

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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		E Telephone number 256-235-5615
		230 East 10th Street, Suite B1 (Basement)		F Group Exemption Number ▶
City or town, state or country, and ZIP + 4 Anniston, Alabama 36207				

• 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**

J Tax-exempt status (check only one) — 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

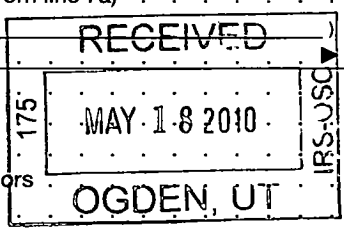
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **499,171.98**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	499,171.98
	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
	b	Less: cost or other basis and sales expenses	5b	0.00
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0.00
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	0.00
	b	Less: direct expenses other than fundraising expenses	6b	0.00
	c	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
	b	Less: cost of goods sold	7b	0.00
	c	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	499,171.98
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	0.00
12		Salaries, other compensation, and employee benefits	12	0.00
13		Professional fees and other payments to independent contractors	13	0.00
14		Occupancy, rent, utilities, and maintenance	14	1,790.31
15		Printing, publications, postage, and shipping	15	0.00
16		Other expenses (describe ▶ Board of Directors' Insurance and Accounting Fees)	16	1,770.00
17		Total expenses. Add lines 10 through 16	17	490,496.93
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,675.05
Net Assets		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
	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	12,574.67



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	12,140.65	12,574.67
23	Land and buildings	0.00	0.00
24	Other assets (describe ▶ _____)	0.00	0.00
25	Total assets	12,140.65	12,574.67
26	Total liabilities (describe ▶ _____)	0.00	0.00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,574.67	12,574.67

SCANNED 2010 Net Assets



Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
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 outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ Alabama		
42a	The organization's books are in care of ▶ Charity M. Richey-Bentley, President & CE 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)?		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | ✓ |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | ✓ |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | ✓ |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | ✓ |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each received

Under penalties of perjury, I declare that I have examined this return, and believe, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer after reasonable verification.

Sign Here

▶ *Charity M Richey-Bentley*
Signature of officer

▶ **Charity M. Richey-Bentley, President and CEO**
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

May the IRS discuss this return with the preparer shown above? **S**

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Northeast Alabama Center for Community Initiatives	Employer identification number 20 : 4519633
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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.)
 - 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)(vii)**. (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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.00	0.00	78,300.00	322,582.24	499,171.98	900,054.22
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
4 Total. Add lines 1 through 3	0.00	0.00	78,300.00	322,582.24	499,171.98	900,054.22
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)						
6 Public support. Subtract line 5 from line 4.						900,054.22

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0.00	0.00	78,300.00	322,582.24	499,171.98	900,054.22
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.00	0.00	0.00	0.00	0.00	0.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.00	0.00	0.00	0.00	0.00	0.00
11 Total support. Add lines 7 through 10						900,054.22
12 Gross receipts from related activities, etc. (see instructions)					12	0.00
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 checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2009. 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 type="checkbox"/>	
b 33 1/3% support test—2008. 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—2009. 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 IV 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—2008. 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 IV 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. 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 ►

Question 10

Grants and similar amounts paid (attach schedule)

Schedule

Grant	Payments
Drug Free Communities Support Program Grant	\$98,387.86
Mini-Grant to implement 1 sub-component of the Drug Free Communities Support Program Grant (underage drinking prevention)	\$456.39
Grants for School-Based Student Drug-Testing Programs – Blount County Schools	\$180,392.44
Grants for School-Based Student Drug-Testing Programs – St. Clair County Schools	\$207,699.93
Please note that all salaries and employee benefits are 100% grant funded. Thus all salary amounts and benefit amounts are contained within the “grants and similar amounts paid” amounts.	

Part III Statement of Program Service Accomplishments

This grant is funded through the U. S. Department of Education. 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. During the 2nd year of the project, 2,960 students were tested. In the third and final year, another 2,960 students will be 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 third and final year funding.

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.

Years 2 and 3 saw many more successes with this program. SAPAC has grown to more than seventy (70) members and we are providing services to thousands of residents in Calhoun County.

Years 2 and 3 highlights include the development of the Anniston Weed and Seed Program and the Underage Drinking Prevention program.

Drug-Free Communities Support Program - St. Clair County Schools

This grant is funded through the U. S. Department of Education. This program provides funding to develop and

implement a drug-testing program for St. Clair County Schools, St. Clair 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.

St. Clair County Schools is comprised of 13 schools. Of these, 10 are schools with grades 7-12. For the first year of the project, **2,960** students were tested. By the end of the 2nd project school year, another **2,906** students will be tested.

The NACCI, St. Clair County Schools and the St. Clair County community stakeholders worked collaboratively to develop a School-Based Student Random Drug-Testing Policy. The St. Clair County community came together to make this a reality.

Throughout the project year, outreach activities are conducted, public service announcements developed and aired and more than 40,000 St. Clair County residents have been educated on drug use statistics and the value of the drug-testing program.

St. Clair 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 applied for third and final year funding, but as of this date, we have not received notification of funding.

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-
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 – at least 40 hours per week	\$18,599.76*	-0-	-0-
*Grant funded				