

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C MID-CUMBERLAND COMMUNITY ACTION AGENCY, 233 LEGENDS DRIVE, LEBANON, TN 37088. D Employer identification number 62-0859072. E Telephone number (615) 742-1113. G Gross receipts \$ 13,826,205.

F Name and address of principal officer: SAME AS C ABOVE. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527. J Website: MIDCUMBERLAND.ORG. H(c) Group exemption number

K Form of organization: Corporation, Trust, Association, Other. L Year of formation: 1971. M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO HELP FAMILIES/INDIVIDUALS TOWARD SELF-SUFFICIENCY BY PROVIDING COMPREHENSIVE SERVICES IN COLLABORATION WITH LOCAL, STATE, AND FEDERAL RESOURCES.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if discontinued, 3-7a Activities & Governance, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8-12 Revenue (Contributions, Program service, Investment, Other, Total).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13-19 Expenses (Grants, Benefits, Salaries, Fundraising, Other, Total).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20-22 Net Assets of Fund Balances (Total assets, Total liabilities, Net assets).

Part II Signature Block

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.

Sign Here: Signature of officer KEVIN DAVENPORT, EXECUTIVE DIRECTOR. Date.

Paid Preparer Use Only: Print/Type preparer's name STEPHEN R. SPRINGER, Preparer's signature, Date 1/19/17, Check self-employed, PTIN P00216996, Firm's name STONE, RUDOLPH & HENRY, PLC, Firm's address 124 CENTER POINTE DRIVE, CLARKSVILLE, TN 37040-8408, Firm's EIN 62-0811623, Phone no. (931) 648-4786.

May the IRS discuss this return with the preparer shown above? Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

TO HELP FAMILIES/INDIVIDUALS TOWARD SELF-SUFFICIENCY BY PROVIDING COMPREHENSIVE SERVICES IN COLLABORATION WITH LOCAL, STATE, AND FEDERAL RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as 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.

4a (Code:) (Expenses \$ 9,013,264. including grants of \$) (Revenue \$)

US DHHS HEAD START PROGRAM PROVIDES BENEFITS TO PRE-SCHOOL CHILDREN FROM LOW-INCOME FAMILIES THROUGH SERVICES INCLUDING EDUCATION SOCIAL SERVICES, PARENTAL INVOLVEMENT, NUTRITION, DENTAL, PHYSICAL & MENTAL HEALTH AND THOSE WITH DISABILITIES - SERVED 1,113 INDIVIDUALS.

4b (Code:) (Expenses \$ 2,021,581. including grants of \$) (Revenue \$)

LOW-INCOME HOME ENERGY ASSISTANCE PROVIDES BENEFITS TO LOW-INCOME FAMILIES THROUGH ASSISTANCE WITH HOME ENERGY COSTS - SERVED 9,824 INDIVIDUALS.

4c (Code:) (Expenses \$ 896,670. including grants of \$) (Revenue \$)

COMMUNITY SERVICES BLOCK GRANT PROVIDES BENEFITS TO LOW-INCOME HOUSEHOLDS THROUGH VARIOUS FORMS OF FINANCIAL EDUCATIONAL ASSISTANCE INCLUDING EMERGENCIES & SHELTER, NUTRITION, HEALTH, SELF-SUFFICIENCY AND LINKAGES WITH OTHER PROGRAMS - SERVED 5,552 INDIVIDUALS.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 1,254,347. including grants of \$) (Revenue \$)

4e Total program service expenses 13,185,862.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 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? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
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? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 72		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 242		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.		
4 a	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)?		X
4 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)		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13 c	Enter the amount of reserves on hand.		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 13 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.		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7 a	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?		X
7 b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	The governing body?	X	
8 b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?		X
10 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?		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15 a	The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	Other officers or key employees of the organization. SEE SCHEDULE O.	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 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 ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
MICHELLE BURROUGHS 233 LEGENDS DRIVE LEBANON TN 37088 (615) 742-1113

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DARRYL EUBANKS DIRECTOR	2 0	X						0.	0.	0.
(2) LINDA HARDYMON SECRETARY	2 0	X						0.	0.	0.
(3) MIKE KURTZ DIRECTOR	2 0	X						0.	0.	0.
(4) DARYL PHILLIPS DIRECTOR	2 0	X						0.	0.	0.
(5) CHRISTIE GLOVER DIRECTOR	2 0	X						0.	0.	0.
(6) MIKE WEBER DIRECTOR	2 0	X						0.	0.	0.
(7) CHRIS WHITNEY DIRECTOR	2 0	X						0.	0.	0.
(8) JOHN GRANT DIRECTOR	2 0	X						0.	0.	0.
(9) JAMES HUBBARD DIRECTOR	2 0	X						0.	0.	0.
(10) KATIE WILSON DIRECTOR	2 0	X						0.	0.	0.
(11) FRANKLIN HARPER CHAIRMAN	2 0			X				0.	0.	0.
(12) BOB O'BRIEN TREASURER	2 0			X				0.	0.	0.
(13) MICHAEL SNIDER VICE-CHAIRMAN	2 0			X				0.	0.	0.
(14) KEVIN DAVENPORT EXECUTIVE DIR.	40 0			X			77,072.	0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) MICHELLE BURROUGHS FINANCE DIRECTR	40 0			X			66,756.	0.	0.
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							143,828.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							143,828.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization									
									0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		
		0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 13,278,677.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 547,355.				
	g Noncash contributions included in lines 1a-1f: \$	406,695.				
	h Total. Add lines 1a-1f	▶ 13,826,032.				
	2 a Business Code					
	b -----					
c -----						
d -----						
e -----						
f All other program service revenue						
g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶ 173.	173.			
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not 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	▶			
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
		c Net income or (loss) from gaming activities	▶			
	10 a 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		▶				
11 a Miscellaneous Revenue						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d		▶				
12 Total revenue. See instructions		▶ 13,826,205.	173.	0.	0.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.....				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.....	2,803,801.	2,803,801.		
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.....	157,291.	0.	157,291.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	0.	0.	0.	0.
7 Other salaries and wages.....	5,804,235.	5,674,593.	129,642.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).....				
9 Other employee benefits.....	2,145,095.	2,060,476.	84,619.	
10 Payroll taxes.....				
11 Fees for services (non-employees):				
a Management.....				
b Legal.....				
c Accounting.....				
d Lobbying.....				
e Professional fundraising services. See Part IV, line 17....				
f Investment management fees.....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).....				
12 Advertising and promotion.....				
13 Office expenses.....				
14 Information technology.....				
15 Royalties.....				
16 Occupancy.....	440,440.	402,194.	38,246.	
17 Travel.....	78,884.	62,188.	16,696.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.....				
19 Conferences, conventions, and meetings....				
20 Interest.....				
21 Payments to affiliates.....				
22 Depreciation, depletion, and amortization....	135,701.		135,701.	
23 Insurance.....	126,127.	125,874.	253.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).....				
a <u>SUPPLIES</u>	780,193.	757,479.	22,714.	
b <u>CONTRACTED SERVICES</u>	648,064.	638,914.	9,150.	
c <u>MAINTENANCE</u>	252,901.	248,988.	3,913.	
d <u>TRAINING & SEMINARS</u>	193,297.	184,079.	9,218.	
e All other expenses.....	246,088.	227,276.	18,812.	
25 Total functional expenses. Add lines 1 through 24e....	13,812,117.	13,185,862.	626,255.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).....				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	49,228.	1	177,976.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	977,497.	3	913,030.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, 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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	23,085.	8	58,073.
	9 Prepaid expenses and deferred charges	413,495.	9	351,111.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,960,597.		
	b Less: accumulated depreciation	10b 2,275,833.	630,120.	10c 684,764.
	11 Investments – publicly traded securities	16,756.	11	15,927.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,110,181.	16	2,200,881.
Liabilities	17 Accounts payable and accrued expenses	605,707.	17	638,964.
	18 Grants payable		18	
	19 Deferred revenue	28,310.	19	62,684.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,117.	25	30,098.
	26 Total liabilities. Add lines 17 through 25	655,134.	26	731,746.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	454,664.	27	498,434.
	28 Temporarily restricted net assets	1,000,383.	28	970,701.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,455,047.	33	1,469,135.
	34 Total liabilities and net assets/fund balances	2,110,181.	34	2,200,881.

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Form 990 (2015)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,826,205.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,812,117.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,088.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,455,047.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,469,135.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization MID-CUMBERLAND COMMUNITY ACTION AGENCY	Employer identification number 62-0859072
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Part I 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 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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 **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.**
 - 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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	14843037.	12559282.	11534264.	13018277.	13826032.	65,780,892.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	14843037.	12559282.	11534264.	13018277.	13826032.	65,780,892.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						65,780,892.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4.	14843037.	12559282.	11534264.	13018277.	13826032.	65,780,892.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,475.	5,996.	6,019.	696.	173.	15,359.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						65,796,251.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)).	14	99.98 %
15 Public support percentage from 2014 Schedule A, Part II, line 14.	15	99.97 %
16a 33-1/3% support test – 2015. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2015. 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 the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?.....		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?.....		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer 10b below.</i>		
b Did the organization, have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes.....	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.....	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations.....	
4 Amounts paid to acquire exempt-use assets.....	
5 Qualified set-aside amounts (prior IRS approval required).....	
6 Other distributions (describe in Part VI). See instructions.....	
7 Total annual distributions. Add lines 1 through 6.....	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.....	
9 Distributable amount for 2015 from Section C, line 6.....	
10 Line 8 amount divided by Line 9 amount.....	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6.....			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).....			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013.....			
e From 2014.....			
f Total of lines 3a through e.....			
g Applied to underdistributions of prior years.....			
h Applied to 2015 distributable amount.....			
i Carryover from 2010 not applied (see instructions).....			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.....			
4 Distributions for 2015 from Section D, line 7: \$.....			
a Applied to underdistributions of prior years.....			
b Applied to 2015 distributable amount.....			
c Remainder. Subtract lines 4a and 4b from 4.....			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).....			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).....			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.....			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013.....			
d Excess from 2014.....			
e Excess from 2015.....			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

MID-CUMBERLAND COMMUNITY ACTION AGENCY

62-0859072

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 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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 conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ _____

2 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:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		1,087,071.	842,480.	244,591.
c Leasehold improvements		6,127.	1,734.	4,393.
d Equipment		1,867,399.	1,431,619.	435,780.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 684,764.

Part VII Investments – Other Securities. N/A
 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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related. N/A
 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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. N/A
 Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (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, line 25

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ADVANCES FROM GRANTORS	30,098.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	30,098.	

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per 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	14,102,158.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	
	b Donated services and use of facilities	2b	275,953.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	275,953.
3	Subtract line 2e from line 1	3	13,826,205.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	13,826,205.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,088,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	275,953.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	275,953.
3	Subtract line 2e from line 1	3	13,812,117.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	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	13,812,117.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

MID-CUMBERLAND COMMUNITY ACTION AGENCY

Employer identification number

62-0859072

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(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, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ----- -----							
(2) ----- -----							
(3) ----- -----							
(4) ----- -----							
(5) ----- -----							
(6) ----- -----							
(7) ----- -----							
(8) ----- -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 0

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COMMUNITY SERVICES BLOCK GRANT	5,552	271,042.			
2 LOW-INCOME ENERGY ASSISTANCE WEATHERIZATION ASSISTANCE	9,824	1,712,411.			
3 PROGRAM	61	114,692.			
4 CHILD AND ADULT CARE FOOD PROGRAM	1,113		251,484.	FAIR VALUE	FOOD PROVISIONS
5 LOCAL FUNDS	199	82,464.			
6 EMERGENCY FOOD ASSISTANCE PROGRAM	5,361		371,708.	FAIR VALUE	FOOD COMMODITIES
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

SCHEDULE I, PART I, LINE 2 ALL PROGRAMS ADMINISTERED BY MCCA A HAVE A PROGRAM DIRECTOR WHO IS RESPONSIBLE FOR APPROVING ELIGIBILITY DETERMINATIONS FOR HIS/HER SPECIFIC PROGRAM. ALL APPLICATIONS FOR ASSISTANCE REQUIRE THE SIGNATURE OF THE PREPARER OF THE ELIGIBILITY INFORMATION AND AN APPROVAL OF THE PROGRAM DIRECTOR (OR ANOTHER RESPONSIBLE PARTY IF THE PROGRAM DIRECTOR DETERMINES ELIGIBILITY). IN ORDER FOR A CHECK TO BE CUT, ALL APPROPRIATE DOCUMENTATION MUST BE SUBMITTED TO THE BOOKKEEPER PRIOR TO ENTRY INTO THE ACCOUNTING SYSTEM. ONCE ENTERED, THE EXECUTIVE DIRECTOR REVIEWS THE CHECKS AND INVOICES AS THE CHECKS ARE SIGNED. THE ASSISTANT DIRECTORS ALSO PERFORMS THIS REVIEW AS THE CHECKS ARE SIGNED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization MID-CUMBERLAND COMMUNITY ACTION AGENCY	Employer identification number 62-0859072
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory	X	12	406,695.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
---	-----------	--	--

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30 a		X
b If 'Yes,' describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		X
b If 'Yes,' describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule **M** (Form 990) (2015)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

MID-CUMBERLAND COMMUNITY ACTION AGENCY

Employer identification number

62-0859072

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EMERGENCY FOOD ASSISTANCE PROGRAM PROVIDES FOOD TO LOW-INCOME FAMILIES - SERVED
5,361 INDIVIDUALS.

CHILD AND ADULT CARE FOOD PROGRAM PROVIDES MEALS FOR HEAD START PROGRAM RECIPIENTS -
SERVED 1,113 INDIVIDUALS.

WEATHERIZATION ASSISTANCE PROGRAM PROVIDES BENEFITS TO LOW-INCOME INDIVIDUALS OR
FAMILIES THROUGH ASSISTANCE WITH STRUCTURAL AND RESIDENTIAL IMPROVEMENTS TO THEIR
HOMES TO CONSERVE ENERGY AND REDUCE HEAT LOSS - SERVED 61 INDIVIDUALS.

VARIOUS PROGRAM SERVICES TO LOW-INCOME AND ELDERLY HOUSEHOLDS - SERVED 199
INDIVIDUALS.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 WILL BE REVIEWED BY THE FINANCE DIRECTOR PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OFFICERS, EMPLOYEES, AND BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY
POTENTIAL CONFLICTS OF INTEREST AND RECUSE THEMSELVES FROM PARTICIPATING IN/VOTING
ON ANY TRANSACTION THAT POSES A CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

ALL SALARIES ARE SET BY THE BOARD OF DIRECTORS WHICH CONSISTS OF INDIVIDUALS WITH
BUSINESS AND NONPROFIT BACKGROUNDS; THE BOARD IS SUFFICIENTLY INDEPENDENT OF
MANAGEMENT.

Name of the organization

MID-CUMBERLAND COMMUNITY ACTION AGENCY

Employer identification number

62-0859072

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ALL SALARIES ARE SET BY THE BOARD OF DIRECTORS WHICH CONSISTS OF INDIVIDUALS WITH BUSINESS AND NONPROFIT BACKGROUNDS; THE BOARD IS SUFFICIENTLY INDEPENDENT OF MANAGEMENT.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPIES OF THE 990, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE IN THE CENTRAL OFFICE. THESE DOCUMENTS CAN BE REQUESTED IN PERSON OR BY MAIL.

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**FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS**

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	13,185,862.	13,185,862.	PART IX, LINE 25, COL. B
GRANTS	0.	2,803,801.	PART IX, LINES 1-3, COL. B
REVENUE	0.	0.	PART VIII, LINE 2, COL. A

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
COMMUNICATIONS	149,029.	143,493.	5,536.	
MISCELLANEOUS	68,302.	55,112.	13,190.	
PROFESSIONAL SERVICES	28,757.	28,671.	86.	
TOTAL	\$ 246,088.	\$ 227,276.	\$ 18,812.	\$ 0.

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	2015	2014	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	13,826,032	13,018,277	807,755
INVESTMENT INCOME.....	173	696	-523
TOTAL REVENUE.....	13,826,205	13,018,973	807,232
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	2,803,801	3,181,251	-377,450
SALARIES, OTHER COMPEN., EMP. BENEFITS...	8,106,621	7,402,141	704,480
OTHER EXPENSES.....	2,901,695	2,389,428	512,267
TOTAL EXPENSES.....	13,812,117	12,972,820	839,297
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	14,088	46,153	-32,065
TOTAL ASSETS AT END OF YEAR.....	2,200,881	2,110,181	90,700
TOTAL LIABILITIES AT END OF YEAR.....	731,746	655,134	76,612
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,469,135	1,455,047	14,088

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FORM 990/990-PF																
AUTO / TRANSPORT EQUIPMENT																
29	CHEVY VAN 1990	8/01/90		24,794						2,479	22,315	22,315	S/L HY	5		0
30	GMC VAN 1990 - V-1	10/01/90		16,100						1,610	14,490	14,490	S/L HY	5		0
31	91 CHEVY BUS - H-25	10/01/91		24,600						2,460	22,140	22,140	S/L HY	5		0
32	95 36 PASSENGER BUS H-35	10/26/94		37,967							37,967	37,967	S/L HY	5		0
33	22 PASSENGER BUS - H-42	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
34	22 PASSENGER BUS - H-43	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
35	22 PASSENGER BUS - H-44	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
36	22 PASSENGER BUS - H-45	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
37	22 PASSENGER BUS - H-46	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
38	SAFARI 8 PASSENGER VAN V3	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
39	SAFARI 8 PASSENGER VAN V4	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
40	SAFARI 8 PASSENGER VAN V5	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
41	SAFARI 8 PASSENGER VAN V6	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
42	SAFARI 8 PASSENGER VAN V7	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
43	SAFARI 8 PASSENGER VAN V8	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
44	SAFARI 8 PASSENGER VAN V9	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
45	SAFARI 8 PASSENGER VAN 11	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
46	SAFARI 8 PASSENGER VAN 12	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
47	SAFARI 8 PASSENGER VAN 13	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
48	SAFARI 8 PASSENGER VAN 14	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
49	SAFARI 12 PASSENGER VAN 2	12/03/98		23,490						2,349	21,141	21,141	S/L HY	5		0
50	BLUE BIRD 30 PASS SCHL47	6/24/02		37,978						3,798	34,180	34,180	S/L HY	5		0
51	BLUE BIRD 30 PASS SCHL 48	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
52	BLUE BIRD 30 PASS SCHL 49	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0
53	BLUE BIRD 30 PASS SCHL 50	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0
54	BLUE BIRD 30 PASS SCHL 51	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0
55	BLUE BIRD 30 PASS SCHL 52	1/19/10		53,243						5,324	47,919	47,883	S/L HY	5		0
56	BLUE BIRD 30 PASS SCHL 53	1/19/10		53,243						5,324	47,919	47,883	S/L HY	5		0
69	2012 NISSAN VERSA BLACKC5	10/27/11		14,878							14,878	10,416	S/L HY	5	.20000	2,976
70	2012 NISSAN VERSA TITANC6	10/27/11		14,878							14,878	10,416	S/L HY	5	.20000	2,976
71	2012 NISSAN VERSA BLUE C7	10/27/11		14,878							14,878	10,416	S/L HY	5	.20000	2,976
72	NISSAN VERSA C1	1/19/10		14,912							14,912	14,912	S/L HY	5		0
73	NISSAN VERSA C2	1/19/10		14,912							14,912	14,912	S/L HY	5		0
74	NISSAN VERSA C3	1/19/10		14,912							14,912	14,912	S/L HY	5		0
75	NISSAN VERSA C4	1/19/10		14,912							14,912	14,912	S/L HY	5		0
76	DODGE CARAVAN V15	1/13/10		10,112							10,112	10,112	S/L HY	5		0
77	COACHMAN RV RV1	11/02/10		5,519							5,519	5,152	S/L HY	5	.10000	367
78	BLUBIRD 30 PASS BUS CHV58	1/12/11		47,899							47,899	43,110	S/L HY	5	.10000	4,789
79	BLUBIRD 30 PASS BUS CHV57	1/12/11		47,899							47,899	43,110	S/L HY	5	.10000	4,789
80	BLUBIRD 30 PASS BUS CHV56	1/12/11		47,899							47,899	43,110	S/L HY	5	.10000	4,789
81	BLUBIRD 30 PASS BUS CHV55	1/12/11		47,899							47,899	43,110	S/L HY	5	.10000	4,789
82	BLUBIRD 30 PASS BUS CHV54	1/12/11		47,899							47,899	43,110	S/L HY	5	.10000	4,789
83	1998 BLUE BIRD 9117	11/27/12		4,995							4,995	2,498	S/L HY	5	.20000	999
84	2015 NISSAN VMT 4D SN7276	11/13/14		14,990							14,990	1,499	S/L HY	5	.20000	2,998
85	2015 CHEVY SCHOOL BUS	10/31/14		59,289							59,289	5,929	S/L HY	5	.20000	11,858
86	2015 CHEVY SCHOOL BUS	10/31/14		59,289							59,289	5,929	S/L HY	5	.20000	11,858
87	2015 CHEVY SCHOOL BUS	10/31/14		59,289							59,289	5,929	S/L HY	5	.20000	11,858
88	2006 DODGE DAKOT SN7491	6/29/15		9,749							9,749	975	S/L HY	5	.20000	1,950
89	2016 DODGE VAN	11/05/15		23,500							23,500		S/L HY	5	.10000	2,350
90	2016 NISSAN - 90	11/05/15		15,000							15,000		S/L HY	5	.10000	1,500

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91	2016 NISSAN - 91	11/05/15		15,000							15,000		S/L HY	5	.10000	1,500
92	2016 NISSAN - 92	11/05/15		15,000							15,000		S/L HY	5	.10000	1,500
93	2016 CHEVY CG3 BUS2	12/11/15		56,989							56,989		S/L HY	5	.10000	5,699
94	2014 DODGE JOURNEY	4/22/16		15,574							15,574		S/L HY	5	.10000	1,557
TOTAL AUTO / TRANSPORT EQUIP				1,504,632		0	0	0	0	75,855	1,428,777	1,065,098				88,867
BUILDINGS																
1	MOBILE CLASSROOM	1/01/73		21,777						2,178	19,599	19,599	S/L MM	27.5		0
2	FLOOR LEBANON HEADSTART	7/01/86		1,882						188	1,694	1,694	S/L HY	15		0
3	FENCE SMYRNA HEAD START	9/01/86		1,481						148	1,333	1,333	S/L HY	15		0
4	FENCING	9/01/91		1,564						156	1,408	1,408	S/L HY	15		0
5	DOUBLE WIDE TRAILER	3/20/95		87,713							87,713	87,713	S/L MM	27.5	.03636	0
6	MODULAR BLDG	9/05/95		88,329							88,329	88,329	S/L MM	27.5	.03636	0
7	MODULAR BUILDING	9/05/95		89,513							89,513	89,513	S/L MM	27.5	.03636	0
8	BUILDING	2/01/96		503,356							503,356	330,359	S/L MM	27.5	.03637	18,307
9	BUILDING	6/01/96		194,223							194,223	125,313	S/L MM	27.5	.03637	7,064
10	BUILDING ADDITIONS	6/30/00		57,970							57,970	30,477	S/L MM	27.5	.03637	2,108
11	BUILDOUT LEBANON OFFICE	11/21/02		27,524							27,524	27,524	S/L MM	27.5	.03637	0
12	CLOSET IN LEBANON OFFICE	12/11/02		2,591							2,591	2,591	S/L HY	15	.06670	0
13	CUBICLE WALLS IN LEB OFFI	12/01/02		1,950							1,950	1,950	S/L HY	15	.06670	0
14	CABINETS IN LEB/HARTS OF	12/31/02		7,198							7,198	7,198	S/L HY	15	.06670	0
TOTAL BUILDINGS				1,087,071		0	0	0	0	2,670	1,084,401	815,001				27,479
IMPROVEMENTS																

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57	BUILDING IMPROVEMENT	3/27/12		6,127							6,127	1,326	S/L	15		408
	TOTAL IMPROVEMENTS			6,127		0	0	0	0	0	6,127	1,326				408
	MACHINERY AND EQUIPMENT															
15	RENOVATION 244 WEST EASTL	3/01/93		41,889							41,889	41,889	S/L	HY	7	0
16	PLAYGROUND EQUIPMENT	10/31/95		8,235							8,235	8,235	S/L	HY	7	0
17	PLAYGROUND EQUIPMENT	10/31/95		8,025							8,025	8,025	S/L	HY	7	0
18	PLAYGROUND EQUIPMENT	10/31/95		8,450							8,450	8,450	S/L	HY	7	0
19	PLAYGROUND EQUIPMENT	10/31/95		10,310							10,310	10,310	S/L	HY	7	0
20	PLAYGROUND EQUIPMENT	10/31/95		8,085							8,085	8,085	S/L	HY	7	0
21	COMPUTER ACCOUNTING SYS	1/24/97		7,902					790		7,112	7,112	S/L	HY	7	0
22	5 YEAR PROPERTY	6/30/00		22,664							22,664	22,664	S/L	HY	7	0
23	7 YEAR PROPERTY	6/30/00		7,170							7,170	7,170	S/L	HY	7	0
24	OFFICE FURNITURE	4/23/02		10,774							10,774	10,774	S/L	HY	7	0
25	PHONE SYSTEM	10/23/03		30,603							30,603	30,604	S/L	HY	7	0
26	PHONE SYSTEM	10/23/03		10,713							10,713	10,713	S/L	HY	7	0
27	PHONE SYSTEM	12/17/03		23,205							23,205	23,205	S/L	HY	7	0
28	SERVER #B5C338C34284	3/09/04		7,482							7,482	7,482	S/L	HY	7	0
58	SMART BOARD - GALLATIN	7/29/11		6,420							6,420	3,209	S/L	HY	7 .14290	917
59	SMART BOARD - MANEY AVE	7/29/11		6,420							6,420	3,209	S/L	HY	7 .14290	917
60	SMART BOARD - SHALOM ZONE	10/31/11		8,164							8,164	4,083	S/L	HY	7 .14290	1,167
61	SMART BOARD - GALLATIN	11/30/11		7,490							7,490	3,745	S/L	HY	7 .14290	1,070
62	SMART BOARD - CEDARWOOD	11/30/11		7,490							7,490	3,745	S/L	HY	7 .14290	1,070
63	SMART BOARD - MANEY AVE	11/30/11		7,490							7,490	3,745	S/L	HY	7 .14290	1,070
64	SMART BOARD - CEDARWOOD	12/11/11		8,022							8,022	4,011	S/L	HY	7 .14290	1,146
65	SMART BOARD - BRANSFORD	12/11/11		8,023							8,023	4,011	S/L	HY	7 .14290	1,146

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66	2 SMART BOARDS - SMYRNA	12/31/11		16,045							16,045	8,023	S/L HY	7	.14290	2,293
67	2 SMART BOARDS - ASH CITY	12/31/11		16,371							16,371	8,185	S/L HY	7	.14290	2,339
68	2 SMART BOARDS - FRANKLIN	12/31/11		16,045							16,045	8,023	S/L HY	7	.14290	2,293
95	PLAYGROUND EQUIPMENT	1/14/16		15,537							15,537		S/L HY	7	.07140	1,109
96	PLAYGROUND EQUIPMENT	1/14/16		25,625							25,625		S/L HY	7	.07140	1,830
97	PLAYGROUND EQUIPMENT	1/14/16		8,120							8,120		S/L HY	7	.07140	580
TOTAL MACHINERY AND EQUIPME				362,769		0	0	0	0	790	361,979	258,707				18,947
TOTAL DEPRECIATION				<u>2,960,599</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>79,315</u>	<u>2,881,284</u>	<u>2,140,132</u>				<u>135,701</u>
GRAND TOTAL DEPRECIATION				<u>2,960,599</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>79,315</u>	<u>2,881,284</u>	<u>2,140,132</u>				<u>135,701</u>

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30	GMC VAN 1990 - V-1	10/01/90		16,100						1,610	14,490	14,490	S/L HY	5		0
31	91 CHEVY BUS - H-25	10/01/91		24,600						2,460	22,140	22,140	S/L HY	5		0
32	95 36 PASSENGER BUS H-35	10/26/94		37,967							37,967	37,967	S/L HY	5		0
33	22 PASSENGER BUS - H-42	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
34	22 PASSENGER BUS - H-43	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
35	22 PASSENGER BUS - H-44	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
36	22 PASSENGER BUS - H-45	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
37	22 PASSENGER BUS - H-46	1/06/98		32,859						3,286	29,573	29,573	S/L HY	5		0
38	SAFARI 8 PASSENGER VAN V3	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
39	SAFARI 8 PASSENGER VAN V4	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
40	SAFARI 8 PASSENGER VAN V5	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
41	SAFARI 8 PASSENGER VAN V6	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
42	SAFARI 8 PASSENGER VAN V7	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
43	SAFARI 8 PASSENGER VAN V8	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
44	SAFARI 8 PASSENGER VAN V9	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
45	SAFARI 8 PASSENGER VAN 11	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
46	SAFARI 8 PASSENGER VAN 12	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
47	SAFARI 8 PASSENGER VAN 13	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
48	SAFARI 8 PASSENGER VAN 14	12/03/98		18,994						1,899	17,095	17,095	S/L HY	5		0
49	SAFARI 12 PASSENGER VAN 2	12/03/98		23,490						2,349	21,141	21,141	S/L HY	5		0
50	BLUE BIRD 30 PASS SCHL47	6/24/02		37,978						3,798	34,180	34,180	S/L HY	5		0
51	BLUE BIRD 30 PASS SCHL 48	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0

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1/19/17

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
52	BLUE BIRD 30 PASS SCHL 49	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0
53	BLUE BIRD 30 PASS SCHL 50	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0
54	BLUE BIRD 30 PASS SCHL 51	6/24/02		37,979						3,798	34,181	34,180	S/L HY	5		0
55	BLUE BIRD 30 PASS SCHL 52	1/19/10		53,243						5,324	47,919	47,883	S/L HY	5		0
56	BLUE BIRD 30 PASS SCHL 53	1/19/10		53,243						5,324	47,919	47,883	S/L HY	5		0
69	2012 NISSAN VERSA BLACKC5	10/27/11		14,878							14,878	13,392	S/L HY	5	.10000	1,486
70	2012 NISSAN VERSA TITANC6	10/27/11		14,878							14,878	13,392	S/L HY	5	.10000	1,486
71	2012 NISSAN VERSA BLUE C7	10/27/11		14,878							14,878	13,392	S/L HY	5	.10000	1,486
72	NISSAN VERSA C1	1/19/10		14,912							14,912	14,912	S/L HY	5		0
73	NISSAN VERSA C2	1/19/10		14,912							14,912	14,912	S/L HY	5		0
74	NISSAN VERSA C3	1/19/10		14,912							14,912	14,912	S/L HY	5		0
75	NISSAN VERSA C4	1/19/10		14,912							14,912	14,912	S/L HY	5		0
76	DODGE CARAVAN V15	1/13/10		10,112							10,112	10,112	S/L HY	5		0
77	COACHMAN RV RV1	11/02/10		5,519							5,519	5,519	S/L HY	5		0
78	BLUBIRD 30 PASS BUS CHV58	1/12/11		47,899							47,899	47,899	S/L HY	5		0
79	BLUBIRD 30 PASS BUS CHV57	1/12/11		47,899							47,899	47,899	S/L HY	5		0
80	BLUBIRD 30 PASS BUS CHV56	1/12/11		47,899							47,899	47,899	S/L HY	5		0
81	BLUBIRD 30 PASS BUS CHV55	1/12/11		47,899							47,899	47,899	S/L HY	5		0
82	BLUBIRD 30 PASS BUS CHV54	1/12/11		47,899							47,899	47,899	S/L HY	5		0
83	1998 BLUE BIRD 9117	11/27/12		4,995							4,995	3,497	S/L HY	5	.20000	999
84	2015 NISSAN VMT 4D SN7276	11/13/14		14,990							14,990	4,497	S/L HY	5	.20000	2,998
85	2015 CHEVY SCHOOL BUS	10/31/14		59,289							59,289	17,787	S/L HY	5	.20000	11,858
86	2015 CHEVY SCHOOL BUS	10/31/14		59,289							59,289	17,787	S/L HY	5	.20000	11,858
87	2015 CHEVY SCHOOL BUS	10/31/14		59,289							59,289	17,787	S/L HY	5	.20000	11,858
88	2006 DODGE DAKOT SN7491	6/29/15		9,749							9,749	2,925	S/L HY	5	.20000	1,950
89	2016 DODGE VAN	11/05/15		23,500							23,500	2,350	S/L HY	5	.20000	4,700
90	2016 NISSAN - 90	11/05/15		15,000							15,000	1,500	S/L HY	5	.20000	3,000

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91	2016 NISSAN - 91	11/05/15		15,000							15,000	1,500	S/L HY	5	.20000	3,000
92	2016 NISSAN - 92	11/05/15		15,000							15,000	1,500	S/L HY	5	.20000	3,000
93	2016 CHEVY CG3 BUS2	12/11/15		56,989							56,989	5,699	S/L HY	5	.20000	11,398
94	2014 DODGE JOURNEY	4/22/16		15,574							15,574	1,557	S/L HY	5	.20000	3,115
TOTAL AUTO / TRANSPORT EQUIP				1,504,632		0	0	0	0	75,855	1,428,777	1,153,965				74,192
BUILDINGS																
1	MOBILE CLASSROOM	1/01/73		21,777						2,178	19,599	19,599	S/L MM	27.5		0
2	FLOOR LEBANON HEADSTART	7/01/86		1,882						188	1,694	1,694	S/L HY	15		0
3	FENCE SMYRNA HEAD START	9/01/86		1,481						148	1,333	1,333	S/L HY	15		0
4	FENCING	9/01/91		1,564						156	1,408	1,408	S/L HY	15		0
5	DOUBLE WIDE TRAILER	3/20/95		87,713							87,713	87,713	S/L MM	27.5	.03637	0
6	MODULAR BLDG	9/05/95		88,329							88,329	88,329	S/L MM	27.5	.03637	0
7	MODULAR BUILDING	9/05/95		89,513							89,513	89,513	S/L MM	27.5	.03637	0
8	BUILDING	2/01/96		503,356							503,356	348,666	S/L MM	27.5	.03636	18,302
9	BUILDING	6/01/96		194,223							194,223	132,377	S/L MM	27.5	.03636	7,062
10	BUILDING ADDITIONS	6/30/00		57,970							57,970	32,585	S/L MM	27.5	.03636	2,108
11	BUILDOUT LEBANON OFFICE	11/21/02		27,524							27,524	27,524	S/L MM	27.5	.03636	0
12	CLOSET IN LEBANON OFFICE	12/11/02		2,591							2,591	2,591	S/L HY	15	.06670	0
13	CUBICLE WALLS IN LEB OFFI	12/01/02		1,950							1,950	1,950	S/L HY	15	.06670	0
14	CABINETS IN LEB/HARTS OF	12/31/02		7,198							7,198	7,198	S/L HY	15	.06670	0
TOTAL BUILDINGS				1,087,071		0	0	0	0	2,670	1,084,401	842,480				27,472
IMPROVEMENTS																

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57	BUILDING IMPROVEMENT	3/27/12		6,127							6,127	1,734	S/L	15		408
	TOTAL IMPROVEMENTS			6,127		0	0	0	0	0	6,127	1,734				408
	MACHINERY AND EQUIPMENT															
15	RENOVATION 244 WEST EASTL	3/01/93		41,889							41,889	41,889	S/L	HY	7	0
16	PLAYGROUND EQUIPMENT	10/31/95		8,235							8,235	8,235	S/L	HY	7	0
17	PLAYGROUND EQUIPMENT	10/31/95		8,025							8,025	8,025	S/L	HY	7	0
18	PLAYGROUND EQUIPMENT	10/31/95		8,450							8,450	8,450	S/L	HY	7	0
19	PLAYGROUND EQUIPMENT	10/31/95		10,310							10,310	10,310	S/L	HY	7	0
20	PLAYGROUND EQUIPMENT	10/31/95		8,085							8,085	8,085	S/L	HY	7	0
21	COMPUTER ACCOUNTING SYS	1/24/97		7,902					790		7,112	7,112	S/L	HY	7	0
22	5 YEAR PROPERTY	6/30/00		22,664							22,664	22,664	S/L	HY	7	0
23	7 YEAR PROPERTY	6/30/00		7,170							7,170	7,170	S/L	HY	7	0
24	OFFICE FURNITURE	4/23/02		10,774							10,774	10,774	S/L	HY	7	0
25	PHONE SYSTEM	10/23/03		30,603							30,603	30,604	S/L	HY	7	0
26	PHONE SYSTEM	10/23/03		10,713							10,713	10,713	S/L	HY	7	0
27	PHONE SYSTEM	12/17/03		23,205							23,205	23,205	S/L	HY	7	0
28	SERVER #B5C338C34284	3/09/04		7,482							7,482	7,482	S/L	HY	7	0
58	SMART BOARD - GALLATIN	7/29/11		6,420							6,420	4,126	S/L	HY	7 .14280	917
59	SMART BOARD - MANEY AVE	7/29/11		6,420							6,420	4,126	S/L	HY	7 .14280	917
60	SMART BOARD - SHALOM ZONE	10/31/11		8,164							8,164	5,250	S/L	HY	7 .14280	1,166
61	SMART BOARD - GALLATIN	11/30/11		7,490							7,490	4,815	S/L	HY	7 .14280	1,070
62	SMART BOARD - CEDARWOOD	11/30/11		7,490							7,490	4,815	S/L	HY	7 .14280	1,070
63	SMART BOARD - MANEY AVE	11/30/11		7,490							7,490	4,815	S/L	HY	7 .14280	1,070
64	SMART BOARD - CEDARWOOD	12/11/11		8,022							8,022	5,157	S/L	HY	7 .14280	1,146
65	SMART BOARD - BRANSFORD	12/11/11		8,023							8,023	5,157	S/L	HY	7 .14280	1,146

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66	2 SMART BOARDS - SMYRNA	12/31/11		16,045							16,045	10,316	S/L HY	7	.14280	2,291
67	2 SMART BOARDS - ASH CITY	12/31/11		16,371							16,371	10,524	S/L HY	7	.14280	2,338
68	2 SMART BOARDS - FRANKLIN	12/31/11		16,045							16,045	10,316	S/L HY	7	.14280	2,291
95	PLAYGROUND EQUIPMENT	1/14/16		15,537							15,537	1,109	S/L HY	7	.14290	2,220
96	PLAYGROUND EQUIPMENT	1/14/16		25,625							25,625	1,830	S/L HY	7	.14290	3,662
97	PLAYGROUND EQUIPMENT	1/14/16		8,120							8,120	580	S/L HY	7	.14290	1,160
TOTAL MACHINERY AND EQUIPME				362,769		0	0	0	0	790	361,979	277,654				22,464
TOTAL DEPRECIATION				<u>2,960,599</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>79,315</u>	<u>2,881,284</u>	<u>2,275,833</u>				<u>124,536</u>
GRAND TOTAL DEPRECIATION				<u>2,960,599</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>79,315</u>	<u>2,881,284</u>	<u>2,275,833</u>				<u>124,536</u>