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_	Q	90	Potur	n of Organization	Evamo	t Erom Inco		Tav		OMB No 1545-0047
Form	7	30	Retur	n of Organization	Exemp	t From ince	me	Idx		2018
	•		Under section 501(c), 527, or 4947(a)(1) of the Ir	nternal Rev	enue Code (exce	pt priva	ate foundat	ions)	2010
			▶ Do not e	nter social security numbers	on this for	rm as it may be n	nade pu	ublic.	DIL	Open to Public
		the Treasury lue Service	▶ Go to	www.irs.gov/Form990 for ins	rmatio	_{m.}	PUN	Inspection		
	A For the 2018 calendar year, or tax year beginning 10-01, 2018, and								09-3	0 , 20 19
		applicable		a_Committee to Impr						Employer identification no.
\neg		change	Doing business as A.C		OVC OPPC	JI CUMICION I	10 W / .			3-0961506
=	ame ch			ox if mail is not delivered to street addre			Poor	—————— π/şuite		Telephone number
			i '		133)		Room	I V SUILO	1 .	706) 546-8293
=	ntial retu			d Street - Suite 9						Gross receipts
\approx		rr/terminated		e, country, and ZIP or foreign postal cod	IB					
\equiv	mended		Athens, GA 306				Lor			2,821,454
L) A	pplicatio	on pending	F Name and address of princip			_	1	(a) is this e group		
		<u> </u>	Same as C abov) 	(b) Are all subor		
			501(c)(3) 501(c) () ◀ (insert no)	1) or	527	\longrightarrow			(see instructions)
	ebsite:							c) Group exe		
				sociation Other	\	L Year of formation	1965	M State	of legal do	micile GA
Pai		Summar		 						
	1		=	sion or most significant activitie		help individ	iuals	and far	nilies	break the
9		cycle of	poverty and ach	leve their greatest	potenti	lai.				
ă			·			·—				
Activities & Governance	[——————————————————————————————————————							
ò	2	Check this b	ox 🕨 📙 if the organizatio	n discontinued its operations o	r disposed (of more than 25%	of its no	et assets.		
<u>ن</u> مع	3	Number of ve	oting members of the gove	eming body (Part VI, line 1a)				• • • • •	3	28
SB	4	Number of in	dependent voting membe	rs of the governing body (Part	VI, line 1b)				4	28
Ę	5	Total number	r of individuals employed ii	n calendar year 2018 (Part V, li	ine 2a)				5	64
Ċ	6	Total number	r of volunteers (estimate if	necessary) · · · · · ·					6	37
⋖	7a	Total unrelate	ed business revenue from	Part VIII, colump (C), line 12.					7a	. 0
	b	Net unrelated	d business taxable income	from Form 990 T, line 38 E	CEIVE	$\mathbb{D} \cdots \cdots $			7b	. 0
						O		Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	1h)	' a' b'aba	ୁ ।ଝ୍ରା		2,417	, 262	2,807,790
e	9	Program sen	vice revenue (Part VIII, line	ag) AUG	1 9 202	U .				0
en en	10	Investment in	ncome (Part VIII, column (- [-]	all-when here have been been been been been been been be			1	, 234	2,258
Revenue	11			nes 5, 6d, 8c, 9¢, 10c, 🔞 🕞	DEN I	IT			,450	11,406
	12			(must equal Part VIII, column (2,422		2,821,454
·	13		imilar amounts paid (Part						,048	194,626
2	14		to or for members (Part I)						, <u>, , , , , , , , , , , , , , , , , , </u>	0
Ś	15	•	er compensation, employe	, 580	1,337,382					
868	l l	•	fundraising fees (Part IX,	, , ,				1,334	, ,000	1,331,382
	l .		sing expenses (Part IX, co	* *		0				<u></u>
Expen	17		ses (Part IX, column (A), li	• • • • • • • • • • • • • • • • • • • •		 _		902	069	1 296 164
	18	•		egual Part IX, column (A), line	25)			2,412		1,286,164
	19	•		18 from line 12 • • • • •	-,				, 249	2,818,172
- 22	 	revendo ies	o expenses - Gabiract and	TO HOLL MILE 12			Danina			3,282
15 O	20	Total access ((Part V. lino 16)				Beginn	ing of Current		End of Year
Net Assets or Fund Balances	21		(Part X, line 16) · · · · · s (Part X, line 26) · · · ·					671		708,267
25	22		r fund balances Subtract	line 21 from line 20				363		397,324
Par			re Block	illie 21 flost line 20		• • • • • • • • • • • • • • • • • • • •		307	901	310,943
				m, including accompanying schedules a	and statements	and to the heat of my	noutodos	a god belief it is		·
				ficer) is based on all information of which			u iowiedy.	9 and Dongi, it is		,
		1	# 1 ' n	11					2	14/20
Sign	.		e of officer	6 (III)	 .				Date /	17/20
Here	- 1								Date /	
пен	,		hanie Nesbitt, CF	70						
			onnt name and title			Ta .		 		
.		Print/Type pre	parer's name	Preparente signature		Date		Check	af PTIN	
Paid		Tom Bai		- Spa Sily		08-10-2020		self-employe	d	
Prep			► Thomas	Sailey CPA			Firm's	EIN >		
Use	Only	Firm's address	55 Jones	sboro Street, Suite	2		Phone	e no		
		_1	McDonoug	h GA 30253					0-885	
				own above? (see instructions)	• • • • •		· · · ·		· · · · ·	· X Yes No
For P	арегч	vork Reduction	on Act Notice, see the se	parate instructions.		-				Form 990 (2018)

_	rt ill Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
Ť	Bnefly describe the organization's mission
٠	·
	To help individuals and families break the cycle of poverty and achieve their greatest potential.
	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? · · · · · · · · · · · · · · · · · · ·
	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
3	services?
	_
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	(Order) (France Or a series of the control of the
4a	(Code) (Expenses \$1,173,080 including grants of \$) (Revenue \$)
	Weatherization services improved the affordability and safety of the housing of the most
	vulnerable citizens of our communities, including senior citizens, individuals with
	disabilities, and families with young children by providing energy retrofit services. During
	FY 2019, Weatherization Assistance Program services were completed on a total of 108 homes.
	As a result, these homes are more energy efficient with improved safety. We exceeded our goal
	of 96, and weatherized 12 additional homes.
4b	(Code) (Expenses \$ 812,412 including grants of \$ 40,644) (Revenue \$)
-	A variety of CSBG services were provided to meet the needs of individuals and families. These
	services included, but were not limited to, education and education-based training services,
	emergency services / crisis intervention, budget counseling, housing counseling, nutritional
	services, and youth leadership scholarships. We served 36 participants in the Opportunities
	Now Program, and achieved a 92% success rate; 92 individuals received housing counseling
	services; ACTION, Inc. provided food items and food vouchers to reduce hunger among 2,314
	individuals; and 41 youth received scholarships and increased their academic, leadership, and
	social skills.
	DOGGET DIVITIES
4c	(Code:) (Expenses \$383,613 including grants of \$88,371) (Revenue \$)
	WIOA Education and education-based training services were provided through the following
	programs: High School Youth, Educational Re-Entry, and Achieving Career Excellence (ACE). A
	total of 137 youth participated in the High School Youth program; 16 youth and young adults
	participated in the Educational Re-entry Program; and we served a total of 73 participants in
	the ACE program, all of whom received intensive career coaching, case management, essential
	employment skills training, and certified occupational skills training in either welding or
	fork lift certifications.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 221,573 Including grants of \$ 65,611) (Revenue \$
4e	Total program service expenses 2.590,678

Area Committee to Improve Opportunities Now, Inc.

A 60 T D Page 3

Part'IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 6 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 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 temporanty restricted 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 b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X_ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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 Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 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 X 12b 13 Х 13 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Х 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			i
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24a	employees? If "Yes," complete Schedule J	23		X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	1^
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1	\vdash	
	to defease any tax-exempt bonds?	24c		ļ
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
þ	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?	1	İ	ĺ
••	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		_v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled]		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27]	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	ĺ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00.		۱.,
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Х
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
250	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	000	-	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ł	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • • •		Щ
1e	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
1a b	Federath a sumb as of Federal W 00 instantial and a fine of the state		Ì	
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	x	
EEA			990 (2	018)

	ge and a general feature (continued)		Γ	Τ-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 64			
b	· · · · · · · · · · · · · · · · · · ·	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		l
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	(;		İ
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			77
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f	<u>-</u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- '''		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoning organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	İ		
11	Section 501(c)(12) organizations. Enter	}		
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	- 1	ł	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	- 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O			
D	Enter the amount of reserves the organization is required to maintain by the states in which	İ		
C	the organization is licensed to issue qualified health plans	İ	- 1	
14a		444		v
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	\dashv	X
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
	excess parachute payment(s) during the year	15		х
	If "Yes," see instructions and file Form 4720, Schedule N	13	+	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ŀ	X_
	If "Yes," complete Form 4720, Schedule O			>
EEA		Form	990 (2	018)

Form 990 (2018) Area Committee to Improve Opportunities Now, Inc. 58-0961506 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 28 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 28 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? Х Did the organization delegate control over management duties customanly performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Яa b 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.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 with a taxable entity during the year? Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ Georgia Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

EEA

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (20 Part VII	O18) Area Committee to Improve Opportunities Now, Inc. Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	58-0961506	Page 7
	Independent Contractors	policated Employe	.cs, 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 current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	, unie: er an	Pos eck m ss per d a dir	son ı	han one and Highest compensated employee	n)	(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) Kelly Girtz Member	1.00_	x						0	0	0
(2) Velde Hardy	1.00									0
Member		Х						0	0	0
(3) Sylvia Milling	1.00_									
Member (4)		Х	-	\vdash	-			0	0	0
(4) Julie Phillips	1.00_	х						0	o	0
(5) Kirklyn Dixon	1.00							O		
Member		x						o	' o l	0
(6) Dena Huff	1.00									
Member		X						0	٠ ٥	0
(7) Kirrena Gallagher	1.00			l			i		i	
Member		Х			_			0	0	0
(8) Tommy Lyon	1.00_								ļ	
Board Chair		Х		_X	_			0	0	0
(9) Jodie Zeuke	1.00			-						
Member (40)		Х						0	0	0
(10)Melvin Davis	1.00_									
Vice Chair		Х	_	_X	\dashv		-	0	0	0
(11)Isaiah Berry	_ _ 1 . 00_	х	- [ŀ			ļ	ا۔	_	
Member	1 22	^	\dashv	+	\dashv		-	0	0	0
(12)Paul_Boykin	1.00_	X	1	1				0	o	•
(13)Bugene Thomas	1 00			\dashv	7					0
Member		x						٥	0	0
(14)Kim Mattox	1.00		_	_	7	1				
Secretary	_	x	ı	x	- 1	- 1		اه	0	0

Form 990 (20	Area Committee to Improve Opportunities Now, Inc.	58-0961506	Page
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor Independent Contractors	npensated 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		

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
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"

compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Check this box is neither the diganization for any relate					(C)	,				
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average		(do not check more than one box, unless person is both an officer and a director/trustee)				Reportable	Reportable compensation from related	Estimated	
	hours per week (list any	offic)	compensation from		amount of other	
	hours for		_	_	Γ.	T	_	the	organizations	compensation
	related organizations	y div	噩	Officer	9		Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	Individual trustee or director	Institutional trustee		vey en thuryes	Highest compensated employee	14			and related organizations
	111107	uste	탏		ğ	1 1 2 1				organizations
		"	6			sate				
				İ			İ			
(1) masses Topics	1 00	-			_	+				
(1) Trevor Jones	1.00_	X		ŀ				o	o	o
(2) John Hubbard	1.00					†				
Member		х						o	о .	0
(3) Mary Clark	1.00									
Member		Х						0	0	
(4) Gary Usry	1.00					1				
Member		Х						0	0	0
(5) Ricky Cosby	1.00									
Treasurer		X		X		L		0	0	0
(6) Leroy_Crawford Member	1.00	x						0	0	0
Member (7) Kevin Poe	1.00									
Member		x						o	o	0
(8) Lila Mason	1.00									<u>~_</u>
Member		х					j	o	0	0
(9) Delena Brockmonn	1.00									
Member		Х				<u></u>		0	o	0
(10)John Scarborough	1.00									
Member		X						0	0	0
(11)Tracy Norman	1.00									
Member		Х				1		0	0	0
(12)John Daniell	1.00		Ì						İ	
Member		Х	_			 		0	0	0
(13)Dessa Morris	1.00	,,							_	
Member (40)	1	Х		\dashv		┼		0	0	0_
(14)Linda Foster	1.00_	х				1				_
Member EEA	<u> </u>					لــــــــــــــــــــــــــــــــــــــ		O]	0	0 Form 990 (2018)
CCA										1 01111 330 (2010)

Part VII Section A. Officers, Directors, Trustees, R	Cey Employe	es, an	d Hi	ghe	st C	ompe	nsa	ted Employees (co	ontinued)	·		
(A) Name and title	(B) Average hours per week (list any hours for related organizations	rage (do not check more than box, unless person is bot officer and a director/trust list any					Former	(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 compensatio from the organizatior and related		on on
	below dotted line)	rustee	trustee		yee	Highest compensated employee				1	anization	
(15)Stephanie Nesbitt CFO	40.00			х		_		75,953	0			0
(16)Lisa Ransom-Gautreaux CEO/Executive Director				x				87,411				0
(17)								·				
(18)												
(19)												
(20)						·					·	
(21)				Ī								-
(22)											•	
(23)												
(24)										,		
(25)												
1b Sub-total							- ⊦		-			
d Total (add lines 1b and 1c)	· · · · · ·							163,364	0			0
2 Total number of individuals (including but not limited to reportable compensation from the organization ▶	to those liste	d above	e) wi	ho re	ecen	ved m	ore t	han \$100,000 of	0			
3 Did the organization list any former officer, director, o	-44 1				LL	4					Yes	No
3 Did the organization list any former officer, director, of employee on line 1a? If "Yes," complete Schedule J fi			yee.	, or i	nıgn	est co	mpe 	nsated		3		х
4 For any individual listed on line 1a, is the sum of repo						-						
organization and related organizations greater than \$ individual							J 101	rsucn 		4		х
5 Did any person listed on line 1a receive or accrue con	mpensation f	from an	y un	rela	ted (organi	zatio	n or individual				
for services rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Sche	dule J	for s	uch	pers	son	<u> </u>			5		Х
Complete this table for your five highest compensate:	d independe	nt contr	acto	rs th	nat r	eceive	ed m	ore than \$100.000	of			
compensation from the organization. Report compens	sation for the	calend	tar y	ear	endi	ing wit	th or	within the organiza	ition's tax			
(A) Name and business address	· · · · · · · · · · · · · · · · · · ·							(B) Description of s			C)	
Georgia Energy Homes LLC, 1205 Arnoldsv	ville Roa	ad, G	A 3	306	83			Constructi		Comp	606,	
			_			<u>-</u>						
2 Total number of independent contractors (including bine received more than \$100,000 of compensation from the compensation from			e lis	ted	abo	ve) wh	10		1			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Related or exempt function Revenue excluded from tax under sections 512-514 Total revenue Unrelated 1a Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) . . 1e 2,690,755 f All other contributions, gifts, grants, and similar amounts not included above 1f 117,035 g Noncash contributions included in lines 1a-1f \$ 2,807,790 Business Code Revenue Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, Interest, and other similar amounts) · · · · · · · · · · · · ▶ 2,258 2,258 Income from investment of tax-exempt bond proceeds (ı) Real **b** Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Secunties (ii) Other 7a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a **b** Less direct expenses b c Net income or (loss) from fundraising events · · · · · · . ▶ 9a Gross income from gaming activities See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances a **b** Less. cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Various small amounts 900099 11,406 11,406 e Total. Add lines 11a-11d · · · · · · · · · · · · · · · · · ▶ 11,406

2,821,454

13,664

0

12 Total revenue. See instructions · · · · · · · · · · · ▶

Page 10

ech	on 501(c)(3) and 501(c)(4) organizations must co	omolete all columns	s All other organizations n	ust complete column (A)

`	Check if Schedule O contains a response or note to a	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b. 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	194,626	194,626		
3	Grants and other assistance to foreign			-	
	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	135,359		135,359	
6	Compensation not included above, to disqualified			200,000	
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salanes and wages	949,941	949,941		
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	16,686	13,756	2,930	
9	Other employee benefits	143,268	126,286	16,982	
10	Payroll taxes	92,128	81,118	11,010	
11	Fees for services (non-employees).	/	/		····
а	Management		1		
b	Legal				
c	Accounting	20,257	17,390	2,867	
đ	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
8	Other. (If line 11g amount exceeds 10% of line 25, column				· · · · · · · · · · · · · · · · · · ·
_	(A) amount, list line 11g expenses on Schedule O.)			1	
12	Advertising and promotion	17,104	15,176	1,928	
13	Office expenses	3,479	2,641	838	
14	Information technology		1		
15	Royalties				
16	Occupancy	65,667	44,518	21,149	
17	Travel · · · · · · · · · · · · · · · · · · ·	22,472	22,309	163	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			į	
19	Conferences, conventions, and meetings	28,006	28,006		
20	Interest	424		424	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance · · · · · · · · · · · · · · · · · · ·	71,327	63,022	8,305	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		ŀ	j	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				,
а	Materials and Supplies	497,190	488,718	8,472	
b	Contract Service Fees	437,165	437,165		
C	Program Support	61,381	61,381		
d	Telephone	29,296	29,256	40	
θ	All other expenses	32,396	15,369	17,027	
25	Total functional expenses. Add lines 1 through 24e .	2,818,172	2,590,678	227,494	0_
26	Joint costs. Complete this line only if the				_
	organization reported in column (B) joint costs from a combined educational campaign and		1	Ī	
	fundraising solicitation Check here If		1		
	following SOP 98-2 (ASC 958-720)		<u> </u>		
EEA					Form 990 (2018)

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
•			(A)		(B)
			Beginning of year	LI	End of year
	1	Cash - non-interest-bearing	360,383	1 1	297,355
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	308,158	3	406,381
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	İ	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		1 1	
		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
•	10a	Land, buildings, and equipment, cost or		 	
		other basis Complete Part VI of Schedule D 10a 136,000]]	
	Ь	Less accumulated depreciation 10b 136,000		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,031	15	A E21
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	4,531
	17	Accounts payable and accrued expenses	671,572	17	708,267
	18	Grants payable	205,537	18	238,631
	19	Deferred revenue	FC 000	19	41.002
	20	Tax-exempt bond liabilities	56,290	20	41,983
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ø	22	Loans and other payables to current and former officers, directors,		21	
Liabilities					
<u> </u>		trustees, key employees, highest compensated employees, and			
۳	23	disqualified persons. Complete Part II of Schedule L		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities (including federal income tax, payables to related third		24	40,000
	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D · · · · · · · · · · · · · · · · · ·			
	26		102,084	25	76,710
	20	Total liabilities. Add lines 17 through 25	363,911	26	397,324
စ္ဆ		complete lines 27 through 29, and lines 33 and 34.		ı	
2	27	Unrestricted net assets			
ala	28	Temporanly restricted net assets	295,332	27	283,307
9	29	·	12,329	28	27,636
Š	25	Permanently restricted net assets		29	
T.		Organizations that do not follow SFAS 117 (ASC 958), check here		ı	
8	20	complete lines 30 through 34.			
386	30 24	Capital stock or trust pnncipal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	307,661	33	310,943
	34	Total liabilities and net assets/fund balances	671,572	34	708,267

Form	990 (2018) Area Committee to Improve Opportunities Now, Inc. 58-09	<u>61506</u>	5	P	age 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			• • •	<u>. D</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		2,	321,	454
2	Total expenses (must equal Part IX, column (A), line 25)	<u>l</u>		318,	
3	Revenue less expenses Subtract line 2 from line 1			3,	282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			307,	
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
В	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				0
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))			310,	943
ar	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				٠П
	· · · · · · · · · · · · · · · · · · ·			Yes	No
•	Accounting method used to prepare the Form 990 Cash Accrual Other	ſ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
!a	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	Ī			
	reviewed on a separate basis, consolidated basis, or both	1			
	Separate basis Consolidated basis Both consolidated and separate basis	-			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	1
	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:				ŀ
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2¢	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	Ī			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	i			
	the Single Audit Act and OMB Circular A-133?		3a	х	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ŀ		_ _	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
Α				990 (2	20181

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Internal Revenue Service Name of the organization Employer Identification number Area Committee to Improve Opportunities Now, Inc. 58-0961506 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership 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 and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b U Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally Integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (II) EIN (iii) Type of organization (v) Amount of monetary (lv) is the organization (vI) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

58-0961506

(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						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,031,837	2,518,134	2,497,439	2,417,261	2,735,301	12,199,972
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	2,031,837	2,518,134	2,497,439	2,417,261	2,735,301	12,199,972
5	The portion of total contributions by					ļ :	
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount					i	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					<u> </u>	12,199,972
	tion B. Total Support				4 11 204=	1	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4	2,031,837	2,518,134	2,497,439	2,417,261	2,735,301	12,199,972
	rents, royalties and income from similar sources	90	87	394	1,234	2,258	4,063
_				334	1,234	2,230	4,003
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						
11	(Explain in Part VI) · · · · · · · · · · · · · · · · · · ·	100	36,760	796,190	4,450	8,716	846,216
12	Gross receipts from related activities, etc. (s	ee instructions)			<u> </u>	12	13,050,251
13	First five years. If the Form 990 is for the or organization, check this box and stop here	ganızatıon's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	▶∏
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2018 (line 6, c))		14	93.48 %
15	Public support percentage from 2017 Sched						93.24 %
16a	33 1/3% support test - 2018. If the organiza	tion did not check t	he box on line 13, a	and line 14 is 33 1/3	3% or more, check		
	box and stop here. The organization qualifie	s as a publicly supp	orted organization				▶ 🏻
b	33 1/3% support test - 2017. If the organiza	tion did not check a	box on line 13 or 1	l6a, and line 15 is 3	33 1/3% or more, c	heck	
	this box and stop here. The organization qua	alifies as a publicly	supported organiza	tion • • • • • •			▶ 🔲
17a	10%-facts-and-circumstances test - 2018.	If the organization	did not check a box	on line 13, 16a, or	16b, and line 14 is	•	
	10% or more, and if the organization meets t	he "facts-and-circui	mstances" test, che	ck this box and sto	op here. Explain in		
	Part VI how the organization meets the "fact	s-and-circumstance	es" test. The organi	zation qualifies as	a publicly supporte	d	
	organization			• • • • • • • • •			▶ 🔲
b	10%-facts-and-circumstances test - 2017.	If the organization	did not check a box	on line 13, 16a, 16	6b, or 17a, and line		
	15 ls 10% or more, and if the organization me	eets the "facts-and-	-circumstances" tes	t, check this box ai	nd stop here.		
	Explain in Part VI how the organization meet			• .	•	•	_
	supported organization					• • • • • • • • • • • • • • • • • • •	▶ 📙
18	Private foundation. If the organization did no			•			_
	instructions	· · · · · · · · · · · · · · · · · · ·				,	· · · >

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. ► Attach to Form 990.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection Name of the organization Employer identification number Area Committee to Improve Opportunities Now, Inc. 58-0961506 Part I 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 (dunng year) . Aggregate value of grants from (during year) 3 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 conferming impermissible private benefit? Part !! 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 2 easement on the last day of the tax year Held at the End of the Tax Year 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 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, 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) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" 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: 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:

	nule D (Form 990) 2018 Area Committee	to Improve 0	pportu	nities N	low, Inc	<u> </u>	58-096		Page 2
Pa	rt III Organizations Maintaining C							ets (continu	ied)
. 3	Using the organization's acquisition, accession,	and other records, c	heck any o	of the follow	ing that are	a signific	ant use of its		
	collection items (check all that apply)	_							
8	Public exhibition	d 📗 Loa	an or excha	ange progra	ıms				
b	Scholarty research	e 🗌 Ott	ner						
C	Preservation for future generations					-			
4	Provide a description of the organization's collect	tions and explain ho	w they furt	her the orga	anization's e	xempt pu	rpose in Part		
	XIII.		-				•		
5	During the year, did the organization solicit or red	eive donations of a	rt, historica	il treasures,	or other sin	nilar			
	assets to be sold to raise funds rather than to be							· · 🗌 Yes	∏ No
Pa	rt IV Escrow and Custodial Arrang								
	Complete if the organization ar	nswered "Yes" o	n Form	990, Part	: IV, line 9	, or rep	orted an amo	unt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contrib	utions or ot	her assets i	not			
								· · Tyes	∏No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ing table					_	_
	•	•	•				Ar	mount	
С	Beginning balance					10			
d						10			
е	•	<i></i> .						•	
f	Ending balance							· · · · · · · · · · · · · · · · · · ·	
2a	Did the organization include an amount on Form							· · · Tyes	No
b	If "Yes," explain the arrangement in Part XIII. Che					•	<i></i> .	_	=
	Part V Endowment Funds.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
	· · · · · · · · · · · · · · · · · · ·	(a) Current year	 	or year	(c) Two year	1	(d) Three years back	(e) Four years	s hark
1a	Beginning of year balance	(a) Garran year	(5)	ior year	(0) 140 902	o back	(d) Thee years back	(e) Foo years	- Daux
Ь	Contributions	· · · · · · · · · · · · · · · · · · ·	<u> </u>						
c	Net investment earnings, gains, and								
•	losses								
d	Grants or scholarships		1						
9	Other expenditures for facilities and		 						
_	programs								
f	Administrative expenses		 						
9	End of year balance		1						
2	Provide the estimated percentage of the current	vear end halance /lir	ne 1a colu	mn (a)) held	1 26		· - · · · · · · · · · · · · · · · · · ·		
a	Board designated or quasi-endowment	% %	10 19,0010	mar (a)) noic	2 03				
b	Permanent endowment > %								
c	Temporarily restricted endowment	%							
·	The percentages on lines 2a, 2b, and 2c should e								
3a	Are there endowment funds not in the possession	•	that are h	eld and adm	ninietared fo	r the			
	organization by.	. J. a.o organization	and alt II	and adil		i uic		Yes	No
	(i) unrelated organizations · · · · · · · · ·							. 3a(i)	+
	(ii) related organizations							· 3a(ii)	+
ь	If "Yes" on line 3a(ii), are the related organizations	s lieted as required (nn Schedu	 la D2				. 3a(1)	
4	Describe in Part XIII the intended uses of the organization			CK! · · ·				. 50	ш
Par	t VI Land, Buildings, and Equipme		ent iunus						
	Complete if the organization an		n Form 9	90 Part	IV line 1	la See	Form agn D	art X line 10	
	Description of property								
	разаправа от ргоретту	(a) Cost or other		(b) Cost or	other basis ther)		Accumulated preciation	(d) Book value	3
40	Land	(114030116	,	- (α			production		
1a h		· · ·							
b	Buildings								
C	Leasehold improvements	··		<u> </u>					
d	Equipment	13	6,000				136,000		
<u>e</u>	Other	<u>: : </u>		L		L			
Total	. Add lines 1a through 1e (Column (d) must equal	l Form 990, Part X, c	column (B)	, line 10c.)	<u> </u>		· · · · · >		

Schedule D (Form 990) 2018 Area Committee to Improve Opportunities Now, Inc. 58-0961506 Page 3 **Investments - Other Securities.** Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (a) Description of security or category (b) Book value (c) Method of valuation. (including name of security) Cost or end-of-year market value (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4)(5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X,

1.	(a) Description of liability	(b) Book value
(1) Fo	ederal income taxes	
(2) I	Accrued Vacation	34,143
(3) 2	Accrued Wages	42,567
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col (B) line 25)	76,710

^{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.

	Nuè D (Form 990) 2018 Area Committee to Improve Opportunities Now, Inc.	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 ;	2,821,454
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities	T	
c	Recovenes of pnor year grants		
đ	Other (Describe in Part XIII)	7	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	7 2e	
3	Subtract line 2e from line 1	 	2,821,454
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	- 	2,021,434
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
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.)	 	001 454
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	1 - 1	2,821,454
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	per iveturii.	
_	Total expenses and losses per audited financial statements		
1		1 1	2,818,173
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	4	
b	Pnor year adjustments	-	
C	Other losses · · · · · · · · · · · · · · · · · ·	4	
d	Other (Describe in Part XIII)	4 1	
θ	Add lines 2a through 2d	2е	1
3	Subtract line 2e from line 1	3 2	2,818,172
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIII)	-	
C	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	,818,172
	rt XIII Supplemental Information.	·····	
	de 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, Pa	rt X, line	
2, Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
^1	Other among and implicated as \$100.000 (\$100.000 12.000)	~ -1\	
<u>u.</u>	Other expenses not included on Form 990 (Part XII, line	2 a)	
_			
Kou	nding		
			
			
	1		
			
			
			
			

Schedule D (Form 990) 2018

EEA

Schedule U (Form 990) 2018 Area Committee to Improve Opportunities Now, Inc. 58-0961506	Page 5
Part XIII Supplemental Information (continued)	
02. Footnote for uncertain tax position under FIN 48 (Part X)	
FASB ASC 740-10-50-15 Disclosure (commonly referred to as FIN-48 Disclosure) - when it's	
probable that tax positions would not be upheld under examination by the Internal Revenue	
Service (the "uncertain tax positions") and the amount can be reasonably estimated, ACTION	
SELVICE (the uncertain tax positions) and the amount can be reasonably estimated, across	
is required to record a liability for the uncertain tax positions (a/k/a uncertain tax	
benefits).	
Tax positions related to the tax-exempt status and unrelated business activities, if any,	
have been reviewed, and management believes that material positions taken would, more	
likely than not, be upheld upon examination. Therefore, an income tax liability for	
uncertain tax benefits has not been recorded in these Financial Statements, and management	
does not anticipate a material change in its uncertain tax benefits.	

		ช. ว	Grants and Other Assistance to Organizations,	Assistance to	Organization	Ś		OMB No 1545-0047
(Form 990)		Complete	if the organization an	Individuals in swered "Yes" on Fon	GOVERNMENTS, AND INDIVIDUALS IN THE UNITED STATES Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22,	Tes or 22.		2018
Department of the Treasury Internal Revenue Service			► Go to www.irs.g	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	itest information.			Open to Public Inspection
Name of the organization							Employer identification number	number
Area committee to improve Opportunities	Attee to improve Opportunities General Information on Grants and Assistance	rtunities Frante and Assist	9000				58-0961506	
1 Does the omanization	o maintain records to a	substantiate the emoun	tof the greate or seciet	ale to contact of conc	Does the organization maintain records to substantiate the enough of the greate or equipment the greatest and a substantial to the greatest and the greatest an			
	the selection cateria used to award the grants or assistance?	nts or assistance?		tance, trie grantees en	Three grants of assistance, and grantees engioning for the grants of assistance, and	:		. X Yes No
	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	edures for monitoring the	ne use of grant funds in	the United States				
Part II Grants ar	Grants and Other Assistance to Domestic Organi Part IV, line 21, for any recipient that received more	e to Domestic Org ent that received mo	anizations and Don re than \$5,000. Part	nestic Governmen t II can be duplicate	izations and Domestic Governments. Complete if the organization than \$5,000. Part II can be duplicated if additional space is needed	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	"Yes" on Form 990	ć
1 (a) Name and address of organization or government	s of organization ment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						Onie!)		
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
(10)								
2 Enter total number o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government organizat	ons listed in the line 1 t	lable			A	
شا	Enter total number of other organizations listed in the line 1 table appeavork Reduction Act Notice, see the Instructions for Form	sted in the line 1 table instructions for Form	990.				▲	Schedule I (Form 990) (2018)

Page 2

Schedule (Form 880) (2018) Area Committee to Improve Opportunities Now, Inc.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
| Part III | Can be duplicated if additional space is needed.

י מון וון סמון סב מחלוויסמיבת וו מתחונים ומון או וופפחבת	שמתב וא וופבחבת				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Community Services Block Grant	169	40,644			
Workforce Innovation and Opportunity 2 Act (WIOA) Grant	226	88,371			
ю					
*					
S.					
9					
L					
Fart IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information re-	quired in Part I, line	2; Part III, column (b); and any other addit	ional information.

Schedule I (Form 990) (2018)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

Area Committee to Improve Opportunities Now, Inc.	58-0961506			
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 Com				
for review, feedback and/or comments. The 990 is given to the designated off				
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	d Key			
Employees, if applicable, (i.e Covered Persons). The Conflict of Interest F	olicy for			
Directors and Officers is included within the Bylaws for the Board of Direct	ors. 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 Person	nel Policies,			
including the Conflict of Interest Policy. Employees are furthermore require	d to bring any			
potential conflict of interest to the attention of the President/CEO. Due to	the small			
size of the agency and low turnover rate of Covered Persons, mngt can monito	r 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 obta	ined from			
other non-profit organizations whose board they sit on and/or salary discuss	ions 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 a	lso reported			
as officer compensation along with the CEO's salary.				

Schedule O (Form 990 or 990-EZ) (2018)	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(the	"CFO")and Key
Employees compensation based on their knowledge of comparable compensation	levels obtained
from other non-profit organizations whose board they sit on and/or salary di	iscussions
within their professional networks. Comparable salary levels are discussed i	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.	