## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations),

▶ Do not enter social security numbers on this form as it may be made public.

2017 Open to Public

| Interi                  | nal Revei              | nue Service       | ► Go to www.irs.gov/Form990 for instructions and the latest information.  | <u> </u>     | Inspection                  |
|-------------------------|------------------------|-------------------|---|--------------|-----------------------------|
| Α                       | For th                 | e 2017 calend     | ar year, or tax year beginning 10-01, 2017, and ending  | 09           | 30 ,2018                    |
| В                       | Check if               | applicable        | C Name of organization Area_Committee to Improve Opportunities Now, Inc.  |              | Employer identification no. |
|                         | Address                | change            | Doing business as A.C.T.I.O.N. Inc.   |              | 58-0961506                  |
| П                       | Name ch                | nange             | Number and street (or PO box if mail is not delivered to street address)  Room/suite  | E            | Telephone number            |
| Ħ                       | Initial ref            | -                 | 2440 West Broad Street - Suite 9  |              | (706) 546-8293              |
| Ħ                       |                        | urn/terminated    | City or town, state or province, country, and ZIP or foreign postal code  | ,            | Gross receipts              |
| Ħ                       | Amende                 |                   | Athens, GA 30606  |              | \$ 2,422,946                |
| Ħ                       |                        | on pending        |   | un cotum for | - F-1                       |
| ш                       | Аррисан                | ion pending       |   |              |                             |
|                         | T                      |                   | Same as C above         H(b) Are all substitution           501(c)(3)         □ 501(c) ( )         ■ (insert no )         □ 4947(a)(1) or         □ 527         □ 16 "No.   |              |                             |
| <u>'</u> —              |                        |                   |   |              | list (see instructions)     |
|                         |                        | : ► N/A           | H(c) Group e  |              |                             |
|                         | rt I                   |                   |   | te of legal  | domicile GA                 |
| 1                       | <del></del>            | Summar            |   | <del></del>  |                             |
|                         | 1                      | •                 | be the organization's mission or most significant activities  To help individuals and fa  | <u>amili</u> | es break the                |
| çe                      |                        | cycle of          | poverty and achieve their greatest potential.   |              |                             |
| Activities & Governance |                        | <del></del>       |   |              |                             |
| err                     |                        |                   |   |              |                             |
| Š                       | 2                      |                   | ox $\blacktriangleright$ If the organization discontinued its operations or disposed of more than 25% of its net assets   |              | ı                           |
| 8                       | 3                      | Number of v       | oting members of the governing body (Part VI, line 1a)  | · <u>3</u>   | 27                          |
| es                      | 4                      | Number of in      | dependent voting members of the governing body (Part VI, line 1b)   | . 4          | 27                          |
| ΛĖ                      | 5                      | Total number      | of individuals employed in calendar year 2017 (Part V, line 2a)   | . 5          | 71                          |
| ĆĐ                      | 6                      | Total number      | of volunteers (estimate if necessary)   | . 6          | 37                          |
| •                       | 7a                     | Total unrelate    | ed business revenue from Part VIII, column (C), line 12   | . 7a         | 0                           |
|                         | b                      | Net unrelated     | business taxable income from Form 990-T, line 34  | . 7b         | 0                           |
|                         |                        |                   | Prior Year  |              | Current Year                |
| ne                      | 8                      | Contributions     | s and grants (Part VIII, line 1h)   | 7,439        | 2,417,262                   |
|                         | 9                      | Program ser       |   | 6,636        |                             |
| Revenue                 | 10                     | •                 | 9,622   |              |                             |
| Š                       | 11                     |                   | ncome (Part VIII, column (A), lines 3, 4, and 7d)   | 326          |                             |
| _                       | 12                     |                   |   | 4,023        | <del></del>                 |
|                         | 13                     |                   |   | 0,415        |                             |
|                         | 14                     |                   | 150,040   |              |                             |
|                         | 15                     | •                 | er compensation, employee benefits (Part IX, column (A), lines 5-10)  | 3,647        | 1,354,580                   |
| ês                      | 160                    |                   | fundraising fees (Part IX, column (A), line 11e)  | <u> </u>     | 1,334,360                   |
| ens                     | '',                    |                   | sing expenses (Part IX, column (D), line 25)  |              | 0                           |
| Expenses                | 47                     |                   |   |              | 200 050                     |
| щ                       |                        | Total avances     |   | 5,703        |                             |
|                         | 18                     |                   |   | 9,765        |                             |
| _                       | _   19<br>ຫ            | revenue les       | s expenses dubitact line to north line 12   | 4,258        |                             |
| Net Assets or           | مر<br>ا ق              | Takal             |   | _            | End of Year                 |
| şset                    | <u>=</u>   20          |                   | (Part X, line 16)   | 5,216        | 1                           |
| et A                    | 일 21                   |                   | 000011, 01  | 3,152        |                             |
| _                       |                        |                   |   | 2,064        | 307,661                     |
|                         | rt II                  |                   | re Block  |              |                             |
| true                    | er penai<br>, correct, | and complete. Dec | lare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief,<br>claration of pregerer (other than officer) is based on all information of which preparer has any knowledge | A IS         | ,                           |
|                         |                        | <u> </u>          | All Market  |              | 01,-10                      |
| Sig                     | ın                     |                   | sufficience / Ces any   |              | 8/13/19                     |
|                         |                        | Signatur          | e of officer  | Date         | •                           |
| He                      | re                     |                   | hanie Nesbitt, CFO  |              |                             |
|                         |                        | Type or           | onnt name and title   |              |                             |
|                         |                        | Print/(N/pe pre   | parer's name Preparer's signature Date Check  | _   f   F    | PTIN                        |
| Pa                      | id                     | Tom>Bai           | ley Man Sala CFA 08-12-2019 self-emplo  | yed          |                             |
| Pre                     | pare                   | Firms name        | ► Thomas Bailey CPA Firm's EIN ►  |              |                             |
| Us                      | e On                   | y Firm saddres    |   |              |                             |
|                         |                        |                   |   | 770-8        | 85-3105                     |
| May                     | the IR                 | S discuss this    | return with the preparer shown above? (see instructions)  |              | · · · X Yes No              |

Form 990 (2017)

| Form         | 1990 (2016) Area Committee to Improve Opportunities Now, Inc.   | 58-0961506          | Page 2        |
|--------------|---|---------------------|---------------|
| ι <u>P</u> a | rtillij Statement of Program Service Accomplishments  | <u></u>             |               |
|              | Check if Schedule O contains a response or note to any line in this Part III  | <u></u> <u>.</u>    | <u> D</u>     |
| 1            | Bnefly describe the organization's mission  |                     |               |
|              | To help individuals and families break the cycle of poverty and achieve the   | ir greatest         |               |
|              | potential.  |                     |               |
|              |   |                     |               |
|              |   |                     |               |
| 2            | Did the organization undertake any significant program services during the year which were not listed on the                |                     | _             |
|              | prior Form 990 or 990-EZ?   | ····∐ Yes 🗽         | No            |
|              | If "Yes," describe these new services on Schedule O   |                     |               |
| 3            | Did the organization cease conducting, or make significant changes in how it conducts, any program                          |                     | _             |
|              | services? · · · · · · · · · · · · · · · · · · ·   | · · · · · 🔲 Yes 🛭 🛭 | ζ No          |
|              | If "Yes," describe these changes on Schedule O  |                     |               |
| 4            | Describe the organization's program service accomplishments for each of its three largest program services, as measure      | d by                |               |
|              | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ners,               |               |
|              | the total expenses, and revenue, if any, for each program service reported  |                     |               |
|              | (Code) (Expenses \$ 940,405 including grants of \$ 50,375 ) (Revenue  | \$ 940,             | 405 \         |
|              | Through the CSBG program, families received general counseling, were enroll   |                     |               |
|              | management plan and received an array of individualized services needed to  | •                   |               |
|              | term and long term goals leading to greater self-sufficiency.   | aciiteve botii s    | mor c         |
|              | term and long term quals leading to greater self sufficiency.   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   | <del>.</del>        |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
| 4b           | (Code) (Expenses \$   | \$ 760.             | 569)          |
|              | The Weatherization/Housing Repair Program provided energy savings measures  |                     |               |
|              | increased the safety, energy efficiency, and affordability of housing, prim   |                     |               |
|              | senior citizens.  | arity cardecin      | ıq            |
|              | Senior Crcrzens.  |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   | <del></del>         |               |
|              |   |                     |               |
|              |   | <del> </del>        |               |
| _            | (O.4)   |                     |               |
| 4c           | (Code) (Expenses \$388,602 including grants of \$60,040 ) (Revenue  |                     | <u>.363</u> ) |
|              | Provided education and employment training opportunities for high-risk yout   |                     |               |
|              | who might not otherwise complete high-school or job-readiness programs. All   | other program       | 1             |
|              | services  | <del></del>         |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
|              |   |                     |               |
| 4d           | Other program services (Describe in Schedule O)   |                     |               |
|              | (Expenses \$ 227,215 including grants of \$ ) (Revenue \$   | )                   |               |
| 40           | Total program service expenses 2 21 6 701   |                     |               |

Form 990 (2016)

Checklist of Required Schedules

Part IV

Area Committee to Improve Opportunities Now, Inc.



961506 Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, 5 Χ 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . . . . 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ......... Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 

Part IV Checklist of Required Schedules (continued) Yes No Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ....... 20a 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ....... X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K If "No," go to line 25a .............. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or omployee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ......... 27 Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ...... 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х С An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ....... Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38

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

Did the organization receive any payments for indoor tanning services during the tax year?

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

14b

Х

Form 990 (2016) Area Committee to Improve Opportunities Now, Inc. Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 27 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Each committee with authority to act on behalf of the governing body? Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ....... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Χ 14 Х Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Х with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Georgia 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records

Stephanie Nesbitt (706)546-8293, 2440 West Broad Street - Suite 9, Athens, GA 30606

| Form 990 (201 | 6) Area Committee to Improve Opportunities Now, In                              | nc.       | <u>58</u> -0961506   | Page 1           |  |  |  |  |  |
|---------------|---|-----------|----------------------|------------------|--|--|--|--|--|
| Part VII      | Compensation of Officers, Directors, Trustees, Key Employees, F                 | Highest C | ompensated Employees | , and            |  |  |  |  |  |
|               | Independent Contractors   |           |                      |                  |  |  |  |  |  |
|               | Check if Schedule O contains a response or note to any line in this Part VII    |           |                      | $\cdots \square$ |  |  |  |  |  |
| Section A.    | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | <br>S     |                      |                  |  |  |  |  |  |

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

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

|   |   |   | (  | C)   |  |   |  |  |   |  |
|---|---|---|--|--|--|---|--|--|---|--|
| (B)  Average hours per week (list any hours for   | box,<br>offic   | unle:<br>er an  | eck m<br>ss pen<br>d a dir   | ore th<br>son is<br>ector/   | both ar  | ·   | (D)  Reportable compensation from the  |  | related<br>organizations  | (F) Esbmated amount of other compensation  |
| related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director   | Institutional trustee   | Officer  | Key employee   | Highest compensated<br>employee  | Former  | organization<br>(W-2/1099-MISC)  | (w   | -2/1099-MISC)   | from the<br>organization<br>and related<br>organizations   |
| 1.00  | Х   |   |  |  |  |   |  | 0  | 0   |  |
| 1 .00_  | Х   |   |  |  |  |   |  | 0  | 0   |  |
| 1.00_   | х   |   |  |  |  | -   |  | 0  | 0   |  |
| 1 .00_  |   |   |  |  |  |   |  |  | _   |  |
| 1.00_   |   |   |  |  |  |   |  |  |   |  |
| 1_00_   |   |   |  |  |  |   |  |  | -   |  |
| 1_00_   |   |   |  |  |  |   |  |  | _   | _  |
| 1.00_   |   |   |  |  |  |   |  |  |   | ***************************************  |
| 1 .00_  |   |   |  |  |  |   |  |  |   |  |
| 1.00_   |   |   |  |  |  |   |  |  |   |  |
| 1.00_   |   |   |  |  |  | ,   |  |  |   |  |
| 1.00_   |   |   |  |  |  |   |  |  |   |  |
| 1_00_   |   |   |  |  |  |   |  |  |   |  |
| 1.00_   | Х   |   |  |  |  |   |  | 0  | 0   |  |
|   | Average hours per week (list any hours for related organizations below dotted line)  1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00 1 _00_ | Average hours per week (list any hours for related organizations below dotted line)  1 _ 00 _ X  1 _ 00 _ X | Average hours per week (list any hours for related organizations below dotted line)  1 _ 00 _ X | (B) Average hours per week (list any hours for related organizations below dotted line)  1 .00 | Average hours per week (list any hours for related organizations below dotted line)  1 _ 00_ | (B) Average hours per week (list any hours for related organizations below dotted line)  1 _ 00 _ X | (B) Average hours per week (list any hours for related organizations below dotted line)  1 .00 | (B) Average hours per week (list any hours for related organizations below dotted line)  - 1 .00 _ X | (B) Average hours per week (list any hours for related organizations below dotted line)  1 - 00 - X | (B) Average hours per week (list any hours for related organizations below dotted line)  1 - 0.0 - X 1 |

| Form 990 (20 <sup>-</sup> | 16) Area Committee to Improve Opportunities Now, Inc.   | 58-0961506      | Page 7  |
|---------------------------|---|-----------------|---------|
| Part VIII                 | Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp<br>Independent Contractors | ensated Employe | es, and |
|                           | Check if Schedule O contains a response or note to any line in this Part VII                          |                 | 🔲       |
| Section A.                | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees                       |                 |         |

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five ourrent 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)<br>Name and Title                            | (B) Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer and a director/trustee)  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than one box, unless person is both an officer employee  (do not check more than officer employee) |  |   | _    | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E)  Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |   |
|--|---|--|--|---|------|---|---|--|---|
| (1) Gary Usry                                    | 1.00_   | v  |  |   |      |   |   |  |   |
| Member (2) Ricky Cosby                           | 1.00  | X  |  | H |      |   | 0   | 0  | 0 |
| Member   |   | Х  |  |   | <br> |   | 0   | 0  | 0 |
| (3) Leroy Crawford                               | 1_00_   | x  |  |   |      |   | 0   | o  | 0 |
| (4) Kevin Poe<br>Member                          | 1_00_   | Х  |  |   |      |   | 0   | -  | 0 |
| (5) Lila Mason<br>Member                         | 1 .00_  | Х  |  |   |      |   | 0   |  | 0 |
| (6) Mark Weaver Member                           | 1_00  | Х  |  |   |      |   | 0   |  | 0 |
| (7) John Scarborough Member                      | 1_00_   | Х  |  |   |      |   | 0   |  | 0 |
| (8) Sherrie Gibney-Sherman<br>Member             | 1_00_   | х  |  |   |      |   | 0   | 0  | 0 |
| (9) John Daniell Member                          | 1.00_   | Х  |  |   |      |   | 0   | 0  | 0 |
| (10)Stephanie Nesbitt                            | 40.00   |  |  | Х |      |   | 71,680  | 0  | 0 |
| (11)Lisa Ransom-Gautreaux CEO/Executive Director |   |  |  | Х |      |   | 82,518  |  | 0 |
| (12)Tommy Lyon Board Chair                       |   |  |  | Х |      |   | 0   |  | 0 |
| (13)Lynn_FlanaganSecretary                       |   |  |  | Х |      |   | 0   | 0  | 0 |
| (14)Harry Sims                                   |   |  |  | х |      |   | 0   | 0  | 0 |

| Section A. Officers, Directors, Trustee   | s, Key Emplo   | yees, a   | and                   | High    | iest         | Com                          | pen      | sated Employees                        | (continued)                               |  |
|---|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|--|
| (A) Name and title  | (B) Average hours per  | (do not check more than one box, unless person is both an |                       |         |              |                              |          | (D)  Reportable compensation from      | (E)  Reportable compensation from related | (F) Estimated amount of other  |
|   | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director                         | institutional trustee | Officer | Key employee | Highest compensated employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)          | compensation<br>from the<br>organization<br>and related<br>organizations |
| (15)Melvin Davis Vice Chair   | 1.00_  |   |                       | Х       |              |                              |          | 0                                      | 0   | 0  |
| (16)  |  |   |                       |         |              |                              |          |  | Ŭ.  |  |
| <u>(17)</u>   |  |   |                       |         |              |                              |          |  |   |  |
| (18)  |  |   |                       |         |              |                              |          |  |   |  |
| (19)  |  |   |                       |         |              |                              |          |  |   |  |
| (20)  |  |   |                       |         |              |                              |          |  |   |  |
| (21)  |  |   |                       |         |              |                              |          |  |   |  |
| (22)  |  |   |                       |         |              |                              |          | daanaaaaadaddaadaaq                    |   |  |
| (23)  |  |   |                       |         |              |                              |          |  |   |  |
| (24)  |  |   |                       |         |              |                              |          |  |   |  |
| (25)  |  |   |                       |         |              |                              |          |  |   |  |
| 1b Sub-total  |  |   |                       |         |              |                              | <b>•</b> |  |   |  |
| d Total (add lines 1b and 1c)   |  |   |                       |         |              |                              | <u> </u> | 154,198                                | 0   | 0  |
| 2 Total number of individuals (including but not limite   |  | d above   | e) w                  | ho re   | œıv          | ed mo                        | ore t    | han \$100,000 of                       | _   | •  |
| reportable compensation from the organization   | <u> </u>   |   |                       |         |              | •                            |          | · · · · · ·                            | 0   | Yes No   |
| 3 Did the organization list any former officer, direct  | tor, or trustee,   | key en  | ploy                  | yee,    | or h         | ighest                       | t cor    | npensated                              |   |  |
| employee on line 1a? If "Yes," complete Schedul   |  |   |                       |         |              |                              |          |  |   | 3 X  |
| 4 For any individual listed on line 1a, is the sum of re  |  |   |                       |         |              | •                            |          |  |   |  |
| organization and related organizations greater th   |  |   |                       | -       |              |                              |          | or such                                |   | 4 X  |
| 5 Did any person listed on line 1a receive or accrue  |  |   |                       |         |              |                              |          | n or individual                        |   |  |
| for services rendered to the organization? If "Yes  |  |   |                       |         |              |                              |          |  | <u>.</u>                                  | 5 X  |
| Section B. Independent Contractors  |  |   |                       |         |              |                              |          |  | <del></del>                               |  |
| <ol> <li>Complete this table for your five highest compensation from the organization. Report complyear.</li> </ol> |  |   |                       |         |              |                              |          |  |   |  |
| (A)   |  |   |                       | •       |              | -                            |          | (B)                                    |   | (C)  |
| Name and business address   | s  |   |                       |         |              |                              |          | Description of                         | services                                  | Compensation   |
| Georgia Energy Homes LLC, 1205 Arnold   |  | •   |                       |         |              |                              |          | Construct                              |   | 154,230  |
| Green Source Homes, 4035-C Danielsvil   | le Rd., A  | then  | s,                    | GA      | 30           | 601                          |          | Construct                              | ion                                       | 246,237  |
|   |  |   |                       |         |              |                              |          |  |   |  |
|   |  |   |                       |         |              |                              |          |  |   |  |
| 2 Total number of independent contractors (including  | but not limited  | to thos   | se lis                | sted :  | abov         | ve) wh                       | 0        |  |   |  |

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

| Form 99   |          | 7  | mprove Opport             | tunities Now,        | Inc.   | 58-09615  | 06 Page 9  |
|---|----------|--|---------------------------|----------------------|--|---|--|
| Part '  | VIII     | Statement of Revenue   |                           |                      |  |   |  |
|   | •        | Check if Schedule O contains a response or n                 | ote to any line in this   |                      |  |   | <del></del>  |
|   |          | ,  |                           | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue           | (D) Revenue excluded from tax under sections 512-514 |
| ω <b>2</b> 3  | 1a       | Federated campaigns 1a                                       |                           |                      |  |   | 1  |
| aut   | ь        | Membership dues 1b   |                           |                      |  |   |  |
| ַהַ אַ<br>פֿבַ  | c        | Fundraising events 1c  |                           | [                    |  |   |  |
| ar, ig  | d        | Related organizations 1d                                     |                           |                      |  |   | •  |
| ă, ie   | е        | Government grants (contributions) - 1e                       | 2,366,789                 |                      |  |   |  |
| e S   | f        | All other contributions, gifts, grants,                      |                           |                      |  |   | ĺ  |
| 휼   |          | and similar amounts not included above 1f                    | 130,650                   |                      |  |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | g        | Noncash contributions included in lines 1a-1f \$             |                           |                      |  |   |  |
|   | h        | Total. Add lines 1a-1f                                       |                           | 2,497,439            |  |   |  |
| •   |          |  | Business Code             |                      |  |   |  |
| ă   | 2a       | Program Income   | 611600                    | 46,636               | 46,636   |   |  |
| 8   | b        | ,  |                           |                      |  |   |  |
| 92  | С        |  |                           |                      |  |   |  |
| Ser   | d        |  |                           |                      |  |   |  |
| ra<br>E   | е        |  |                           |                      | `  |   |  |
| Program Service Revenue                                   |          | All other program service revenue · · · · ·                  |                           |                      |  | · · · · · · · · · · · · · · · · · · ·             |  |
|   | 9        | Total. Add lines 2a-2f · · · · · · · · · · · · · · · · · · · | • • • • • • •             | 46,636               |  |   | !  |
|   | 3        | Investment income (including dividends, interest,            |                           |                      |  |   |  |
|   |          | and other similar amounts)                                   |                           | 394                  | 394  |   |  |
|   | 4        | Income from investment of tax-exempt bond prod               |                           |                      |  |   |  |
|   | 5        | Royalties  | 1                         |                      |  |   |  |
|   | 6-       | (i) Real   | (ii) Personal             |                      |  |   |  |
|   | l        | Gross rents  | -                         |                      |  |   |  |
|   | ı        | Rental income or (loss)                                      |                           |                      |  |   |  |
|   | l        | Net rental income or (loss)                                  |                           | ! <del></del>        |  | -   |  |
|   |          | ` ′ [  |                           |                      |  |   | <u> 1</u>  |
|   | /a       | Gross amount from sales of (i) Securities (ii) Securities    | (ii) Other<br>749,228     |                      |  |   | 1  |
|   | ١,       | Less cost or other basis                                     | 149,220                   |                      | i  |   | ]  |
|   | "        | and sales expenses   |                           |                      |  |   |  |
|   | C        | Gain or (loss)   | 749,228                   |                      |  |   | ŀ  |
|   | )        | Net gain or (loss)   |                           | 749,228              | 749,228  | ·   |  |
| e   | 8a       | Gross income from fundraising                                |                           |                      | ,  |   | i  |
| Other Reven   |          | events (not including \$                                     |                           |                      |  |   |  |
| æ   |          | of contributions reported on line 1c)                        |                           |                      |  |   |  |
| her   |          | See Part IV, line 18 · · · · · · · a                         |                           |                      |  |   |  |
| ₹   | b        | Less direct expenses $\cdots \cdots b$                       |                           |                      |  |   |  |
|   | С        | Net income or (loss) from fundraising events                 |                           |                      |  |   |  |
|   | 9a       | Gross income from gaming activities                          |                           |                      |  |   |  |
|   | ļ        | See Part IV, line 19 · · · · · · · · a                       |                           |                      |  |   | İ  |
|   | b        | Less direct expenses · · · · · · b                           |                           |                      |  |   |  |
|   | С        | Net income or (loss) from gaming activities • •              | · · · · · · · <b>&gt;</b> |                      |  |   | ····   |
|   | 10a      | Gross sales of inventory, less                               |                           |                      |  |   | į  |
|   | ١.       | returns and allowances · · · · · · · a                       |                           |                      |  |   | l  |
|   |          | Less cost of goods sold b                                    |                           |                      |  |   |  |
|   | <u>c</u> | Net income or (loss) from sales of inventory                 |                           |                      |  |   |  |
| ,   | 44.      | Miscellaneous Revenue  | Business Code             |                      |  | <del></del>                                       |  |
|   | TTA<br>b | Various small amounts  | 900099                    | 326                  | 326  |   |  |
|   |          |  | -                         |                      |  |   | <del></del>  |
|   | d        | All other revenue · · · · · · · · · · · · · · · · · · ·      |                           |                      |  |   |  |
|   | l        | Total. Add lines 11a-11d                                     |                           | 326                  |  | <del>, , , , , , , , , , , , , , , , , , , </del> | <del></del> i  |
|   | l        | Total revenue. See instructions                              | 1                         | 3,294,023            | 796,584  | 0   |  |
|   |          |  |                           | J, 434, U43          | 130,304  | U   | U  |

EEA

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

|                             |          | Check if Schedule O contains a response or note to any line in this Part X                                 |                       |             | <del></del>                           |
|-----------------------------|----------|--|-----------------------|-------------|---------------------------------------|
|                             |          |  | (A) Beginning of year |             | (B)<br>End of year                    |
|                             | 1        | Cash - non-interest-bearing  | 48,243                | 1           | 354,282                               |
|                             | 2        | Savings and temporary cash investments   |                       | 2           |                                       |
|                             | 3        | Pledges and grants receivable, net   | 346,327               | 3           | 457,903                               |
|                             | 4        | Accounts receivable, net   | 540,527               | 4           |                                       |
|                             | 5        | Loans and other receivables from current and former officers, directors,                                   |                       | 1 - 1       |                                       |
|                             |          | trustees, key employees, and highest compensated employees   |                       |             |                                       |
|                             |          | Complete Part II of Schedule L   | <del></del>           | 5           |                                       |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under section                      |                       |             |                                       |
|                             |          | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and                    |                       |             |                                       |
|                             |          | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary                             |                       |             |                                       |
|                             |          | organizations (see instructions) Complete Part II of Schedule L  |                       | 6           | <del></del>                           |
|                             | 7        | Notes and loans receivable, net  |                       | 7           |                                       |
| र्रे                        | 8        | Inventories for sale or use  |                       | 8           |                                       |
| Assets                      | 9        | Prepaid expenses and deferred charges  |                       | 9           |                                       |
| ⋖                           | 10a      | · · · · · · · · · · · · · · · · · · ·  |                       |             |                                       |
|                             | IVa      | Land, buildings, and equipment cost or   |                       |             | i                                     |
|                             |          | other basis Complete Part VI of Schedule D   10a   199,000   Less accumulated depreciation   10b   199,000 | 40.550                | 10c         | <del></del>                           |
|                             | b        | Less accumulated depreciation  | 10,772                | 11          |                                       |
|                             | 11<br>12 |  |                       | 12          |                                       |
|                             |          | Investments - other securities See Part IV, line 11  |                       | <del></del> |                                       |
|                             | 13       | Investments - program-related. See Part IV, line 11  |                       | 13          |                                       |
|                             | 14       |  |                       | 14          |                                       |
|                             | 15       | Other assets See Part IV, line 11  |                       | 15          | 3,031                                 |
|                             | 16       | Total assets. Add lines 1 through 15 (must equal line 34)  | 405,342               | 16          | 815,216                               |
|                             | 17       | Accounts payable and accrued expenses  | 332,615               | 17          | 308,264                               |
|                             | 18       | Grants payable · · · · · · · · · · · · · · · · · · ·   |                       | 18          |                                       |
|                             | 19       | Deferred revenue   | 44,555                | 19          | 131,668                               |
|                             | 20       | Tax-exempt bond liabilities  |                       | 20          |                                       |
|                             | 21       | Escrow or custodial account liability Complete Part IV of Schedule D                                       |                       | 21          | · · · · · · · · · · · · · · · · · · · |
| Liabilities                 | 22       | Loans and other payables to current and former officers, directors,  |                       |             |                                       |
| Ē                           |          | trustees, key employees, highest compensated employees, and  |                       | <u> </u>    |                                       |
| Ę.                          |          | disqualified persons Complete Part II of Schedule L  |                       | 22          |                                       |
|                             | 23       | Secured mortgages and notes payable to unrelated third parties   | 380,365               | 23          |                                       |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties   |                       | 24          | 30,000                                |
|                             | 25       | Other liabilities (including federal income tax, payables to related third                                 |                       |             |                                       |
|                             |          | parties, and other liabilities not included on lines 17-24) Complete Part X                                |                       | _           |                                       |
|                             |          | of Schedule D  |                       | 25          | 43,220                                |
|                             | 26       | Total liabilities. Add lines 17 through 25   | 757,535               | 26          | 513,152                               |
| v                           |          | Organizations that follow SFAS 117 (ASC 958), check here   |                       |             | o l                                   |
| Ş                           |          | complete lines 27 through 29, and lines 33 and 34.   |                       |             | ·                                     |
| <u>8</u>                    | 27       | Unrestricted net assets  | (352,193)             | 27          | 318,412                               |
| ĕ                           | 28       | Temporanly restricted net assets   |                       | 28          | (16,348)                              |
| Net Assets or Fund Balances | 29       | Permanently restricted net assets  |                       | 29          |                                       |
| Ē                           |          | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and                                    |                       |             |                                       |
| ς.<br>O                     |          | complete lines 30 through 34.  |                       | <u> </u>    | <u> </u>                              |
| set                         | 30       | Capital stock or trust principal, or current funds   |                       | 30          |                                       |
| As                          | 31       | Paid-in or capital surplus, or land, building, or equipment fund   |                       | 31          | <del></del>                           |
| Net                         | 32       | Retained earnings, endowment, accumulated income, or other funds   |                       | 32          | <del></del>                           |
|                             | 33       | Total net assets or fund balances  | (352,193)             | 33          | 302,064                               |
|                             | 34       | Total liabilities and net assets/fund balances   | 405,342               | 34          | 815,216                               |

| Form | 990 (2016) Area Committee to Improve Opportunities Now, Inc. 58-096150  | 6        | Pa          | ge 12                                   |
|------|---|----------|-------------|---|
| Pai  | rt XI Reconciliation of Net Assets  |          |             |   |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                   |          |             | · 🛛                                     |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 3,2      | 94,0        | )23                                     |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | _2,€     | 39,7        | <u> 165</u>                             |
| 3    | Revenue less expenses Subtract line 2 from line 1   | <u> </u> | 54,2        | :58                                     |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | (3       | 52,1        | 193)                                    |
| 5    | Net unrealized gains (losses) on investments  |          |             |   |
| 6    | Donated services and use of facilities  |          |             |   |
| 7    | Investment expenses   |          |             | <u></u>                                 |
| 8    | Prior period adjustments  |          |             |   |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  |          |             | (1)                                     |
| 10   | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |          |             |   |
|      | 33, column (B))   | 3        | 02,0        | )64                                     |
| Pai  | t XII Financial Statements and Reporting  |          |             | _                                       |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                  | • • • •  |             | ـــــــــــــــــــــــــــــــــــــــ |
|      |   |          | Yes         | No                                      |
| 1    | Accounting method used to prepare the Form 990  | i l      |             |   |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |          |             |   |
|      | Schedule O  | ——       |             | ليہ                                     |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?               | 2a       |             | _X                                      |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |          |             |   |
|      | reviewed on a separate basis, consolidated basis, or both   |          |             |   |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |          |             | لــــــ                                 |
| Ь    | Were the organization's financial statements audited by an independent accountant?                            | 2b       | Х           |   |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |          |             |   |
|      | separate basis, consolidated basis, or both   |          |             |   |
|      | ⊠ Separate basis  |          |             |   |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |          | <del></del> | لئب_                                    |
|      | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  | 2c       | Χ           |   |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in |          |             |   |
| 2-   | Schedule O  |          | —           |   |
| 30   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   | 20       | v           | ı                                       |
| L    | the Single Audit Act and OMB Circular A-133?  | 3a       | X           |   |
| D    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  | 3ь       | Х           | ı                                       |
| ·    | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |          | 990 (       | 2016                                    |
| EEA  |   | Lorm     | 330 (·      | 4U I D)                                 |

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### **SCHEDULE A**

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

Employer identification number

|    |   | ommittee to Improve Oppo  |                        |  |                    |             | 58-09615   |                                     |   |  |  |  |
|----|---|---|------------------------|--|--------------------|-------------|--|-------------------------------------|---|--|--|--|
| Pa | rt I  | Reason for Public Charit  | y Status (All o        | rganizations must c                                    | omplete            | this par    | t ) See instructio                                 | ns.                                 |   |  |  |  |
| he | orgar   | nization is not a private foundation beca   | iuse it is (For lines  | 1 through 12, check only                               | ona box.)          |             | 1  |                                     |   |  |  |  |
| 1  |   | A church, convention of churches, or  | association of chu     | rches described in secti                               | on 170(b)          | (1)(A)(i).  | ~ \ \  |                                     |   |  |  |  |
| 2  |   | A school described in section 170(b   | )(1)(A)(ii). (Attach S | Schedule E (Form 990 o                                 | r 990-EZ) )        | )           | ( )1   |                                     |   |  |  |  |
| 3  |   | A hospital or a cooperative hospital s  | service organization   | n described in section 1                               | 70(b)(1)(A)        | (iii)       | $\bigcup$ 1  |                                     |   |  |  |  |
| 4  |   | A medical research organization ope   | rated in conjunction   | n with a hospital describe                             | ed ın <b>secti</b> | on 170(b)   | (1)(A)(iii). Enter the                             |                                     |   |  |  |  |
|    |   | hospital's name, city, and state.   |                        |  |                    |             |  |                                     |   |  |  |  |
| 5  |   | An organization operated for the bene   | fit of a college or un | iversity owned or operate                              | d by a gov         | ernmental   | unit described in                                  |                                     |   |  |  |  |
|    |   | section 170(b)(1)(A)(iv). (Complete   | Part II)               |  |                    |             |  |                                     |   |  |  |  |
| 6  |   | A federal, state, or local government   | or governmental u      | nit described in section                               | 170(b)(1)(         | A)(v).      |  |                                     |   |  |  |  |
| 7  | $\overline{\boxtimes}$  | An organization that normally receives  | a substantial part of  | of its support from a gove                             | rnmental u         | nit or from | the general public                                 |                                     |   |  |  |  |
|    |   | described in section 170(b)(1)(A)(vi). (Complete Part II )  |                        |  |                    |             |  |                                     |   |  |  |  |
| 8  |   | A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  |                        |  |                    |             |  |                                     |   |  |  |  |
| 9  | $\overline{\Box}$   | An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college |                        |  |                    |             |  |                                     |   |  |  |  |
|    | _   | or university or a non-land-grant colleg  |                        |  |                    | -           |  | -                                   |   |  |  |  |
|    |   | university  | ,                      | ,  |                    |             | · ·  |                                     |   |  |  |  |
| 0  |   | An organization that normally receives  | (1) more than 33       | 1/3% of its support from o                             | ontribution        | s. member   | ship fees, and gross                               |                                     |   |  |  |  |
|    | receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its |   |                        |  |                    |             |  |                                     |   |  |  |  |
|    |   | support from gross investment income  |                        | •  |                    |             |  |                                     |   |  |  |  |
|    |   | acquired by the organization after Ju   |                        | •  |                    | •           |  |                                     |   |  |  |  |
| 1  |   | An organization organized and opera   | •                      |  |                    | •           |  |                                     |   |  |  |  |
| 2  | Ħ   | An organization organized and operate   | •                      |  |                    |             | arry out the numoses                               |                                     |   |  |  |  |
| _  |   | of one or more publicly supported org   |                        | ·  |                    |             |  |                                     |   |  |  |  |
|    |   | Check the box in lines 12a through 12   |                        |  |                    |             |  |                                     |   |  |  |  |
|    | а   | Type I. A supporting organization   |                        | ** **  |                    | •           |  | _                                   |   |  |  |  |
|    | _   | the supported organization(s) the   |                        |  |                    | -           |  | 9                                   |   |  |  |  |
|    |   | supporting organization You mu  |                        | •                | Of the time        | ciois oi uu | 31003 01 010                                       |                                     |   |  |  |  |
|    | b   | Type II. A supporting organization  | •                      | •  | th ite euron       | orted organ | nization(s), by having                             | •                                   |   |  |  |  |
|    |   | <del></del>   | •                      |  |                    | _           |  | J                                   |   |  |  |  |
|    |   | control or management of the sup  |                        | •  | ons marce          | muor or ma  | anage the supported                                |                                     |   |  |  |  |
|    | _   | organization(s) You must comp   |                        |  |                    | مراك ممسا   | ationally integrated w                             |                                     |   |  |  |  |
|    | С   | Type III functionally integrated  |                        | •  |                    |             |  | nui,                                |   |  |  |  |
|    |   | its supported organization(s) (see  | · ·                    | •  |                    |             |  | (-)                                 |   |  |  |  |
|    | d   | Type III non-functionally integr  |                        |  |                    |             |  | on(s)                               |   |  |  |  |
|    |   | that is not functionally integrated   |                        |  |                    | •           | and an altentiveness                               |                                     |   |  |  |  |
|    | _   | requirement (see instructions) Y  | •                      | •  |                    |             | U T U  |                                     |   |  |  |  |
|    | е   | Check this box if the organization  |                        |  |                    | ı iypei, iy | ре п, туре п                                       |                                     |   |  |  |  |
|    |   | functionally integrated, or Type III  | <u> </u>               |  |                    |             |  | _                                   |   |  |  |  |
|    | f   | Enter the number of supported organic   |                        |  |                    |             |  | · · · · · ∟                         |   |  |  |  |
|    | g   | Provide the following information about   | <u></u>                | · ` ` `  | 1                  |             | <del>r · · · · · · · · · · · · · · · · · · ·</del> |                                     |   |  |  |  |
|    | (ı  | ) Name of supported organization  | (ii) EIN               | (iii) Type of organization<br>(described on lines 1-10 | (iv) is the o      |             | (v) Amount of monetary<br>support (see             | (vi) Amount of<br>other support (se |   |  |  |  |
|    |   |   |                        | above (see Instructions))                              | docum              |             | instructions)                                      | instructions)                       | • |  |  |  |
|    |   |   |                        |  | <u> </u>           |             |  |                                     |   |  |  |  |
|    |   |   |                        |  | Yes                | No          |  |                                     |   |  |  |  |
| A) |   |   |                        |  |                    |             |  |                                     |   |  |  |  |
|    |   |   |                        |  |                    |             |  |                                     |   |  |  |  |
| B) |   |   |                        |  |                    |             |  |                                     |   |  |  |  |
| _  |   | <del></del>   |                        |  |                    |             |  | -                                   |   |  |  |  |
| C) |   |   |                        |  |                    |             |  |                                     |   |  |  |  |
| _  |   |   |                        |  |                    |             |  |                                     |   |  |  |  |
| D) |   |   |                        |  |                    |             |  |                                     |   |  |  |  |
|    |   |   |                        |  | <u> </u>           | ļ           | <u> </u>   |                                     |   |  |  |  |
| E) |   |   |                        |  |                    | ]           |  |                                     |   |  |  |  |
| -, |   |   |                        |  | ļ                  |             |  |                                     |   |  |  |  |
|    |   |   |                        |  |                    | ]           |  |                                     |   |  |  |  |

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec.                        | tion A. Public Support   |                  |                 |           |           |                  |             |
|-----------------------------|--|------------------|-----------------|-----------|-----------|------------------|-------------|
| Calen                       | dar year (or fiscal year beginning in)   | (a) 2012         | <b>(b)</b> 2013 | (c) 2014  | (d) 2015  | (e) 2016         | (f) Total   |
| 1                           | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")                      | 2,435,300        | 2,111,218       | 2,031,837 | 2,518,134 | 2,497,439        | 11,593,928  |
| 2                           | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                        |                  |                 |           |           |                  |             |
| 3                           | The value of services or facilities furnished by a governmental unit to the organization without charge                |                  |                 |           |           |                  |             |
| 4                           | Total. Add lines 1 through 3 · · · · ·   | 2,435,300        | 2,111,218       | 2,031,837 | 2,518,134 | 2,497,439        | 11,593,928  |
| 5                           | The portion of total contributions by  |                  |                 |           |           |                  |             |
|                             | each person (other than a  |                  |                 |           |           |                  |             |
|                             | governmental unit or publicly  |                  |                 |           |           |                  |             |
|                             | supported organization) included on  |                  |                 |           |           |                  |             |
|                             | line 1 that exceeds 2% of the amount   |                  |                 |           |           |                  |             |
| _                           | shown on line 11, column (f)   |                  |                 |           |           |                  |             |
| <u>6</u>                    | Public support Subtract line 5 from line 4 · · tion B. Total Support   |                  |                 | l         |           |                  | 11,593,928  |
|                             | dar year (or fiscal year beginning in)   | (a) 2012         | <b>(b)</b> 2013 | (c) 2014  | (d) 2015  | (e) 2016         | (f) Total   |
| <i>γ</i> αι <del>ο</del> ιι | Amounts from line 4 · · · · · · · · · · ·  | 2,435,300        | 2,111,218       | 2,031,837 | 2,518,134 | 2,497,439        | <del></del> |
| 8                           | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar |                  |                 |           |           | •                |             |
|                             | sources  | 54               | 45              | 90        | 87        | 394              | 670         |
| 9                           | Net income from unrelated business activities, whether or not the business is regularly carned on                      |                  |                 |           |           |                  |             |
| 10                          | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)                          |                  |                 | 100       | 36,760    | 796,190          | 833,050     |
| 11                          | Total support. Add lines 7 through 10  |                  |                 |           |           |                  | 12,427,648  |
| 12                          | Gross receipts from related activities, etc (se  | ee instructions) |                 |           |           | 12               |             |
| 13                          | First five years. If the Form 990 is for the organization, check this box and stop here                                | <u> </u>         |                 |           |           |                  | ▶□          |
|                             | tion C. Computation of Public Su   |                  |                 |           |           |                  |             |
| 14                          | Public support percentage for 2016 (line 6, co   | •                |                 |           |           | 14               | 93.29 %     |
| 15                          | Public support percentage from 2015 Schedu   |                  |                 |           | 4004      | 15               | 99.71 %     |
| 16a                         | 33 1/3% support test - 2016. If the organiz  |                  |                 |           |           |                  | ▶ 🏻         |
|                             | box and stop here. The organization qualifi<br>33 1/3% support test - 2015. If the organization                        |                  | -               |           |           |                  | لما 🗸 ٠٠٠٠  |
| b                           | this box and stop here. The organization qu  |                  |                 | •         |           | e, cneck         | ▶ □         |
| 17a                         | 10%-facts-and-circumstances test - 2016  | •                | , ,,            |           |           |                  |             |
|                             | 10% or more, and if the organization meets   | •                |                 |           |           |                  |             |
|                             | Part VI how the organization meets the "facts  |                  | · ·             |           | •         |                  |             |
|                             | organization · · · · · · · · · · · · · · · · · · ·   |                  | •               |           |           |                  | ▶ □         |
| ь                           | 10%-facts-and-circumstances test 2015  |                  |                 |           |           |                  | · · · · ·   |
| ~                           | 15 is 10% or more, and if the organization r   |                  |                 |           |           |                  |             |
|                             | Explain in Part VI how the organization meets  |                  |                 | •         | •         |                  |             |
|                             | · ·  |                  |                 | •         | , ,       |                  | ▶ □         |
| 18                          | Private foundation. If the organization did  |                  |                 |           |           |                  |             |
|                             | Instructions · · · · · · · · · · · · · · · · · · ·   |                  |                 | •         |           |                  | ▶ □         |
| EEA                         |  |                  |                 |           |           | Schedule A (Form |             |

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

Employer identification number Name of the organization 58-0961506 Area Committee to Improve Opportunities Now, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) - -4 Aggregate value at end of year ..... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year **b** Total acreage restricted by conservation easements 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 historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ▶ \$ 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 

|          | ule D (Form 990) 2016 Area Committee   | to Improv         | e Opportun           | ities No       | w, Inc.         |                                       | 61506       | Page 2  |
|----------|--|-------------------|----------------------|----------------|-----------------|---------------------------------------|-------------|---|
| Pa       | rt III Organizations Maintaining (   |                   |                      |                |                 |                                       | Assets (Co  | ontinuea)   |
| 3        | Using the organization's acquisition, accession, a   | and other record  | ds, check any of     | the following  | that are a si   | gnificant use of its                  |             |   |
|          | collection items (check all that apply)  | _                 |                      |                |                 |                                       |             |   |
| a        | Public exhibition  | d 📗               | Loan or excha-       | nge programs   | s               |                                       |             |   |
| b        | Scholarly research   | e 🗌               | Other                |                |                 |                                       |             |   |
| c        | Preservation for future generations  |                   |                      |                |                 |                                       |             |   |
| 4        | Provide a description of the organization's collect  | tions and explai  | n how they furthe    | er the organiz | zation's exer   | npt purpose in Part                   |             |   |
|          | XIII   |                   |                      |                |                 |                                       |             |   |
| 5        | During the year, did the organization solicit or red   | eive donations    | of art, historical t | reasures, or   | other sımilaı   | r                                     |             |   |
|          | assets to be sold to raise funds rather than to be   | maintained as     | part of the organ    | zation's colle | ection?         |                                       | 🗆           | Yes No  |
| Pa       | rt IV Escrow and Custodial Arrang  | gements.          |                      | •              |                 |                                       |             |   |
|          | Complete if the organization ar  | swered "Ye        | s" on Form 9         | 90, Part I     | V, line 9,      | or reported an am                     | ount on F   | orm   |
|          | 990, Part X, line 21.  |                   |                      |                |                 |                                       |             |   |
| 1a       | Is the organization an agent, trustee, custodian o   | r other interme   | diary for contribu   | tions or other | r assets not    |                                       |             |   |
|          |  |                   |                      |                |                 |                                       | П           | Yes No  |
| b        | If "Yes," explain the arrangement in Part XIII and   | complete the fo   | ollowing table       |                |                 |                                       |             |   |
|          |  | •                 | J                    |                |                 |                                       | Amount      |   |
| С        | Beginning balance  |                   |                      |                |                 | . 1c                                  |             | <del></del>                                       |
| d        |  |                   |                      |                |                 | . 1d                                  |             |   |
| e        | • ,  |                   |                      |                |                 |                                       |             |   |
| f        | Ending balance   |                   |                      |                |                 |                                       |             |   |
| 2a       | Did the organization include an amount on Form   |                   |                      |                |                 |                                       |             | Yes No  |
|          | If "Yes," explain the arrangement in Part XIII Che   |                   |                      |                |                 | •                                     | _           | =   |
|          | rt V   Endowment Funds.  | SOR HOTO II GIO C | Apidriadori rido o   | ocii provided  | JOHN GICKIN     |                                       |             |   |
|          | Complete if the organization ar  | swered "Ye        | s" on Form 9         | 90. Part I     | V. line 10      |                                       |             |   |
|          |  | (a) Current ye    |                      |                | (c) Two years I | 1.                                    | ask (a) Ea  | ur years back                                     |
| 1a       | Beginning of year balance  | (a) Current ye    | ai (b) File          | oi yeai        | (c) Iwo years i | da (u) Three years b                  | 3CK (0) FO  | ur years back                                     |
| b        | Contributions · · · · · · · · · · · · · · · · · · ·  |                   |                      | -              |                 |                                       |             |   |
| ~        | Net investment earnings, gains, and  |                   |                      |                |                 |                                       |             | <del>.</del>                                      |
| ·        | losses · · · · · · · · · · · · · · · · · ·   |                   |                      |                |                 |                                       |             |   |
| d        | Grants or scholarships   |                   |                      |                |                 |                                       |             |   |
| d        | •  |                   |                      |                |                 |                                       | <del></del> |   |
| e        | Other expenditures for facilities and  |                   |                      |                |                 |                                       |             |   |
|          | programs · · · · · · · · · · · · · · · · · · ·   |                   |                      |                |                 |                                       | <del></del> |   |
| T        | Administrative expenses  |                   |                      |                |                 |                                       | -i $-$      |   |
| g        | End of year balance  |                   | 1                    |                |                 | 1                                     |             |   |
| 2        | Provide the estimated percentage of the current  | •                 | , 5.                 | in (a)) neid a | S               |                                       |             |   |
| a        | Board designated or quasi-endowment  | %                 | 0                    |                |                 |                                       |             |   |
| b        | Permanent endowment \( \bigs\) %   | •                 |                      |                |                 |                                       |             |   |
| С        | Temporarily restricted endowment   | %                 |                      |                |                 |                                       |             |   |
| 2-       | The percentages in lines 2a, 2b, and 2c should e   | •                 |                      |                |                 |                                       |             |   |
| 3a       | Are there endowment funds not in the possession  | n of the organiz  | ation that are hel   | d and admini   | istered for th  | e                                     |             | <u> </u>  |
|          | organization by  |                   |                      |                |                 |                                       | <u></u>     | Yes No  |
|          | (i) unrelated organizations · · · · · ·  |                   |                      | • • • • • •    |                 |                                       | · · 3a(i)   | <del>'                                     </del> |
|          | (ii) related organizations   |                   |                      |                |                 |                                       | · · 3a(ii   |   |
|          | If "Yes" on 3a(II), are the related organizations list   |                   |                      |                |                 |                                       | · · 3b      |   |
| 4        | Describe in Part XIII the intended uses of the org   |                   | owment funds         |                |                 |                                       |             |   |
| Pai      | t VI Land, Buildings, and Equipm   |                   |                      | 00 5 4 1       |                 | 0 5 000                               | 5 () (      | 40  |
|          | Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. |                   |                      |                |                 |                                       |             |   |
|          | Description of property  | 1 '''             | t or other basis     | (b) Cost or ot | 1               | (c) Accumulated                       | (d) 8o      | ook value   |
|          |  | (11               | nvestment)           | (oth           | er)             | depreciation                          |             |   |
| 1a       | Land   | • • •             |                      | ,              |                 |                                       |             |   |
| b        | Buildings  |                   |                      |                |                 |                                       | <u> </u>    |   |
| С        | Leasehold improvements   | • • •             |                      |                |                 | · · · · · · · · · · · · · · · · · · · |             |   |
| d        | Equipment  |                   | 199,000              |                |                 | 199,000                               |             |   |
| <u>e</u> | Other  | • • •             |                      |                |                 |                                       |             |   |
| Tota     | I. Add lines 1a through 1e (Column (d) must eq.  | ual Form 990, i   | Part X, column (     | B), line 10c)  |                 | · · · · · · · · •                     |             |   |

| Schedule D (Form |  | Area Committee t                        | o Improve Opportun    | <u>ities Now</u>                                 | , Inc.           | 58-0961506                                   | Page 3  |
|------------------|--|---|-----------------------|--|------------------|--|---|
| Part VII         |  | s - Other Securities.                   | "\ "                  |  |                  |  | Y 11 40   |
|                  | Complete if the                            | the organization answered               | "Yes" on Form 990, Pa | art IV, line 1                                   | <u>1b. See ⊦</u> | orm 990, Part                                | X, line 12.   |
|                  | (a) Description of secu<br>(including name |   | (b) Book value        |  |                  | ethod of valuation<br>I-of-year market value |   |
| (1) Financial (  | derivatives · · ·                          |   |                       |  |                  |  |   |
| (2) Closely-he   | eld equity interests                       |   |                       |  |                  |  |   |
| (3) Other        |  |   |                       |  |                  |  |   |
| (A)              |  |   |                       |  |                  |  |   |
| (B)              |  |   |                       |  |                  | <del></del>                                  |   |
| (C)              |  |   |                       |  |                  |  | ,   |
| (D)              |  |   |                       |  |                  |  |   |
| (E)              |  |   |                       |  |                  |  |   |
| (F)              |  |   |                       |  |                  |  |   |
| (G)              | <del> </del>                               |   |                       |  |                  |  |   |
| (H)              |  |   | <del></del>           | <u> </u>   |                  |  |   |
|                  | ) must equal Form 990, F                   |   |                       |  |                  |  |   |
| Part VIII        |  | s - Program Related.                    |                       |  |                  |  |   |
|                  | Complete if the                            | the organization answered               | "Yes" on Form 990, Pa | art IV, line 1                                   | 1c See F         | orm 990, Part                                | X, line 13.   |
|                  | (a) Description of inv                     | ivestment                               | (b) Book value        |  |                  | ethod of valuation                           |   |
| (1)              |  |   |                       | †  | -                |  |   |
| (2)              |  |   |                       |  |                  |  |   |
| (3)              |  |   |                       |  |                  |  |   |
| (4)              |  |   |                       | <del>                                     </del> |                  |  |   |
| (5)              |  | *************************************** |                       | <del> </del>                                     |                  |  |   |
| (6)              |  |   |                       |  |                  | *****  | والم المناسق في بيسيد به والم في المناسب به سيد المناسب المناسب المناسب المناسب |
| (7)              |  |   |                       |  |                  |  |   |
| (8)              |  |   |                       | +  |                  |  |   |
| (9)              |  |   |                       | †  |                  |  |   |
|                  | n) must equal Form 990, F                  | Part X, col (B) line 13)                |                       | 1  |                  |  |   |
| Part IX          | Other Asset                                | . 21.77, 007 (27 11.110 1.07            | "Yes" on Form 990 Pr  | ert IV line 1                                    | 1d See F         | Form 990 Part                                | Y line 15   |
|                  | Oompicto ii t                              | (a) Desc                                |                       | 21(10, 11110 )                                   | 14 000.          |  | (b) Book value  |
| (1)              |  | (u) 5000                                | приол                 |  |                  | <u>-</u>                                     | B) BOOK VAIGE   |
| (2)              |  |   |                       |  |                  |  |   |
| (3)              | . (  |   |                       |  |                  |  |   |
| (4)              | ·  |   |                       | ***************************************          |                  |  |   |
| (5)              |  |   |                       |  |                  |  |   |
| (6)              |  | ·                                       |                       |  |                  |  |   |
| (7)              |  |   |                       |  |                  |  |   |
| (8)              |  |   |                       |  |                  |  |   |
| (9)              |  |   |                       |  |                  |  |   |
|                  | n (b) must equal F                         | Form 990, Part X, col (B) line 15)      |                       |  |                  | ▶  |   |
| Part X           | Other Liabili                              |   |                       |  |                  |  |   |
| <u> </u>         |  | the organization answered               | "Yes" on Form 990, Pa | art IV, line 1                                   | 1e or 11f.       | See Form 990                                 | ), Part X,  |
|                  |  |   |                       | <del></del>                                      |                  |  |   |
| 1.               | (a) Description o                          | of liability                            | (b) Book value        |  |                  |  |   |
|                  | income taxes                               |   |                       | _  |                  |  |   |
|                  | am Advance                                 | <del></del>                             | 43,220                | <u>-</u>   |                  |  |   |
| (3)              |  |   |                       | $\dashv$   |                  |  |   |
| (4)              | <del></del>                                | <del></del>                             |                       | _  |                  |  |   |
| (5)              |  |   |                       | $\dashv$   |                  |  |   |
| (6)              |  |   |                       |  |                  |  |   |
|                  |  |   |                       | _  |                  |  |   |
| (8)              |  |   |                       | $\dashv$   |                  |  |   |
| (9)              |  |   |                       | $\dashv$   |                  |  |   |

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

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

|             |  | 58-0961506  | Page 4      |
|-------------|--|-------------|-------------|
| Pa          | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe   | r Return.   |             |
|             | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |             |             |
| 1           | Total revenue, gains, and other support per audited financial statements   | 1           | 3,294,023   |
| 2           | Amounts included on line 1 but not on Form 990, Part VIII, line 12   |             |             |
| а           | Net unrealized gains (losses) on investments   | _           |             |
| b           | Donated services and use of facilities   | <b>」</b>    |             |
| С           | Recoveries of prior year grants  | _           |             |
| đ           | Other (Describe in Part XIII )   |             |             |
| е           | Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  | 2e          |             |
| 3           | Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·   | 3           | 3,294,023   |
| 4           | Amounts included on Form 990, Part VIII, line 12, but not on line 1.   |             |             |
| а           | Investment expenses not included on Form 990, Part VIII, line 7b   |             |             |
| b           | Other (Describe in Part XIII ) · · · · · · · · · · · · · · · · ·   |             |             |
| C           | Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·  | 4c          |             |
| 5           | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |             | 3,294,023   |
| Pa          | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses   | per Return. |             |
|             | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  |             |             |
| 1           | Total expenses and losses per audited financial statements   | 1           | 2,639,765   |
| 2           | Amounts included on line 1 but not on Form 990, Part IX, line 25   | 1 1         |             |
| а           | Donated services and use of facilities   |             |             |
| b           | Prior year adjustments   |             |             |
| c           | Other losses · · · · · · · · · · · · · · · · · ·   |             |             |
| d           | Other (Describe in Part XIII )   | Jl          |             |
| е           | Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  | 2е          |             |
| 3           | Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·   | 3           | 2,639,765   |
| 4           | Amounts included on Form 990, Part IX, line 25, but not on line 1.   |             |             |
| а           | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |             |             |
| b           | Other (Describe in Part XIII )   | 7           |             |
| С           | Add lines 4a and 4b  | 4c          |             |
| 5           | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)   | 5           | 2,639,765   |
| Pa          | rt XIII Supplemental Information.  |             |             |
| Prov        | ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part   | X, line     |             |
|             | ort XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information  | •           |             |
|             |  |             |             |
| 01          | . Footnote for uncertain tax position under FIN 48 (Part X)  | )           |             |
|             |  |             |             |
| FAS         | B ASC 740-10-50-15 Disclosure (commonly referred to as FIN-48 Disclosure) -  | ACTION is   |             |
|             |  |             |             |
| rea         | uired to record a liability for uncertain tax positions (a/k/a uncertain tax   | benefits)   |             |
|             | <u></u>  |             |             |
| whe         | n it is probable that a tax position would not be upheld under examination b   | v the       |             |
|             | To be produced that a task production would not be approach and a commenced to   | <u>,</u>    | <del></del> |
| Int         | ernal Revenue Service and the amount can be reasonably estimated.  |             |             |
|             | canda novembe bervice and the date date out be readenably debanded.  |             | *******     |
|             |  |             |             |
|             |  |             |             |
| Tax         | positions taken related to ACTION's tax-exempt status and unrelated busines  | .8          |             |
|             | posterior serior location to the street of the serior of t |             |             |
| act         | ivities, if any, have been reviewed, and management believes that material p   | ositions    |             |
| <u> </u>    | evices, is any, have been seviewed, and management besseves and material p   | 031010113   |             |
| + a k       | en would, more likely than not, be upheld upon examination. Therefore, an in   | come tav    |             |
| COX         | en would, more likely than not, be upheld upon examination. Inelelole, an in   | Come cax    |             |
| 1 4 ~       | hility for uncertain tay benefits has not been recorded as of Contember 20   | 2017 554    |             |
| <u> ++a</u> | bility for uncertain tax benefits has not been recorded as of September 30,  | EVII, AND   | <del></del> |
| m           | agement does not antiginate a material shape in its uncertain to be bestite  | for the 10  |             |
| <u>man</u>  | agement does not anticipate a material change in its uncertain tax benefits  | TOP the 12  | <del></del> |
| m^-         | ths following 9/30/2017.   |             |             |
| mOU         | uis lullowilly 3/30/201/.  |             |             |
|             |  |             |             |

Schedule D (Form 990) 2016

EEA

| SCHE  | DULEI |
|-------|-------|
| (Form | 990)  |

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

OMB No 1545-0047
2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered resident of the Service Attach to Form 990.

Attach to Form 990.

Attach to Form 990.

Attach to Form 990.

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the instructions for Form 990 EEA

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

Schedule I (Form 990) (2016)

|  | o Improve Opportu        |                          |                                       |   | 58-0961506 Page 2                     |
|--|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| Part III Grants and Other Assistance to                                |                          |                          | organization ans                      | wered "Yes" on Form 99                                | 0, Part IV, line 22                   |
| Part III can be duplicated if addition (e) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance      | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Community Services   | 346                      | 50,375                   |                                       |   |                                       |
| 2 Emergency Food and Shelter   | 140                      | 29,552                   |                                       |   |                                       |
| 3 Special Projects   | 30                       | 30,488                   |                                       |   | · .                                   |
| 4  |                          |                          | ····                                  | 8   |                                       |
| 5  |                          |                          |                                       |   |                                       |
| 6  |                          |                          | · · · · · · · · · · · · · · · · · · · |   |                                       |
| 7  |                          |                          |                                       |   |                                       |
| Part IV Supplemental Information. Pro-                                 | vide the information r   | equired in Part I, lin   | e 2, Part III, colun                  | nn (b), and any other add                             | ditional information                  |
| 01. Monitoring procedures (  | Part I, line 2           | 2)                       |                                       |   |                                       |
| All participants submit an applicati                                   | on for considerat        | ion The applica          | tion is review                        | ed by the program di                                  | rector to determine if                |
| the applicant is eligible. If eligib                                   | le, assistance is        | provided based           | on proof of ne                        | ed submitted by the                                   | applicant All                         |
| information is kept in a case file,                                    | which is maintain        | ed on all applic         | ants                                  |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          | •                        |                                       | <del></del>   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   |                                       |
|  |                          |                          |                                       |   | <del> </del>                          |
|  |                          |                          | ·                                     |   |                                       |
|  |                          |                          | <u> </u>                              |   |                                       |
| EEA  | <del></del>              | <del></del>              |                                       |   | Schedule I (Form 990) (2016           |

### **SCHEDULE 0** (Form 990 or 990-EZ)

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

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

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number Area Committee to Improve Opportunities Now. Inc. 58-0961506

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

| Schedule O (Form 990 or 990-EZ) (2016)                                      | Page 2                         |
|---|--------------------------------|
| Name of the organization  | Employer identification number |
| Area Committee to Improve Opportunities Now, Inc.                           | 58-0961506                     |
|   |                                |
|   |                                |
|   |                                |
| 04. Other officer or key employee compensation (Part VI, line 15b           |                                |
|   |                                |
| The Executive Committee of the Board of Directors reviews Other Officer(t)  | ne "CFO") and Key              |
| Employees compensation based on their knowledge of comparable compensation  | n levels obtained              |
|   |                                |
| from other non-profit organizations whose board they sit on and/or salary   | discussions                    |
| within their professional networks. Comparable salary levels are discussed  | d in open board                |
|   |                                |
| meetings and the current compensation is set.                               |                                |
|   |                                |
|   |                                |
| 05. Governing documents, etc, available to public (Part VI, line 19)        |                                |
| Available from the Administrative Office upon request.                      |                                |
|   |                                |
|   |                                |
| 06. Explanation of other changes in net assets or fund balances (Part XI    | I. line 9)                     |
|   |                                |
| Rounding  |                                |
|   |                                |
|   |                                |
| 07. List of other fees for services expenses (Part IX, line 11g)            |                                |
| \$288,811 for Contract Service fees paid to home improvement contractors as | nd \$18.185 for                |
|   |                                |
| moving and storage fees.  |                                |
|   |                                |
|   |                                |
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