

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning January 1, 2007, and ending December 31, 2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Northeast Alabama Center for Community Initiatives		D Employer identification number 20-4519633
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 230 East 10th Street, Suite B1 (Basement) B1		E Telephone number (256) 235-5615
		City or town, state or country, and ZIP + 4 Anniston, Alabama 36207		F Group Exemption Number ▶

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

G Accounting method: Cash Accrual
Other (specify) ▶ **Modified Cash**

I Website: ▶ www.nacenterci.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **78,300.00**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

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Revenue	1	Contributions, gifts, grants, and similar amounts received	1	78,300.00
	2	Program service revenue including government fees and contracts	2	0.00
	3	Membership dues and assessments	3	0.00
	4	Investment income	4	0.00
	5a	Gross amount from sale of assets other than inventory	5a	0.00
	5b	Less: cost or other basis and sales expenses	5b	0.00
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	0.00
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0.00
6b	Less: direct expenses other than fundraising expenses	6b	0.00	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	0.00	
7a	Gross sales of inventory, less returns and allowances	7a	0.00	
7b	Less: cost of goods sold	7b	0.00	
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	0.00	
8	Other revenue (describe ▶ _____)	8	0.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	78,300.00	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0.00
	11	Benefits paid to or for members	11	0.00
	12	Salaries, other compensation, and employee benefits	12	24,866.58
	13	Professional fees and other payments to independent contractors	13	35,677.95
	14	Occupancy, rent, utilities, and maintenance	14	2,325.59
	15	Printing, publications, postage, and shipping	15	338.42
	16	Other expenses (describe ▶ All expenses are grant expenditures)	16	14,429.94
17	Total expenses. Add lines 10 through 16. ▶	17	77,638.48	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 9.	18	661.52
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	1,607.86
	20	Other changes in net assets or fund balances (attach explanation)	20	0.00
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	2,269.38

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Part II Balance Sheets (If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ. See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,607.86	22 10,030.30
23 Land and buildings	0.00	23 0.00
24 Other assets (describe ▶ _____)	0.00	24 0.00
25 Total assets	1,607.86	25 10,030.30
26 Total liabilities (describe ▶ _____)	0.00	26 0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 2,269.38

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2007)

24 13

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)

What is the organization's primary exempt purpose? **Improve/Promote Health, Education & Comm. Devel.**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
28	Grants for School-Based Student Drug-Testing Programs - Please see attached.		
	(Grants \$ 56,425) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	50,939.22
29	Drug Free Communities Support Program - Please see attached.		
	(Grants \$ 16,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	13,638.83
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a	32	64,578.05

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Please see attached.				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input type="checkbox"/>	<input type="checkbox"/>
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.00	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b	<input type="checkbox"/>	<input type="checkbox"/>
39	501(c)(7) organizations Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a	Initiation fees and capital contributions included on line 9 39a	<input type="checkbox"/>	<input type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b	<input type="checkbox"/>	<input type="checkbox"/>

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0.00 ; section 4912 ▶ 0.00 ; section 4955 ▶ 0.00

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .

	Yes	No
40b		✓
c		
d		
e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0.00

d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0.00

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

41 List the states with which a copy of this return is filed. ▶ _____

42a The books are in care of ▶ Charity M. Richey-Bentley Telephone no. ▶ (.256.) 235-5615
 Located at ▶ 230 East 10th Street, Suite B1 (Basement), Anniston, Alabama ZIP + 4 ▶ 36207

b 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)? . . .

	Yes	No
42b		✓
c		
42c		✓

If "Yes," enter the name of the foreign country. ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .
 If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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

Please Sign Here

Signature of officer: Charity M. Richey-Bentley Date: 8/12/08
 Type or print name and title: Charity M. Richey-Bentley / President and CEO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
 Preparer's SSN or PTIN (See Gen. Inst. X): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: _____

Part III Statement of Program Service Accomplishments

[REDACTED]

This grant is funded through the [REDACTED] This program provides funding to develop and implement a drug-testing program for Blount County Schools, Blount County, Alabama.

Random drug-testing will be mandatory for those students who are involved in athletics and competitive, extra-curricular activities, and school clubs with competitive components. Random drug-testing will also be available to students who elect to voluntarily participate and who obtain parental consent. Voluntary programs are developed by student leadership. For example, students who want to lead by example may decide to develop a drug-free club and as part of the club's membership requirement agree to random drug-testing.

Blount County Schools is comprised of 13 schools. Of these, 6 are schools with grades 7-12. For the first year of the project, 2,906 students were tested.

The NACCI, Blount County Schools and Blount County community stakeholders worked collaboratively to develop a School-Based Student Random The Blount County community came together to make this a reality. Drug and Alcohol Testing Policy which the Blount County Schools Board of Education adopted in April 2007.

Throughout the project year, outreach activities are conducted, public service announcements developed and aired and more than 60,000 Blount County residents have been educated on drug use statistics and the value of the drug-testing program.

Blount County Schools sees drug abuse among youth as a health issue and is very proactive in developing and implementing prevention efforts. School-based student drug-testing is the strongest prevention technique that we have available to us. Random drug-testing gives students a reason to say "no" to drugs and that is what we want—less students using drugs. The Northeast Alabama Center for Community Initiatives has been notified that we have received Year 2 funding.

[REDACTED]

On behalf of the Calhoun County Substance Abuse Prevention Advisory Coalition (SAPAC), the Northeast Alabama Center for Community Initiatives (NACCI) has been awarded a *Drug-Free Communities Support Program (DFC)* grant to implement **Project: Youth BUILD**. This is a federal grant, funded through the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention. The DFC program seeks to achieve two major goals:

- Establish and strengthen collaboration among communities, private nonprofit agencies, and Federal, State, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth; and
- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community abuse and promoting the factors that minimize the risk of substance abuse. (Substances include, but are not limited to, narcotics, depressants, stimulants, hallucinogens, cannabis, inhalants, alcohol, and tobacco, where their use is prohibited by Federal, State, or local law.)

We have been extremely successful in growing the coalition and building capacity for the coalition to perform its work. We have conducted town hall meetings on underage drinking, provided prevention programming in the schools and Churches, developed a video that highlight's local, hometown statistics on drinking and driving for the County's youth. We have also developed and implemented a "Contest of the Century" in which youth competed in a poster contest, dance contest, poetry and oratorical contest with anti-drug theme messages. We have reached approximately 50,000 Calhoun County community residents with the work of the Drug Free Communities Support Program grant.

Part IV List of Officers, Directors, Trustees, and Key Employees

(A) Name and Address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense Account and other allowances
C. Neal ("Buddy") Canup, MD Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	Chairman – 1 hour	-0-	-0-	-0-
Jim Campbell, Esq. Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	Vice-Chairman – 1 hour	-0-	-0-	-0-
Charity M. Richey-Bentley, BS, MPH Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	President and CEO – 0 hours as Board member	-0-	-0-	-0-
Bryan Burgess, PhD Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	Member – 1 hour	-0-	-0-	-0-
Bill Robison Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	Member – 1 hour	-0-	-0-	-0-
David Zeigler Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	Member – 1 hour	-0-	-0-	-0-
April Milam Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	Member – 1 hour	-0-	-0-	-0-
Michael Dilgard Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	Member – 1 hour	-0-	-0-	-0-
Charity M. Richey-Bentley, BS, MPH Medical Arts Building, 230 East 10 th Street, Suite B1 (Basement), Anniston, Alabama 36207	President and CEO – 40 hours per week	4,649.94	-0-	-0-