



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **MAY 1, 2000** and ending **APR 30, 2001**

**B** Check if applicable:  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return (use also for state reporting)

**C** Name of organization  
**MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT, INC.**

**D** Employer identification number  
**31-0900246**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**433 CHESTNUT STREET**

**E** Telephone number  
**(859) 986-2373**

City or town, state or country, and ZIP  
**BEREA, KY 40403**

**F** Check  if application pending

**G** Organization type (check only one)  501(c) ( 3 ) (insert no)  527  
 OR  4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

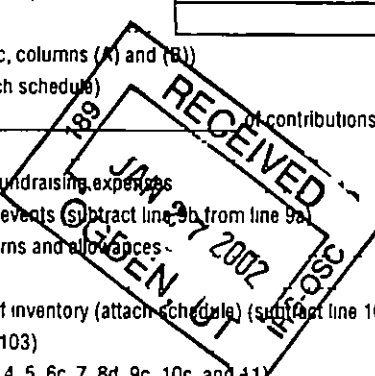
**J** Accounting method  Cash  Accrual  Other (specify)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

**H** (H and I are not applicable to section 527 orgs)  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates   
**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit group exemption no. (GEN)   
**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	344,500.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	509,839.	
	d	Total (add lines 1a through 1c) (cash \$ 854,339. noncash \$ )	1d	854,339.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	128,116.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	178,812.	
	5	Dividends and interest from securities	5		
	6a	Gross rents SEE STATEMENT 1	6a	10,910.	
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	10,910.	
7	Other investment income (describe )	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
			8c		
			8d		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances		10a		
			10b		
			10c		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
11	Other revenue (from Part VII, line 103)	11	23,158.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 41)	12	1,195,335.		
Expenses	13	Program services (from line 44 column (B))	13	1,397,090.	
	14	Management and general (from line 44, column (C))	14	141,495.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,538,585.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<343,250.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,827,870.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	<74,794.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,409,826.	



**MOUNTAIN ASSOCIATION FOR COMMUNITY  
ECONOMIC DEVELOPMENT, INC.**

Form 990 (2000)

31-0900246

Page 2

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	89,430.	0.	89,430.	0.
26	Other salaries and wages	824,188.	824,188.		
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	20,264.	17,224.	3,040.	
34	Telephone	24,870.	21,637.	3,233.	
35	Postage and shipping	11,256.	10,130.	1,126.	
36	Occupancy	37,837.	31,026.	6,811.	
37	Equipment rental and maintenance	62,510.	54,322.	8,188.	
38	Printing and publications	20,620.	20,288.	332.	
39	Travel	67,921.	67,921.		
40	Conferences, conventions, and meetings	39,435.	35,491.	3,944.	
41	Interest	2,050.	2,050.		
42	Depreciation, depletion, etc (attach schedule)	24,471.	12,236.	12,235.	
43	Other expenses (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 3	313,733.	300,577.	13,156.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	1,538,585.	1,397,090.	141,495.	0.

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? ▶ <b>COMMUNITY ECONOMIC DEVELOPMENT</b>		<b>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)</small>
a	SEE STATEMENT 4	
	(Grants and allocations \$ _____)	1,397,090.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	
	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	▶ <b>1,397,090.</b>

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	261,190.	45	381,818.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	134,683.		
	47 b Less allowance for doubtful accounts		47c	134,683.
	48 a Pledges receivable			
	48 b Less allowance for doubtful accounts		48c	
	49 Grants receivable	700,161.	49	168,372.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	2,856,485.		
	51 b Less allowance for doubtful accounts	133,110.	51c	2,723,375.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment basis			
	55 b Less accumulated depreciation		55c	
56 Investments - other	146,584.	56	93,199.	
57 a Land, buildings and equipment basis	273,689.			
57 b Less accumulated depreciation	92,243.	57c	181,446.	
58 Other assets (describe <b>DEPOSITS</b> )	200.	58	200.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	4,136,062.	59	3,683,093.	
Liabilities	60 Accounts payable and accrued expenses	102,933.	60	90,637.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable	205,259.	64b	182,630.
	65 Other liabilities (describe )		65	
66 <b>Total liabilities</b> (add lines 60 through 65)	308,192.	66	273,267.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	3,554,436.	67	1,347,695.
	68 Temporarily restricted	273,434.	68	2,062,131.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	3,827,870.	73	3,409,826.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	4,136,062.	74	3,683,093.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III, the organization's programs and accomplishments.

MOUNTAIN ASSOCIATION FOR COMMUNITY  
ECONOMIC DEVELOPMENT, INC.

Form 990 (2000)

31-0900246 Page 4

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,194,620.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,194,620.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) STMT 6 \$ 715.		
	Add amounts on lines (1) and (2)	d	715.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,195,335.

**Part IV-B** Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,591,254.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	1,591,254.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) STMT 7 \$ <52,669.>		
	Add amounts on lines (1) and (2)	d	<52,669.>
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,538,585.

**Part V** List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DON HARKER 580 SCAFFOLD CANE ROAD BEREA, KY 40403	PRESIDENT 40+/WK	89,430.	8,943.	0.
LORI GARKOVICH VERSAILLES, KENTUCKY	CHAIR 0.	0.	0.	0.
IKE ADAMS PAINT LICK, KENTUCKY	DIRECTOR 0.	0.	0.	0.
GWEN CRISTON RED FOX, KENTUCKY	DIRECTOR 0.	0.	0.	0.
RICHARD GRAFF CINCINNATI, OHIO	DIRECTOR 0.	0.	0.	0.
MARTIE KAZURA BEREA, KENTUCKY	TREASURER 0.	0.	0.	0.
STELLA MARSHALL BOONEVILLE, KENTUCKY	SECRETARY 0.	0.	0.	0.
STEVE MENG MANCHESTER, KENTUCKY	TREASURER 0.	0.	0.	0.
HERB SMITH WHITESBURG, KENTUCKY	DIRECTOR 0.	0.	0.	0.
REVEREND H.B. HARRIS MIDDLESBORO, KENTUCKY	DIRECTOR 0.	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No Form 990 (2000)

023031 12-19-00

MOUNTAIN ASSOCIATION FOR COMMUNITY  
ECONOMIC DEVELOPMENT, INC.

Form 990 (2000)

31-0900246

Page 5

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	78a		X
b	If "Yes" has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization <b>▶ RIDGECREST ENTERPRISES, INC.</b> and check whether it is <input type="checkbox"/> exempt OR <input checked="" type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N/A
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		N/A
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX	88	X	
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed ▶ KENTUCKY			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		30
91	The books are in care of ▶ CONTROLLER Telephone no ▶ 859-986-2373			
	Located at ▶ 433 CHESTNUT STREET, BEREA, KY ZIP code ▶ 40403			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROJECT INCOME					101,558.
b FEE INCOME					3,079.
c REIMBURSEMENTS					23,479.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	178,812.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property			17	10,910.	
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					23,158.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		189,722.	151,274.
105 Total (add line 104 columns (B), (D), and (E))					340,996.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
ALL	ADMINISTRATION OF OVERALL EDUCATIONAL RESEARCH AND ECONOMIC DEVELOPMENT ACTIVITIES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
RIDGECREST ENT INC, 433 CHESTNUT ST, BEREA, KY 40403, 61-1036685	100%	REAL ESTATE/ INVESTMENTS	<53,385.>	508,974.

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W)

Signature of officer: Tomc Mcrae Date: 1/23/02 Type or print name and title: TOMC MCRAE PRESIDENT

Paid Preparer's signature: [Signature] Date: 12/6/01 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Preparer's Use Only Firm's name (or yours if self-employed) and address, and ZIP code: POTTER & COMPANY LLP  
300 EAST MAIN STREET  
LEXINGTON, KY. 40507 EIN: \_\_\_\_\_ Phone no: (859) 253-1100

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2000**

Name of the organization **MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT, INC.** Employer identification number **31 0900246**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

Total number of other employees paid over \$50,000 ▶ **0**

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
-----		
-----		
-----		

Total number of others receiving over \$50,000 for professional services ▶ **0**



Part III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3	Does the organization make grants for scholarships, fellowships, student loans etc ?		X
4 a	Do you have a section 403(b) annuity plan for your employees?		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box )
- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5 )
  - 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
  - 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
  - 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

MOUNTAIN ASSOCIATION FOR COMMUNITY

Schedule A (Form 990 or 990-EZ) 2000 ECONOMIC DEVELOPMENT, INC.

31-0900246 Page 3

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,013,651.	792,046.	1,352,661.	1,928,865.	6,087,223.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	213,706.	317,759.	153,287.	206,898.	891,650.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	2,227,357.	1,109,805.	1,505,948.	2,135,763.	6,978,873.
24 Line 23 minus line 17	2,227,357.	1,109,805.	1,505,948.	2,135,763.	6,978,873.
25 Enter 1% of line 23	22,274.	11,098.	15,059.	21,358.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 139,577.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. SEE STATEMENT 8				26b 1,548,591.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 6,978,873.
	d Add Amounts from column (e) for lines 18	891,650.	19		26d 2,440,241.
	22		26b	1,548,591.	26e 4,538,632.
	e Public support (line 26c minus line 26d total)				26f 65.0339%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) N/A (1998) (1997) (1996)				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A				
	(1999)	(1998)	(1997)	(1996)	
	c Add Amounts from column (e) for lines 15				27c N/A
	17	20	21		27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions)

NONE

**Part V Private School Questionnaire**

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  If the organization belongs to an affiliated group
- Check here  If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			Amount
	Yes	No	
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51 a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets or paid employees

d If the answer to any of the above is "Yes" complete the following schedule. Column (b) should always show the fair market value of the goods, other assets or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Schedule B**  
**(Form 990 or 990-EZ)**

**Schedule of Contributors**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

**2000**

Name of organization **MOUNTAIN ASSOCIATION FOR COMMUNITY  
ECONOMIC DEVELOPMENT, INC.**

Employer identification number  
**31-0900246**

Organization type (check one)-Section  501(c)( 3 ) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

**Note: This form is generally not open to public inspection except for section 527 organizations.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

**General rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

**Example** A section 501(c)(3) organization of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III

**Specific Instructions**

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (b) and explain the relationship between the two organizations

Name of organization  
**MOUNTAIN ASSOCIATION FOR COMMUNITY  
 ECONOMIC DEVELOPMENT, INC.**

Employer identification number  
**31-0900246**

**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED LISTING  CONTRIBUTIONS GREATER THAN \$5,000	\$ 849,841.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

---

---

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 8  
INCLUDED ON PART IV, LINE 26B

---

\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

---

<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	1,203,459.	1,063,882.
	300,000.	160,423.
	250,000.	110,423.
	343,017.	203,440.
	150,000.	10,423.
 TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		 <u>1,548,591.</u>



MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT, INC  
Contributions greater than \$5,000 received in fiscal year 2001

<u>Contributor</u>	<u>Amount</u>
	110,000
	70,000
	100,000
	10,000
	25,000
	25,000
	25,000
	8,286
	44,826
	38,116
	189,779
	97,185
	<u>106,649</u>
	<u><u>849,841</u></u>

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
MISCELLANEOUS RENTALS		1	10,910.
TOTAL TO FORM 990, PART I, LINE 6A			10,910.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
ELIMINATIONS		<53,385.>	
PRIOR YEAR ADJUSTMENT		<21,409.>	
TOTAL TO FORM 990, PART I, LINE 20		<74,794.>	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL SERVICES	23,286.	18,628.	4,658.		
INSURANCE	4,366.	3,415.	951.		
DUES AND SUBSCRIPTIONS	11,573.	10,416.	1,157.		
IDA MATCH/GRANT EXPENSE	197,826.	197,826.			
PROMOTION	2,444.	2,196.	248.		
CONTRACT LABOR	132.	124.	8.		
CONSULTANTS	51,036.	48,484.	2,552.		
DATA SERVICES	11,891.	10,703.	1,188.		
COMPUTER SUPPLIES	8,927.	7,320.	1,607.		
REPAIRS AND MAINTENANCE	1,684.	1,465.	219.		
BAD DEBT	568.		568.		
TOTAL TO FM 990, LN 43	313,733.	300,577.	13,156.		

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

PROVIDES COMPREHENSIVE SUPPORT TO THE APPALACHIAN COMMUNITY BY ENHANCING EMPLOYMENT AND LIVING CONDITIONS IN THE AREA. MAJOR PROGRAMS CONSIST OF BUSINESS DEVELOPMENT, ENTREPRENEURSHIP AND SUSTAINABLE COMMUNITIES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,397,090.

FORM 990 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN SUBSIDIARY	COST	<116,485.>
OTHER INVESTMENTS	COST	209,684.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		93,199.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
RIDGECREST ENTERPRISES INCOME LESS ELIMINATIONS	715.
TOTAL TO FORM 990, PART IV-A	715.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
RIDGCREST ENTERPRISES EXPENSE LESS ELIMINATIONS	<52,669.>
TOTAL TO FORM 990, PART IV-B	<52,669.>

MAGED  
Fixed Assets

Description	Date Acquired	Cost Basis	Depr Method	Useful Life	04/30/98		04/30/99		04/30/00		04/30/01	
					Accum Depr	Expense	Accum Depr	Expense	Accum Depr	Expense	Accum Depr	Expense
<b>Auto</b>												
1996 Toyota Camry	06/20/96	18,888.00	SL	5.00	4,628.00	3,777.60	8,405.60	3,777.60	12,183.20	3,777.60	15,960.80	
NOS Van	06/30/97	26,244.00	SL	5.00	7,241.00	5,248.80	12,489.80	5,248.80	17,738.60	5,248.80	22,987.40	
<b>Total Autos</b>		<b>45,132.00</b>			<b>11,869.00</b>	<b>9,026.40</b>	<b>20,895.40</b>	<b>9,026.40</b>	<b>29,921.80</b>	<b>9,026.40</b>	<b>38,948.20</b>	
<b>Buildings &amp; Improvements</b>												
Whitesburg Bldg (LCAT)	01/01/97	90,000.00	SL	31.00	3,690.00	2,903.23	6,593.23	2,903.23	9,496.46	2,903.23	12,399.69	
Whitesburg Improvements (LCAT)	03/01/98	11,085.00	SL	31.00	45.00	357.58	402.58	357.58	760.16	357.58	1,117.74	
Whitesburg Improvements (LCAT)	06/30/98	1,319.20	SL	31.00	0.00	35.46	35.46	42.55	78.01	42.55	120.56	
Tate Bldg (Berea)	07/24/97	74,875.00	SL	31.00	1,882.00	2,415.32	4,297.32	2,415.32	6,712.64	2,415.32	9,127.96	
<b>Total Buildings &amp; Improvements</b>		<b>177,279.20</b>			<b>5,617.00</b>	<b>5,711.59</b>	<b>11,328.59</b>	<b>5,718.68</b>	<b>17,047.27</b>	<b>5,718.68</b>	<b>22,765.95</b>	
<b>Computer Hardware</b>												
HP 560C Printer	01/29/95	500.00	SL	5.00	325.00	100.00	425.00	75.00	500.00	0.00	500.00	
HP Laserjet printer	10/01/95	900.00	SL	5.00	450.00	180.00	630.00	180.00	810.00	90.00	900.00	
CompuNet-computers	10/31/96	873.00	SL	5.00	277.00	174.60	451.60	174.60	626.20	174.60	800.80	
Connectup	02/24/97	849.00	SL	5.00	219.00	169.80	388.80	169.80	558.60	169.80	728.40	
2 Computers	07/24/97	3,351.00	SL	5.00	558.00	670.20	1,228.20	670.20	1,898.40	670.20	2,568.60	
Hartmore Computer	04/30/98	1,195.00	SL	5.00	20.00	238.00	259.00	239.00	498.00	239.00	737.00	
Mission Tech (B&H CAT-3computers)	07/16/98	4,047.00	SL	5.00	0.00	640.78	640.78	809.40	1,450.18	809.40	2,259.58	
Buycomp (B&H CAT 3 printers)	07/31/98	1,939.78	SL	5.00	0.00	290.97	290.97	387.96	678.93	387.96	1,066.89	
Hartmore (BManzi Computer)	12/01/98	1,514.00	SL	5.00	0.00	128.17	128.17	302.80	428.97	302.80	731.77	
Dell Server (HUD Porton)	04/15/99	7,712.99	SL	5.00	0.00	64.27	64.27	1,542.87	1,606.87	1,542.87	3,149.47	
Dell UPS	07/31/00	465.95	SL	5.00	0.00	0.00	0.00	0.00	0.00	69.89	69.89	
Dell Server	07/31/00	11,540.00	SL	5.00	0.00	0.00	0.00	0.00	0.00	1,731.00	1,731.00	
<b>Total Computer Hardware</b>		<b>34,887.72</b>			<b>1,849.00</b>	<b>2,653.79</b>	<b>4,804.79</b>	<b>4,551.36</b>	<b>9,056.15</b>	<b>6,187.25</b>	<b>15,243.40</b>	
<b>Computer Software</b>												
American Fundware	03/28/97	4,883.00	SL	5.00	1,140.00	976.60	2,116.60	976.60	3,093.20	976.60	4,069.80	
<b>Total Computer Software</b>		<b>4,883.00</b>			<b>1,140.00</b>	<b>976.60</b>	<b>2,116.60</b>	<b>976.60</b>	<b>3,093.20</b>	<b>976.60</b>	<b>4,069.80</b>	
<b>Office Furniture &amp; Equipment</b>												
Copier (Upstairs-Berea)	02/28/85	7,200.00	SL	5.00	7,200.00	0.00	7,200.00	0.00	7,200.00	0.00	7,200.00	
Refrigerator	07/28/86	130.00	SL	5.00	130.00	0.00	130.00	0.00	130.00	0.00	130.00	
Credenza	08/18/86	400.00	SL	5.00	400.00	0.00	400.00	0.00	400.00	0.00	400.00	
File Cabinet	10/22/86	209.00	SL	5.00	209.00	0.00	209.00	0.00	209.00	0.00	209.00	
Chair	01/02/87	149.00	SL	5.00	149.00	0.00	149.00	0.00	149.00	0.00	149.00	
Office Depot-H&BCAT	10/15/98	459.98	SL	5.00	0.00	49.83	49.83	92.00	141.83	92.00	233.83	
Bissell So Office Ctr - H&BCAT	11/12/98	291.00	SL	5.00	0.00	26.68	26.68	58.20	84.88	58.20	143.08	
Quilt (H&BCAT)	04/01/99	1,544.90	SL	5.00	0.00	25.75	25.75	308.98	334.73	308.98	643.71	
Fax (MACED office)	05/23/00	1,123.00	SL	5.00	0.00	0.00	0.00	0.00	0.00	224.60	224.60	
<b>Total Office Furniture &amp; Equipment</b>		<b>11,505.88</b>			<b>8,088.00</b>	<b>102.28</b>	<b>8,190.28</b>	<b>459.18</b>	<b>8,649.44</b>	<b>683.78</b>	<b>9,333.22</b>	
<b>Total</b>		<b>273,688.80</b>			<b>28,563.00</b>	<b>18,472.64</b>	<b>47,035.64</b>	<b>20,732.22</b>	<b>67,767.86</b>	<b>22,592.71</b>	<b>90,360.57</b>	
<b>Total Fixed Assets (Net)</b>		<b>245,125.80</b>										

Other 6.00  
total 187.71  
24470.49  
1882.60  
22343.57  
Accum Dep  
Exp 4-30-01  
4-30-01

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <b>MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT, INC.</b>	Employer identification number <b>31-0900246</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>433 CHESTNUT STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BEREA, KY 40403</b>	

### Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until DECEMBER 17, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning MAY 1, 2000, and ending APR 30, 2001

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period


3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶ CEO Date ▶ 9/15/01