4		ide a description of the	eneration (eneration	<b>1S</b>						T#4A		*******
-	XIV.	ide a description of the	Organiza((	on's collections	and ex	plain how	they furth	er the o	rganization's	exempt p	ouroose	in Par
5	Durin	and the year did the ever		1* . 44								
_	asse	ng the year, did the organists to be sold to raise fund.	uuaauon s ds rather t	Solicit of receive	donati	ons of ar	t, historica	i treasur	es, or other	similar		
Par	t iV		IGI AITZI	HOMBONTO C				ration's c	offection?	<u>· · · </u>	] Yes	□ Nc
		Escrow and Custoc line 9, or reported an	amount	on Form 990	лиріец Раф У	eir ine o Jino 21	rganizatio	n answ	ered "Yes"	to Form 9	90, Pa	art IV,
1a	Is the	o unyanization an agent.	trustee.	Custodian or of	her inte	mie Zi.	fou combin		<del></del> ;			_ `
			- , , .					outions (	other asso	ets not	711	
Ь	If "Ye	s," explain the arrangen	ent in Pa	rt XIV and come	late the	following	toble:			[	Yes	☐ No
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C		nning balance,,,						<u> </u>	<u> </u>	Amour	rt	
đ	Addit	ions during the year .			• - •		• • •					
6	Distri	butions during the year				* , ,		1				
f	Critili	ig balance . , , , ,						· 1				
<b>2</b> a	Did th	ne organization include a	n amount	on Form 990 E	art X. lir	ne 212		1		·—	<del></del>	
þ	11 16	s, expiairi the amandam	antin Par	† YN/							Yes	□ No
Par	tV	Endowment Funds.	Complet	e if the organi	zation a	nswered	"Yes" to	Form	On Dort B	1! <b>40</b>		
				(a) Current year	(b) F	nor year	(c) Two ye	egre back	(d) Three year	, line 10.	F	
1a	Begin	ning of year balance .	· . [						(b) trice year	3 DET X (6)	Four year	rs back
Ь		ibutions	[			••••	<del> </del>		**- ;:			
¢	Net in	vestment earnings, gains	s, and						gai parakisin	S. Harris		. <u>I</u>
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		s or scholarships	· · [			-	·			enter general de	• • • • • • •	<u>,                                    </u>
0	Other	expenditures for facilitie	s and						Harry Comment	- 14 a - 1 - 14 - 14 - 14 - 14 - 14 - 14	بالإحراب بي	
		ims										
f	Admin	istrative expenses , ,	[						و زوغه به می این این این این این این این این این ای			
		ryear balance				*****						
2	Provid	le the estimated percenta	age of the	year end balan	ce held	as:	· · · · · · · · · · · · · · · · · · ·	·	3	<u> </u>		
a	Roard	designated or quasi-end	lowment	<b>&gt;</b>	%							
		nent endowment 🕨		%	' '							
Ċ	Term e	endowment 🕨	%	-								
3a	Are the	ere endowment funds no zation by:	in the p	ossession of th	e organ	ization th	at are held	ne hae l	ministavad &	4h -		
	-	•						- 60102 660	THE PERSON NAMED IN	or the	-	
		related organizations	,							[ <del></del>	Yes	No
	(iii) rela	ated organizations						• •		- <u>3a</u>	***	
b	If "Yes	to 3a(ii), are the related	organizat	tions listed as re	auired (	nn Schod	ulo DO	• • •		. За		<del> </del>
4	7 <del>020</del> 11	he in Leur VIA rue infeliofe	er uses of	The organizatio	n's end	nwment f	inde			· [_3ŧ	<b>)</b>	
art '	V?	Land, Buildings, and	Equipme	ent. See Form	990. P	art X lin	e 10					
		Description of investment		(a) Cost or oth			or other basis	70.				
				(investme			ther)	1 ''	Comulated preciation	(d) E	cok valu	e
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	Buildin					-		and the same		<b></b>		·
c l	_easeh	old improvements .	, , ,					<del></del> -		<del> </del>		
	Equipm						22,605			<del></del> _		***
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	Other	s 1a through 1e. (Colum		1 "								

Part VII Investments — Other Section (a) Description of security or esteody	Irities See Form 000 D	V. U
(a) Description of security or category	oce tolin 990, Part	X, line 12.
(including name of security)	(b) Book value	(c) Method of valuation:
1) Financial derivatives		Cost or end-of-year market value
2) Closely-held equity interests		
3) Other	-	
(A)		
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Sche	dule Ø (Form 990) 2010		
Pa	Total revenue (Form 99) Part VIII. column (A) Financial Sta		Page
1			
2			323,03
3			347,96
4			(24,938
5	. The same and the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the page of the	4	
6	==	5	
7	Prior period adjustments Other (Deprihe in Part VIV.)	6	
8	Other (Describe in Part XIV.)	7	
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а	net unlealized gains on investments		
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d	Other (bescribe in Part XIV.)	And A	
e	Add mes za mough zg		
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4	Arrounds included on Form 990, Part VIII, line 12, but got an line 4.		323,030
a	investment expenses not included on Form 990. Part VIII. line 76		
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2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1	347,966
	LXXIIABO SPOTCPS and the of facilities	10.00	
ь	PTIOL VEST SOURSTMENTS		
o	Unter losses		
đ	Unner (Describe in Dest YIV)		
e	Add lines 2a through 2d .		
3	Subtract line 2e from line 1	. 2e	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. 3	347,966
а	INVESTIBLET EXDENSES FOR INCHARGO AN EARTH ARCH TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTA		
b	Utner (Describe in Part YIV.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	- 4c	
Part:	Supplemental Information	. 5	347,966
omol	ete this part to provide the descriptions required for Deat II. (a.e. 0. 5.		
art V,	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also codifional information.	l; Part IV, lines	1b and 2b;
ıny ad	ditional information.	omplete this pa	rt to provide
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#### 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.

2010

Inspection

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ

Community Improvement Corp. of the Steubenville, Ohio area Employer identification number 34-0973647 Form 990, Part VI, Section A, Line 6: Contributing board members are from business and city and county governments within the Steubenville Ohio area. Form 990, Part VI, Section 8, Line 11: The report is given to the executive committee by email for review prior to filing the 990. Copies are made available for all board members to review at following monthly board meeting. Form 990, Part VI, Section B, Line 15: Our code of regulations provides that hiring and salaries are under the purview of the executive committee. The information is then provided to the board at the following monthly board meeting. See below for substantiation information. The Directors's salary is a matter of negotiation, within average guidelines. The Director's most recent review was Febr. 2011; no change in salary, no bonus. The Program Manager left employment in March 2010 by mutual agreement. The position of Hub Coordinator created, employee hired June 2010, executive committee approved salary, provided information to the board at July meeting. RLF Administrator's last review was July 2009; no salary increase since that time. All matters relating to personnel are determined by executive committee. Our code of regulations provides that hiring and salaries are under the purview of the executive committee. Information is provided at monthly meeting following executive committee decisions Form 990, Part VI, Section C, Line 18; Printed copies will be provided upon request. Form 990, Part VI, Section C, Line 19: Printed copies will be provided upon request